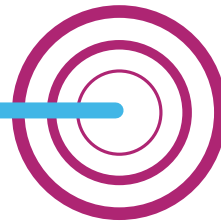


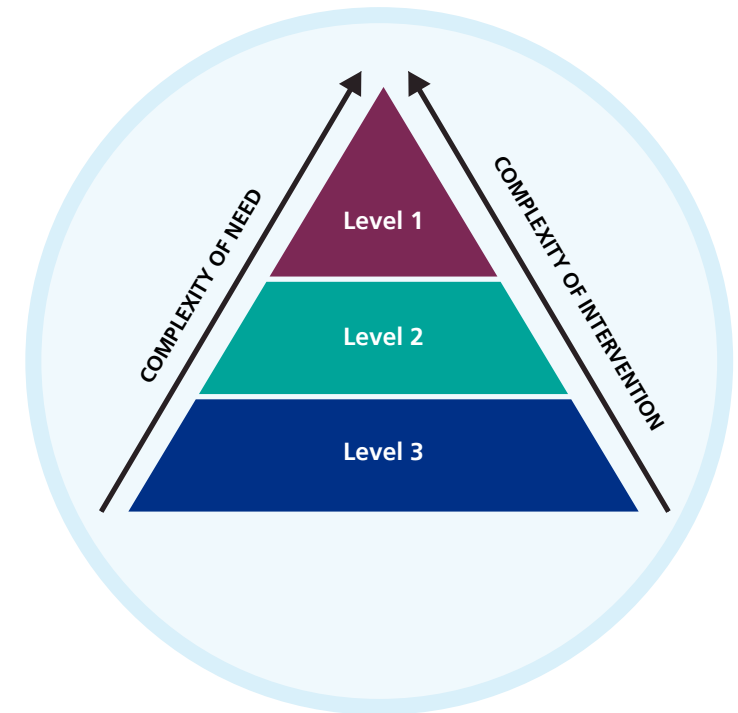
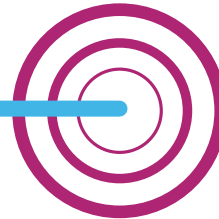
Vocational Rehabilitation Toolkit



Supporting people back
to work after a stroke



Introduction



How to use the toolkit



This toolkit provides a comprehensive overview of vocational rehabilitation (VR) and includes:

Background to VR for people following stroke

Key clinical standards and guidance documents

Step-by-step guidance on the process of how to:

- start the conversation about work
- support individuals to return to work or studies
- support individuals out of work
- support individuals to find alternative employment or meaningful occupation

Case studies which illustrate key aspects of the process

Tools and templates; look out for this symbol to access downloadable templates for you to use



Links to resources for stroke survivors, employers and clinicians



Links to further elearning resources

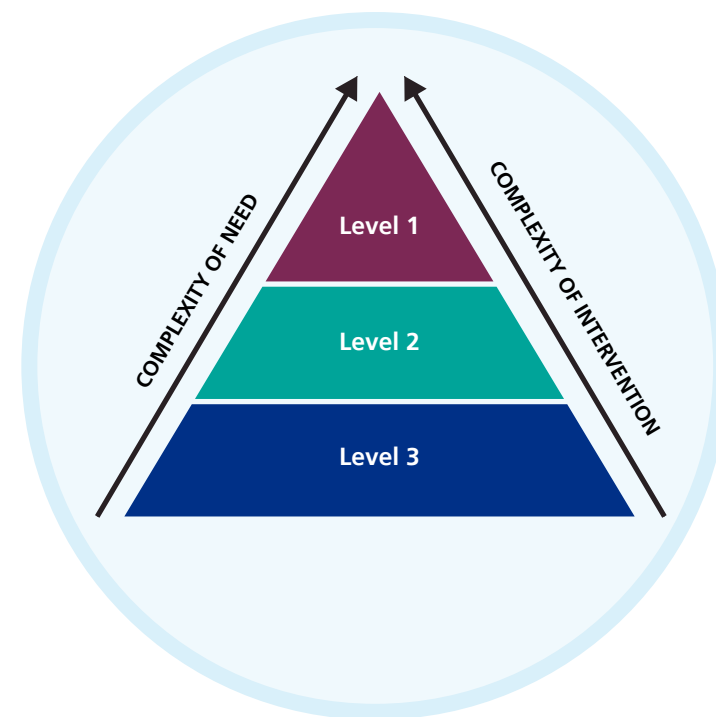
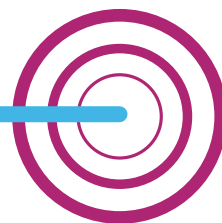


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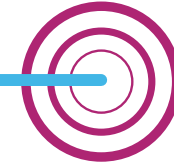
Audit and outcome measures

Commissioning VR services

Definitions and glossary of terms



What is vocational rehabilitation?



Vocational rehabilitation (VR) is ‘whatever helps someone with a health problem to stay at, return to and remain in work: it is an idea and an approach as much as an intervention or a service’ [1].

VR refers to a **multi-professional approach that is provided to individuals of working age with health-related impairments, limitations, or restrictions with work functioning and whose primary aim is to optimize work participation [2].**

Consistent provision is key to both improving patient experience and outcomes and confronting the linked socioeconomic inequalities. All clinicians and services across the integrated stroke delivery network (ISDN) should collaborate to ensure best practice provision.

Stroke vocational rehabilitation should be delivered as an ageless service that is an integral part of all stages of the pathway from acute to community, promoting awareness of the impact of meaningful work for health and wellbeing [3].

What is vocational rehabilitation?

'Work'

comprises different forms of occupation, including: paid employment (e.g. part-time/ full-time); vocational training; sheltered, therapeutic or voluntary work; as well as adult education [4].

'Return To Work' (RTW)

is as heterogeneous as 'work', additionally, one needs to specify whether the new form of occupation is identical to the previous one, or has been adapted, is undertaken at the same or a reduced level, and whether it is undertaken with or without additional training or other forms of support. RTW may include a planned exit strategy into retirement.

'Vocational rehabilitation' (VR)

also referred to as 'occupational rehabilitation' or 'work rehabilitation', has been defined as:

'The process of assisting people to enter, return to and/ or remain in employment, education/training or alternative occupation (e.g. voluntary work or family carer)' [5].

The most recent guidelines for VR published by the British Society for Rehabilitation Medicine (BSRM, 2021) use the following definition of RTW [6]:

'Vocational Rehabilitation may be defined as a process which enables persons with physical, cognitive and psychological impairments or health conditions to overcome obstacles to accessing, maintaining or returning to employment or other useful occupation.'

Acronyms

VR: Vocational Rehabilitation.

OH: Occupational Health.

EAP: Employee Assistance Programme.

SOM: Society of Occupational Medicine.

FOM: Faculty of Occupational Medicine.

AHP: Allied Health Professionals.

NICE: National Institute for Health and Care Excellence.

RCOT: Royal College of Occupational Therapists.

CSP: Chartered Society of Physiotherapists.

RCGP: Royal College of General Practitioners.

TFG: Task and Finish Group.

SIGN: Scottish Intercollegiate Guidelines Network.

DWP: Department for Work and Pensions.

VRA: Vocational Rehabilitation Association.

RTW: Return to Work.

PT: Physiotherapist.

OT: Occupational Therapist.

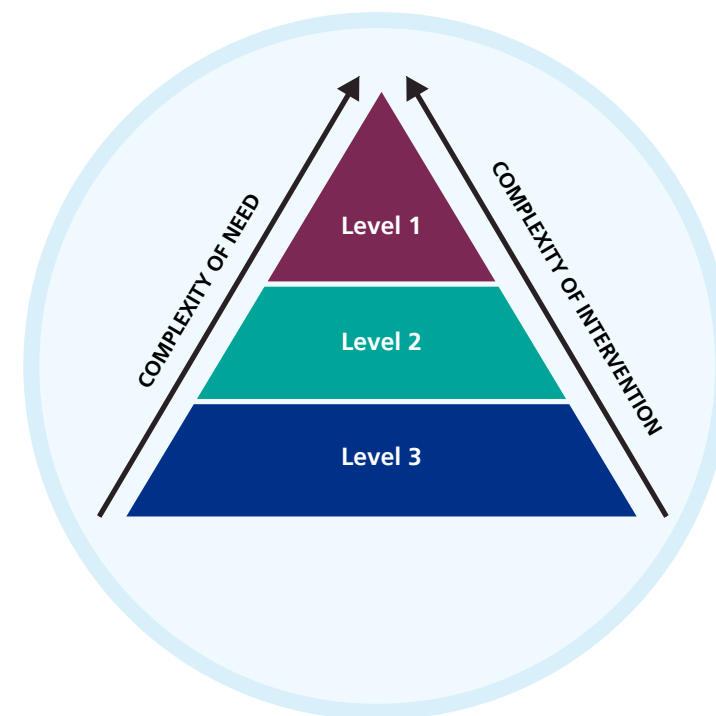
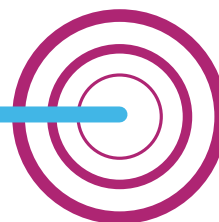
SLT: Speech and Language therapist.

ISDN: Integrated Stroke Delivery Network.

ICSS: Integrated Community Stroke Service.

ESD: Early Supported Discharge.

Background and context



Background



Access to good work is important.

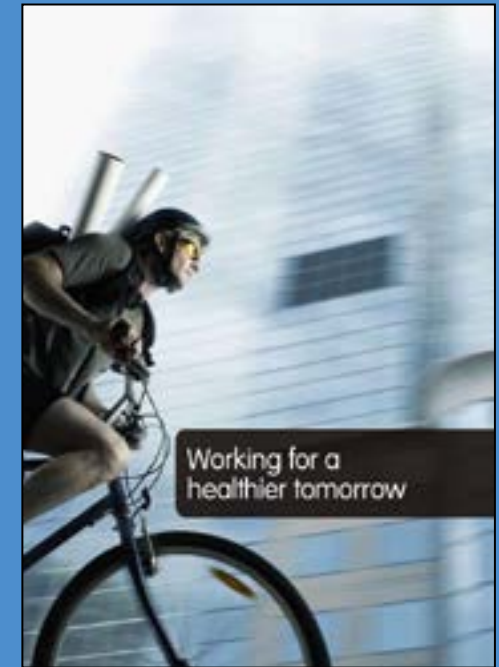
'Good work' provides structure to the day and companionship. It is associated with improved self-esteem and mental wellbeing and provides an income.

Dame Carol Black's Review of the health of Britain's working age population '[Working for a healthier tomorrow](#)' commissioned by the government reported the cost to the economy is estimated to be £100 billion each year [7].

Research shows that the longer people are off sick, the less likely they are to make a successful return to work. After 6 months absence from work, there is only a 50% chance of someone making a successful return [7].

Being able to stay in work or return to work is an essential part of an individual's recovery from a disabling illness such as a stroke.

While many people can return to work with minimal assistance, some will need professional help.



Select the image above to open the [Working for a healthier tomorrow](#)

Background

Vocational rehabilitation (VR) is a process which enables people to overcome obstacles to accessing, maintaining or returning to useful occupation.



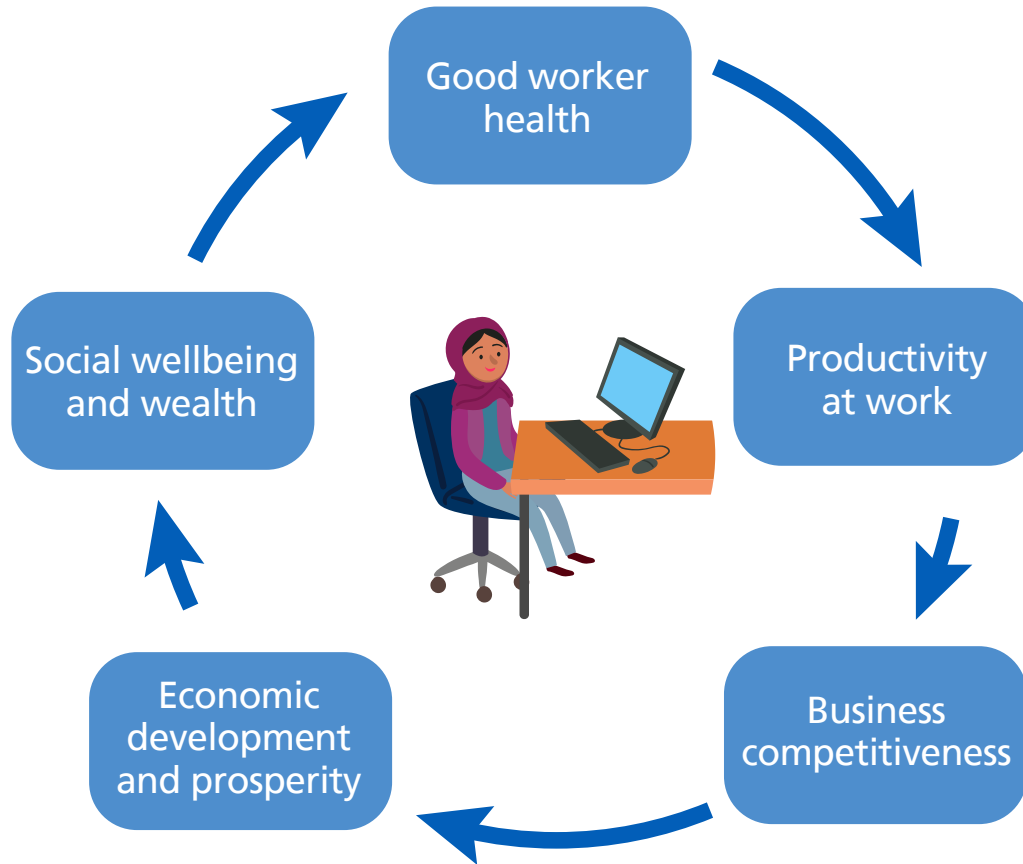
VR should include supporting someone to have a good exit from the workplace which includes:

- understanding the financial implications
- knowing helpful habits and routines
- having identified meaningful occupation

For those who wish to work, employment can fulfil many needs including [8, 9]:

- income and choice
- social contact, support, interaction
- identity, role, status
- habit, routine, structure
- prosocial role and most people want to contribute or give somehow to society, work provides this satisfaction, which is an important part of wellbeing

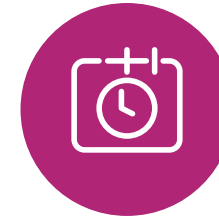
Health and work cycle



A healthy and happy workforce has synergistic benefits for:



Workplaces



Productivity



The economy

What is 'good work'?

'Good work' is characterised by:



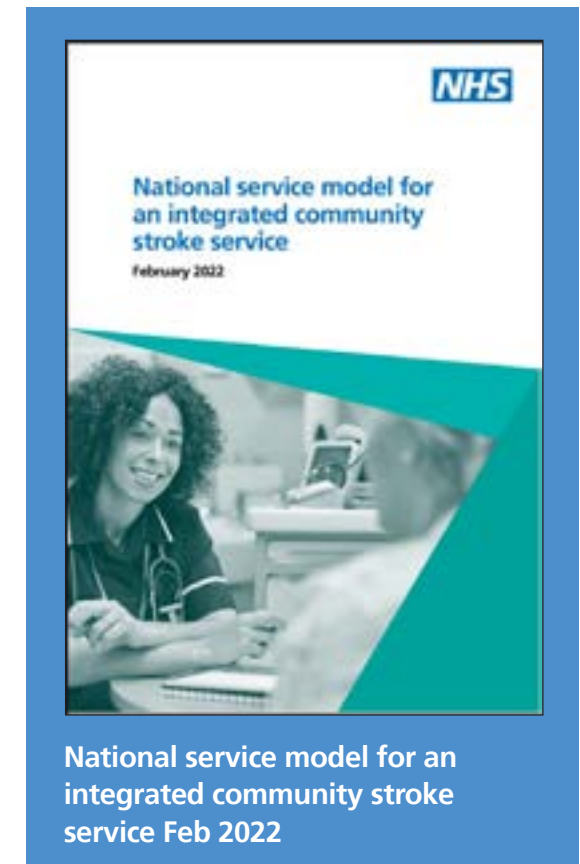
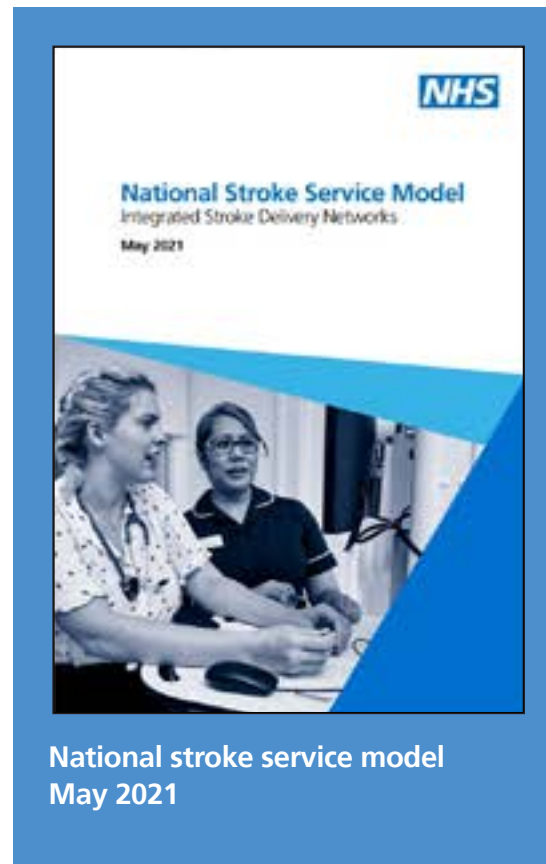
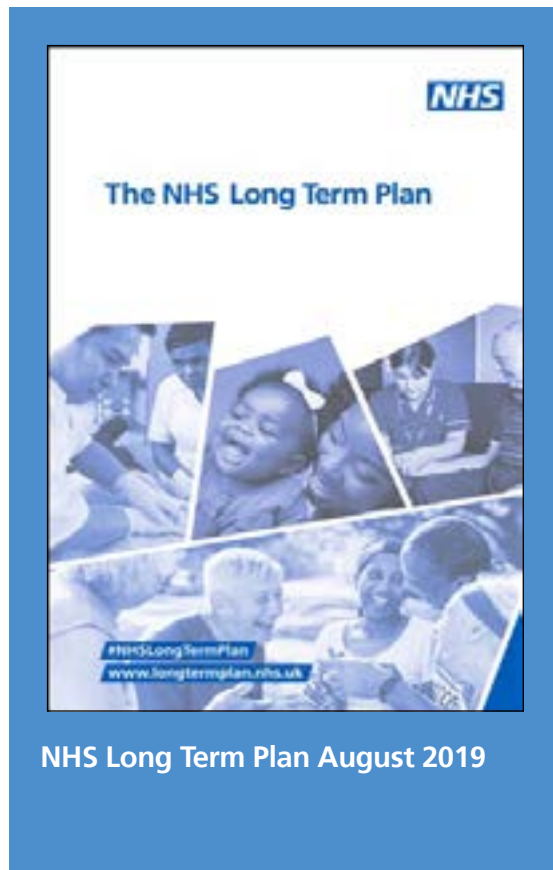
The Health and Safety Executive (HSE) goes further. It's management standards cover 6 key areas of work design that, if not properly managed, are associated with poor health, lower productivity and increased accident and sickness absence rates.

The management standards are [10]:

- [demands](#) - issues such as workload, work patterns and the work environment
- [control](#) - how much say the person has in the way they do their work
- [support](#) - which includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues
- [relationships](#) - promoting positive working to avoid conflict and dealing with unacceptable behaviour
- [role](#) - whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles
- [change](#) how organisational change is managed and communicated in the organisation

Introduction

For context, this resource pack should be read in conjunction with the following documents:
(select an image below to open the document):



Model for stroke vocational rehabilitation

Return to work issues should be identified as soon as possible after the person's stroke, reviewed regularly throughout their rehabilitation journey and managed actively when required.

Acceptance and exclusion criteria and thresholds are [3]:

Level 1: Specialist VR

Any stroke survivor with a disability that prevents their return to work and/or for whom the return to work plan will take longer than 6 months to implement

Level 2: Return-to-Work service

Stroke survivors who have a job to return to and want/need support to do so; or require advice on alternative options (i.e. redeployment, medical retirement, etc.). A return to work plan should be implemented within six months

Level 3: Advice and signposting on return-to-work plan

All stroke survivors, regardless of age, should be offered appropriate advice, signposting and referral for more support to return to work

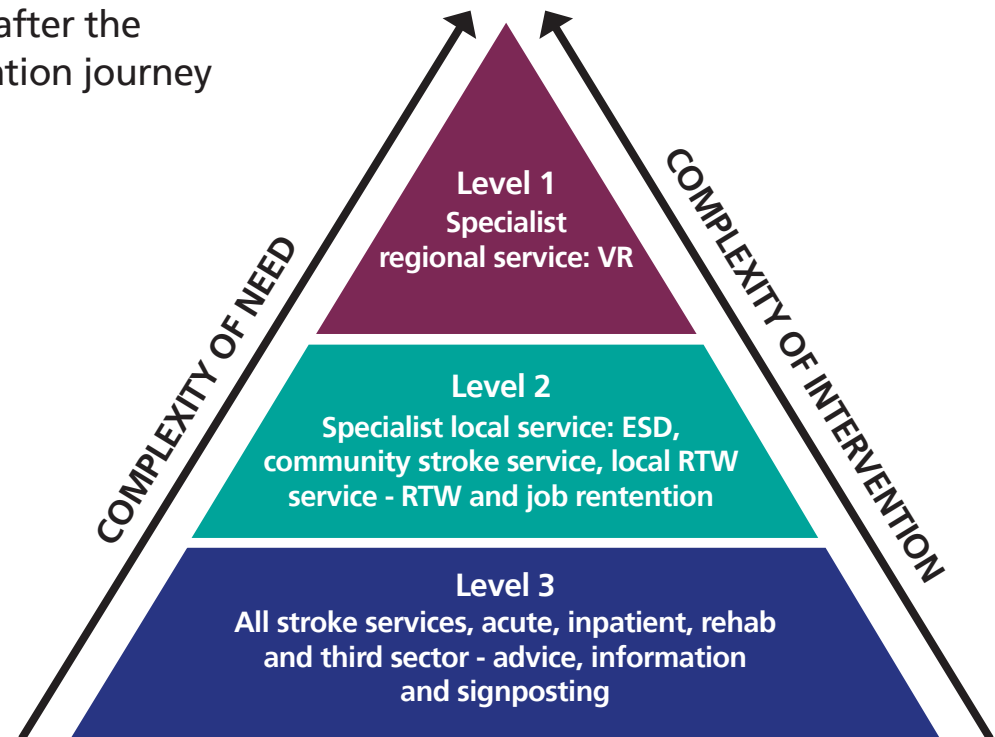
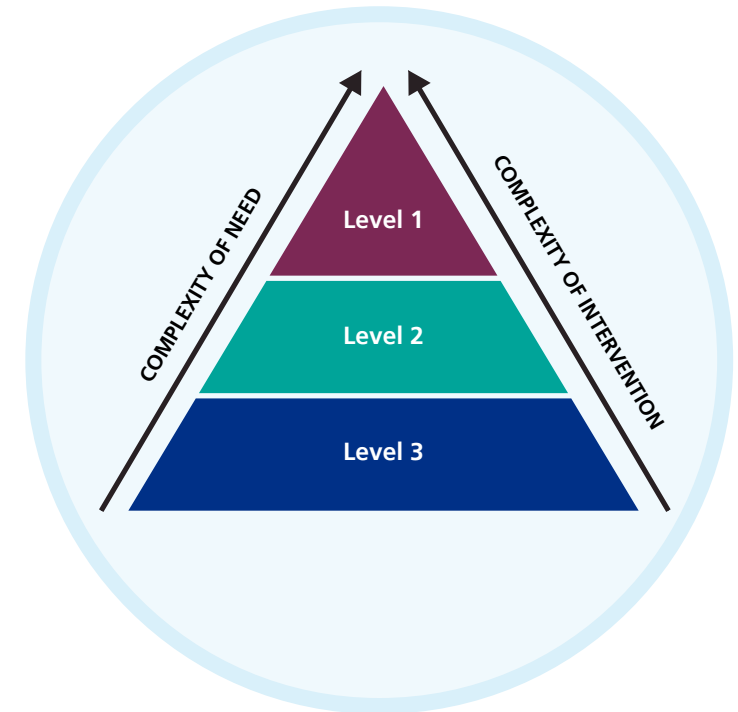


Figure 1: Model for stroke vocational rehabilitation [3]

► **Important:** It should be noted that this model represents a dynamic process and the stroke survivor may move across the levels in a non-linear way, dependent on their changing needs and circumstances. It is important that services are configured to be flexible to recognise this, and be able to respond to changing levels of need in a timely and responsive way.

Guidance for vocational rehabilitation



National Clinical Guidelines for Stroke

The updated 2023 National Clinical Guidelines for Stroke recognises that returning to work is an important goal for many people after stroke [11].

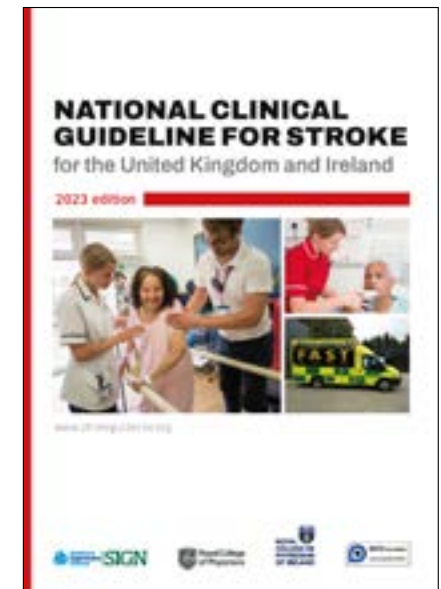
The key recommendations are listed below:

People with stroke should be **asked about their pre-stroke work at the earliest opportunity**, irrespective of whether they plan to return.

People who need or wish to return to any type of work after stroke should:

- be **supported to understand the consequences of their stroke in relation to work**;
- be **supported by an appropriate professional** with an understanding of the person's work-related needs to discuss with their employer about returning to work, at a time that is appropriate, taking account of their job role and the support available. Caution should be observed that the person does not return to work too early after their stroke without the support they need

- be supported to **identify their work requirements with their employer**, with input from occupational health where available
- be **assessed on relevant work-related skills and competencies** to establish their potential for return
- **participate in discussions and decision-making** regarding the most suitable time and way to return to work, including the nature and amount of work
- be **referred to statutory employment support** or a vocational rehabilitation service (VR), as appropriate to their needs. VR may be provided by the NHS, the independent sector or the voluntary sector
- be **signposted if required** to seek advice from their employer's human resources department, trade union and/or seek specific legal advice



National Clinical Guidelines for Stroke

Services supporting people with stroke to return to work should ensure that:

- there is a **coordinator** responsible for liaison and support with planning and negotiating return to work with all those involved, who ensures all concerned are aware of their roles, responsibilities, and relevant legislation
- **workplaces offer** to enable people with stroke to adapt their return to work, in line with the requirements of the Equality Act 2010

Vocational rehabilitation programmes for people returning to work after stroke should include:

- **assessment** of potential barriers and facilitators to returning to work, based on the work role and demands from both the employee's and employer's perspectives
- an **action plan** for how barriers may be overcome
- **interventions** as required by the individual, which may include vocational counselling and coaching, emotional support, adaptation of the working environment, strategies to compensate for functional limitations and fatigue management
- **collaboration** between the person with stroke, their employer and healthcare professional in **planning, facilitating and monitoring** their return to work

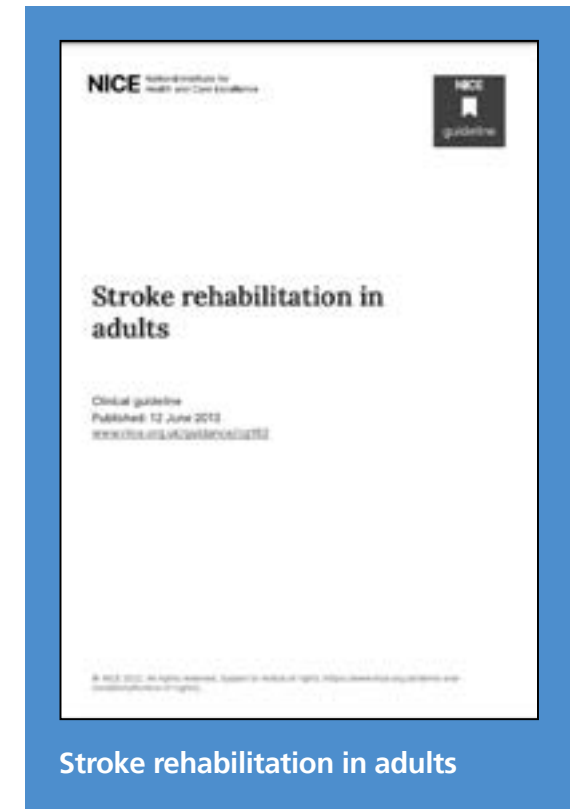
Health professionals who work with people who have had a stroke across all sectors of society should undertake **training** on return to work, appropriate for the nature and level of service they provide.

National Institute for Health and Care Excellence Guidelines

National Institute for Health and Care Excellence (NICE) Guidelines for [Stroke rehabilitation in adults](#) advise that return-to-work issues should be identified as soon as possible after the person's stroke, reviewed regularly and managed actively.

Active management should include [12]:

- identifying the physical, cognitive, communication and psychological demands of the job (for example, multi-tasking by answering emails and telephone calls in a busy office)
- identifying any impairments on work performance (for example, physical limitations, anxiety, fatigue preventing attendance for a full day at work, cognitive impairments preventing multi-tasking, and communication deficits)
- tailoring an intervention (for example, teaching strategies to support multi-tasking or memory difficulties, teaching the use of voice-activated software for people with difficulty typing, and delivery of work simulations)
- voice-activated software for people with difficulty typing, and delivery of work simulations)
- educating about the Equality Act 2010 and support available (for example, the access to work scheme)
- workplace visits and liaison with employers to establish reasonable accommodations, such as the provision of equipment and graded return to work.

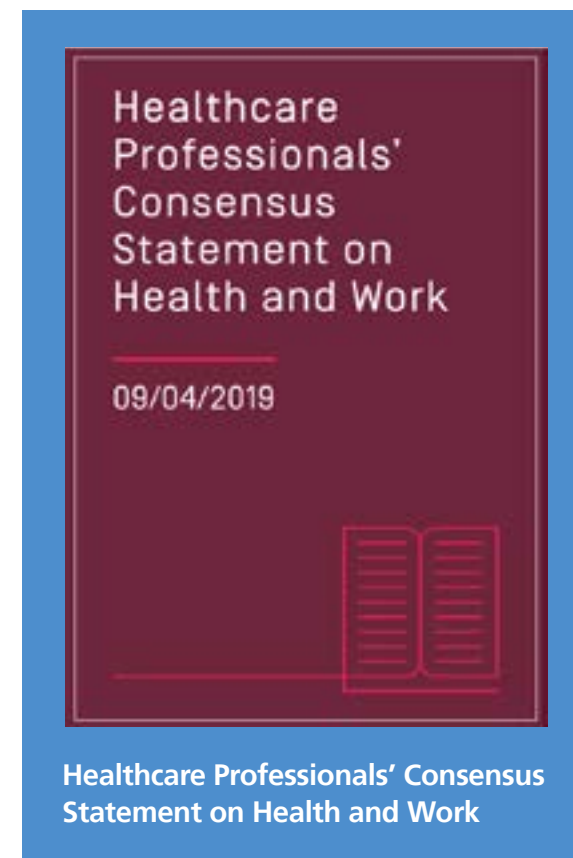


Stroke rehabilitation in adults

Healthcare Professionals' Consensus Statement on Health and Work

The [Healthcare Professionals' Consensus Statement on Health and Work](#) highlights that the role of a healthcare professional (HCP) is to work together with patients as an integral part of patient care pathways and with partners to [13]:

- create a culture where good work is seen as a benefit to people
- help promote the aspiration of working in patients
- promote healthy life choices and lifestyles
- discuss, where relevant, health risks, hazards and any adaptations in working environments
- provide support to help patients enter, remain in or return to work when they are ready and able to
- help patients access high quality sources of specialist support to enter or maintain work
- contribute to reducing the social discrimination, harassment and victimisation associated with ill health or disability, both physical and mental



How AHPs can best support the health and work agenda

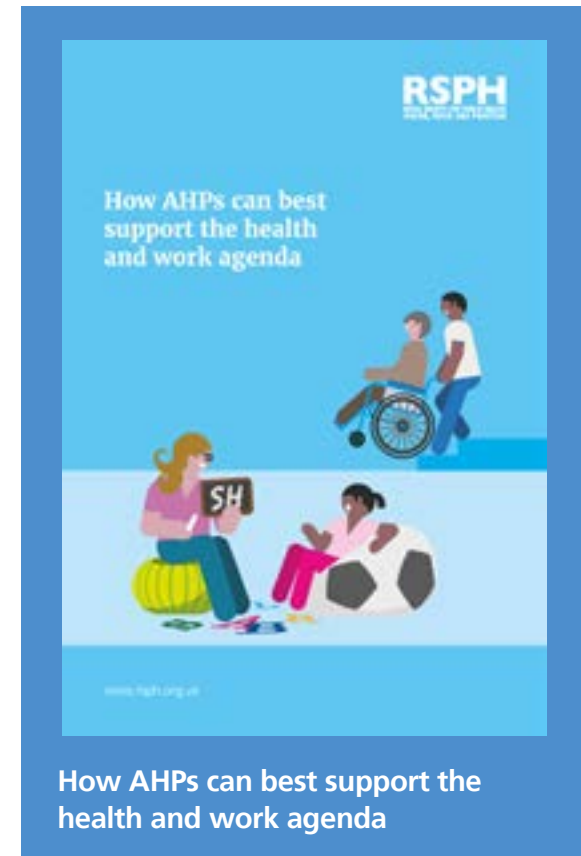
The Royal Society of Public Health guidance, [How AHPs can best support the health and work agenda](#) outlines the importance of allied health professionals' (AHPs) involvement in the health and work agenda.

It describes the challenges and barriers to allied health professionals (AHP) involvement, which include [14]:

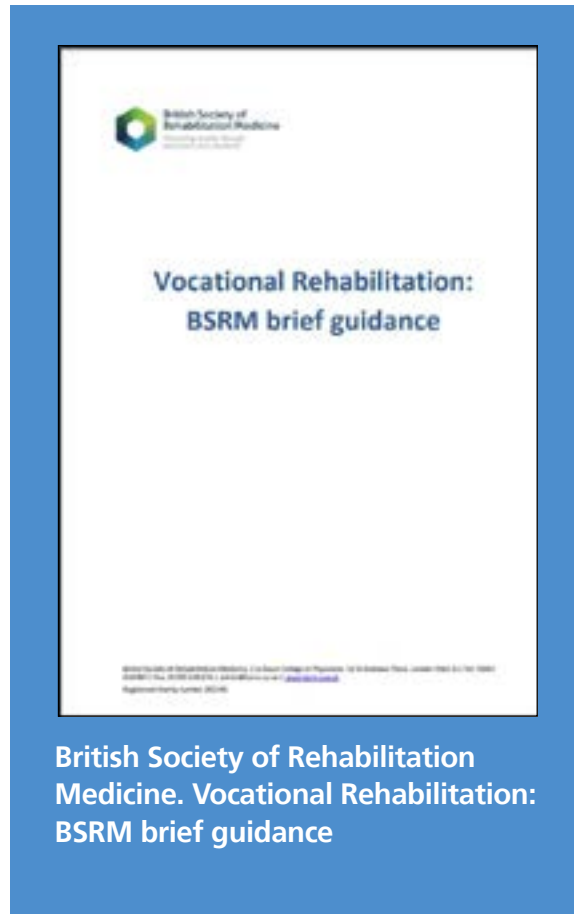
- connections to other services and professions
- confidence and competence
- funding and staffing levels

It also makes some key recommendations to help AHPs to overcome these barriers.

Visit the [Royal Society for Public health website](#) for more information about the role of AHPs in supporting the health and work agenda.



Key vocational rehabilitation guidance documents



The Equality Act

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It also sets out the different ways in which it's unlawful to treat someone.

You could be considered as disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to complete normal daily activities.

Disability discrimination includes [16]:

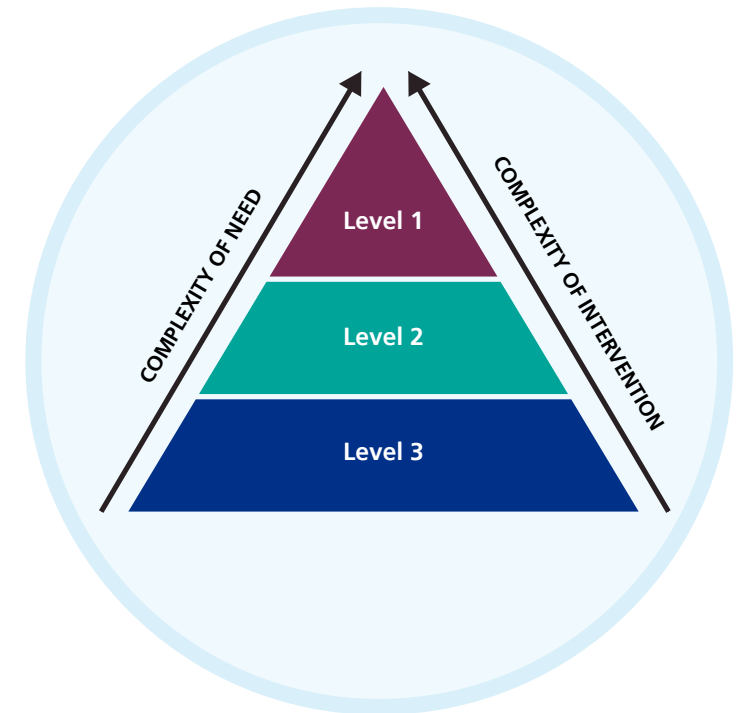
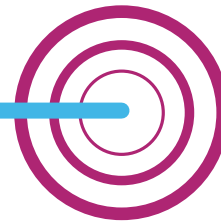
- direct or indirect discrimination
- discrimination arising from disability
- failure to make reasonable adjustments
- harassment
- victimisation



Further information about the Equality Act is available from the sources listed below.

- [Advisory, Conciliation and Arbitration Service \(ACAS\). Disability discrimination at work](#)
- [GOV.UK. Definition of disability under the Equality Act 2010](#)
- [Equality and Human Rights Commission. Disability discrimination](#)
- [Equality and Human Rights Commission. An Introduction to the Equality Act \(YouTube Video\)](#)

Aspects to consider



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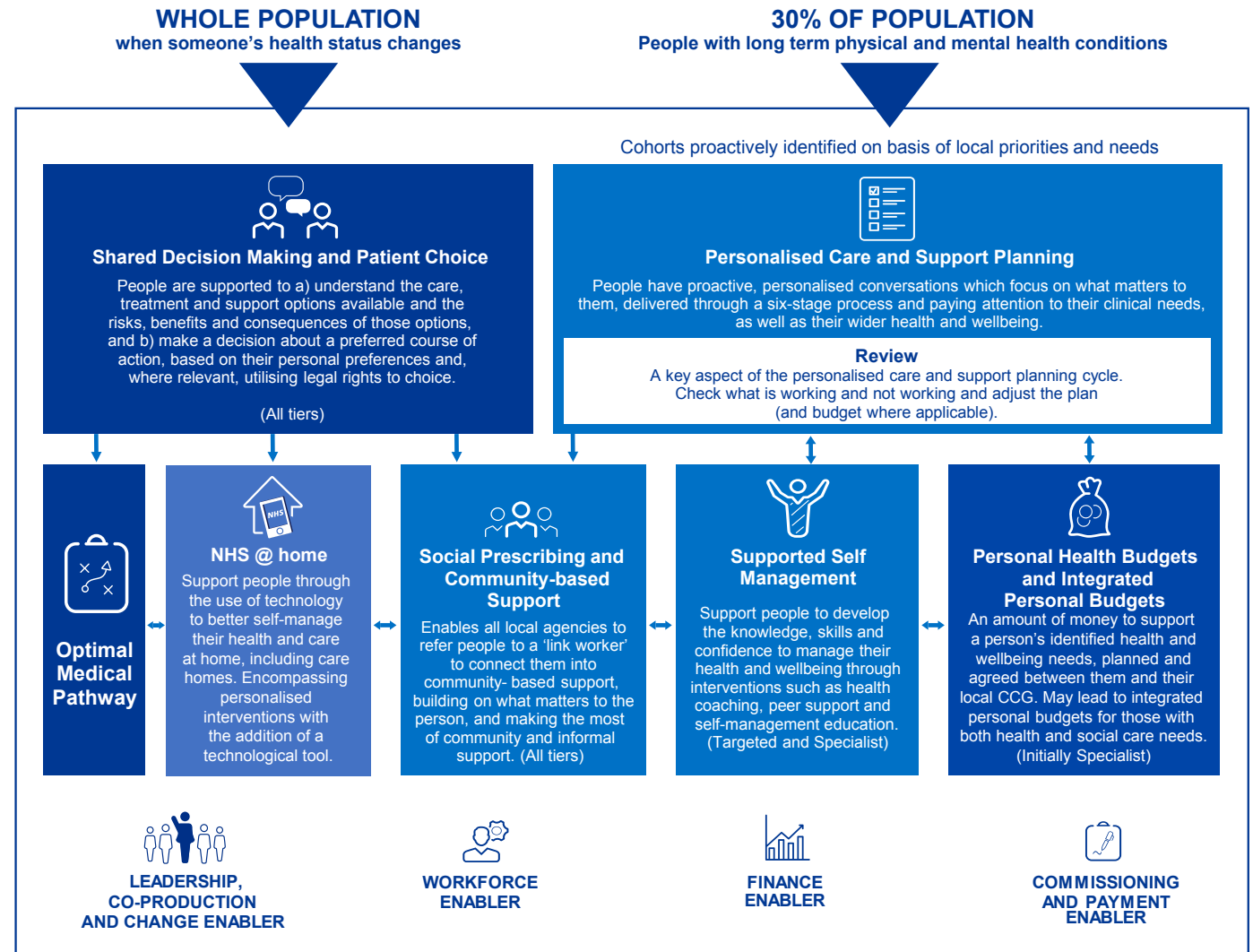
Patient Voices

Personalised care – what is it?

Personalised care means people have choice and control over the way their care is planned and delivered, based on ‘what matters’ to them and their individual strengths, needs and preferences.

Universal Personalised Care is the delivery plan for personalised care [16].

Figure 1 Personalised care operating model [17]



Personalised care: components that support vocational rehabilitation



Personalised Care and Support Planning

Personalised care and support planning is a series of facilitated conversations in which the person, or those who know them well, actively participates to explore the management of their health and well-being within the context of their whole life and family situation.

A [personalised care and support plan](#) is defined by 5 criteria [18]:

1. People are central in developing and agreeing their personalised care and support plan including deciding who is involved in the process.
2. People have proactive, personalised conversations which focus on what matters to them, paying attention to their needs and wider health and wellbeing.

3. People agree the health and wellbeing outcomes they want to achieve, in partnership with the relevant professionals.
4. Each person has a sharable, personalised care and support plan which records what matters to them, their outcomes and how these will be achieved.
5. People are able to formally and informally review their personalised care.

For further information [visit NHS England. Personalised care and support planning](#)

Personalised care: components that support vocational rehabilitation



Personal Stroke Record

A [Personal Stroke Record](#) [19] is a patient-facing template for professionals to complete and give to newly-diagnosed stroke survivors in hospitals.

It contains written personalised information that can help to optimise outcomes and experience.

If a patient has a Personal Stroke Record this can be built upon to plan and support the person's vocational rehabilitation.

Personal stroke record

Personalised care: components that support vocational rehabilitation



Shared decision-making (SDM)

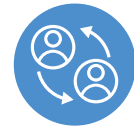
SDM is a collaborative process in which a healthcare professional works together with a person to reach a decision about care [20].

It involves choosing tests and treatments based both on evidence and on the person's individual preferences, beliefs and values.

It means making sure the person understands the benefits, harms and possible consequences of different options through discussion and information sharing.

This joint process empowers people to make decisions about the care that is right for them at that time (with the options of choosing to have no treatment or not changing what they are currently doing).

For further information visit [NHS England. Shared decision-making.](#)



Social prescribing

Social prescribing is a way for local agencies to refer people to a link worker. Link workers give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support [21].

Social prescribing is especially helpful for people [21]:

- with one or more long-term conditions
- who need support with their mental health
- who are lonely or isolated
- who have complex social needs which affect their wellbeing

For further information visit [NHS England. Social prescribing.](#)

Personalised care: components that support vocational rehabilitation



Supported self management (SSM)

SSM is part of the NHS Long Term Plan commitment to make personalised care the norm. We use the term to describe the ways that health and care services encourage as well as support people to maintain their ongoing physical, and mental wellbeing themselves. This includes ensuring approaches such as health coaching, peer support and self management education are systematically put in place. At the heart of this, it is about supporting people to increase their knowledge, confidence and skills in managing their own health.

Here is a link to the summary guide for SSM - [NHS England » Supported self-management: Summary guide](#)

Bio-psychosocial model

The biopsychosocial (BPS) model shown in Figure 1 emphasises the interconnection between biological, psychological and socio-environmental factors.

When this model is applied to health, it demonstrates the importance of maintaining wellness in all aspects of our lives [22].

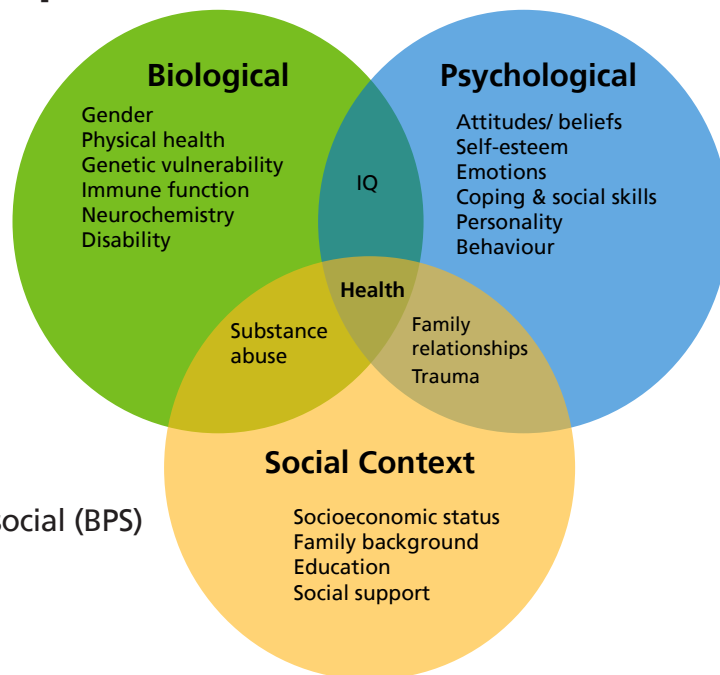


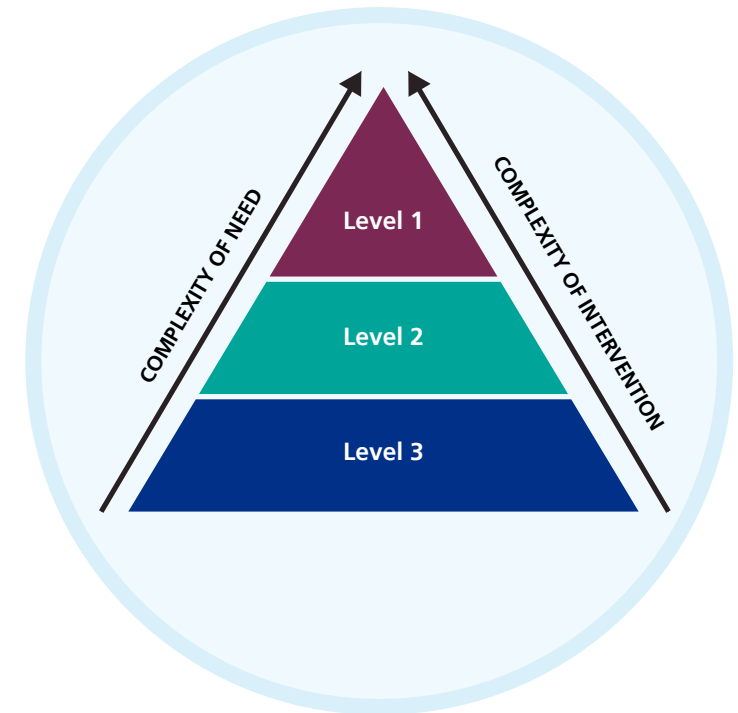
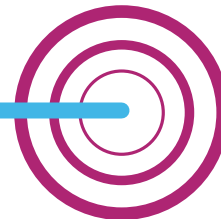
Figure 1
The biopsychosocial (BPS) model

Using a holistic BPS approach may help identify the 'flags' or potential obstacles to the VR or return to work process shown in Figure 2.

	Red flags - medical red flags such as loss of weight, recurrent pneumonia
	Orange flags - psychiatric 'red' flags such as depression
	Yellow flags - beliefs, appraisals and judgments
	Blue flags - perceptions about relationship between 'occupation' and health
	Black flags - systems of contextual factors e.g. the Equality act, healthcare services

Figure 2 'Flags' or potential obstacles to the VR or return-to-work process

Fit note and AHP Report



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Fit note

A statement of fitness for work, commonly known as a fit note or 'med 3', is a form of medical evidence that can enable an individual to access health-related benefits or evidence eligibility for statutory sick pay.

Its purpose, format and requirements are set out in regulations which cover England, Wales and Scotland.

The fit note contains options to assess a person as 'not fit for work' or 'may be fit for work taking account of the following advice'.

The legislation requires the healthcare professional (HCP) (doctors, nurses, occupational therapists, pharmacists, physiotherapists) to undertake an assessment to complete a fit note.

An assessment is defined as a consultation between the patient and HCP or consideration of a written report by another health professional. The fit note provides advice about the functional effects of a patient's condition on their fitness for work but it does not require the HCP to have specialist knowledge of workplaces or occupational health or to suggest possible changes to a patient's workplace or job [23].



Further information and guidance is available from the sources listed below.

- [Department for Work and Pensions. Fit Note guidance for doctors, nurses, occupational therapists, pharmacists, physiotherapists, employers and patients using fit notes](#)
- [Department for Work and Pensions. Who can issue fit notes: guidance for healthcare professionals and their employers](#)
- [Department for Work and Pensions. Getting the most out of the fit note: guidance for healthcare professionals](#)
- [Health Education England Work and Health e-learning programme](#)

AHP Health and Work Report

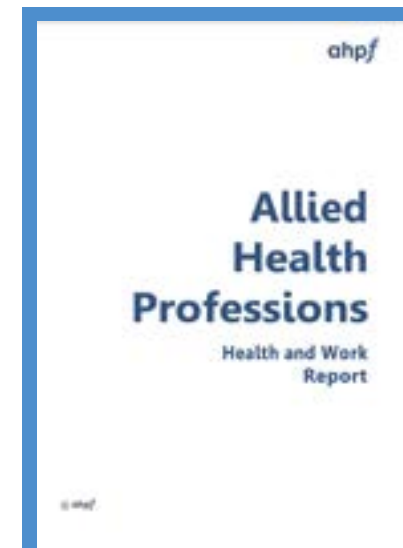
Where patients are required to evidence eligibility for statutory sick pay, provided their employer is content, they can provide alternate forms of evidence. One example of this is the Allied Health Professions (AHP) Health and Work Report [24] which can be completed by all allied health professions, including those that are not legally able to certify fit notes.

The AHP Health and Work Report is a form which provides an employee, their employer and a GP with information which may be used to help keep that employee in work if possible or be signed off, usually for a specified length of time while recovering from injury or illness.

The tool is appropriate for a physical or mental health-related, work issue, to help employers and GPs to understand practical modifications, which may help an individual remain engaged with or return to work. It is designed to be clearly recognisable and easy to read, with contact details for employers to follow up recommendations with practitioners if necessary [23].

More information about writing business cases for vocational rehabilitation is services available from the sources below:

- [Allied Health Professions Health and Work Report](#)
- [AHP Health and Work Report](#)

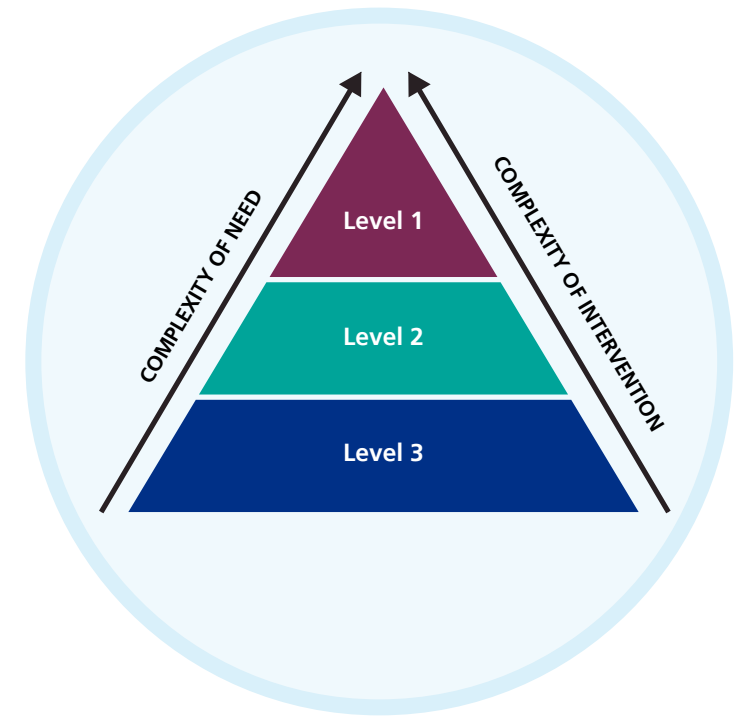


Allied Health Professions Health and Work Report



AHP Health and Work Report

Commissioning vocational rehabilitation services



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Why commission vocational rehabilitation?

The NHS Long Term Plan recognised that stroke, a preventable disease, is the 4th single leading cause of death in the UK and the single largest cause of complex disability [25].

Stroke mortality has halved in the last 20 years. However, without further action, due to changing demographics, the number of people having a stroke will increase by almost half, and the number of stroke survivors living with disability will increase by a third by 2035 [25].

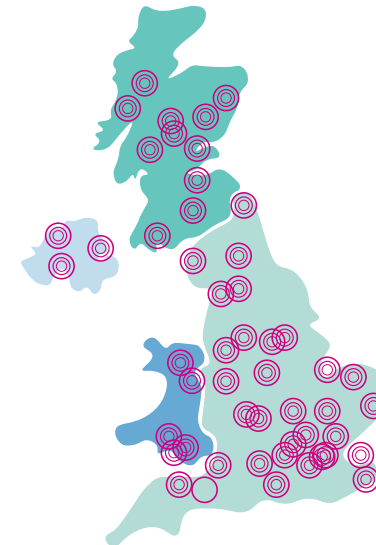
Implementation and further development of higher intensity care models for stroke rehabilitation are expected to show significant savings that can be reinvested in improved patient care.

This includes reductions in hospital admissions and ongoing healthcare provision.

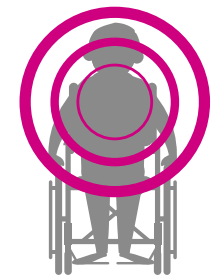
Out of hospital, more integrated and higher intensity rehabilitation for people recovering from stroke, delivered in partnership with voluntary organisations including the Stroke Association, will support improved outcomes to 6 months and beyond.

Vocational Rehabilitation (VR) is a mandated aspect of the National Stroke Model [3] and the National Service Model for integrated community stroke services [26].

4th
single leading
cause of death
in UK

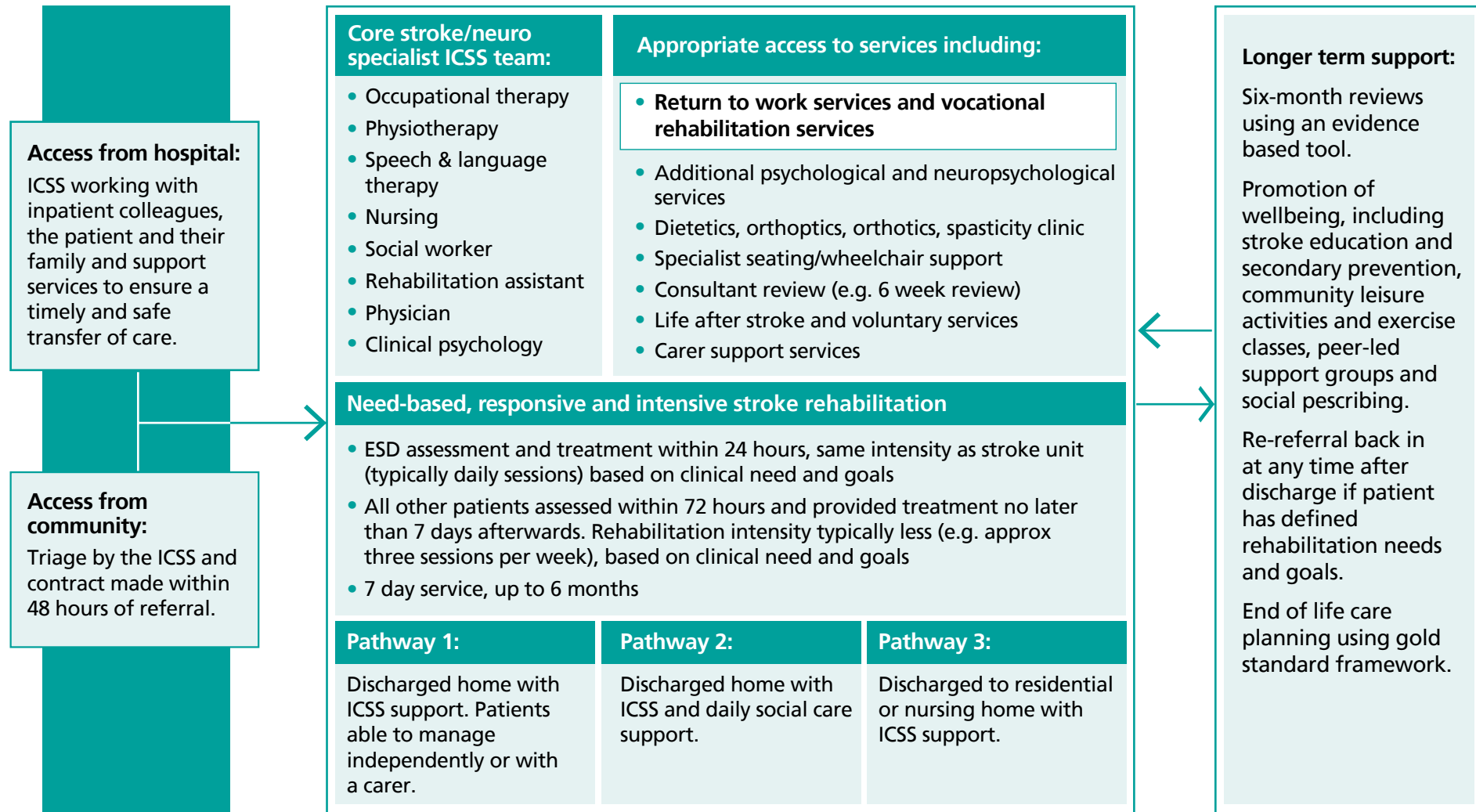


**Number of stroke survivors
living with disability will
increase by 1/3rd by 2035**



Why commission vocational rehabilitation?

Figure 1 National Service Model for Integrated Community Stroke Services (ICSS) [26]



Writing business cases for vocational rehabilitation services



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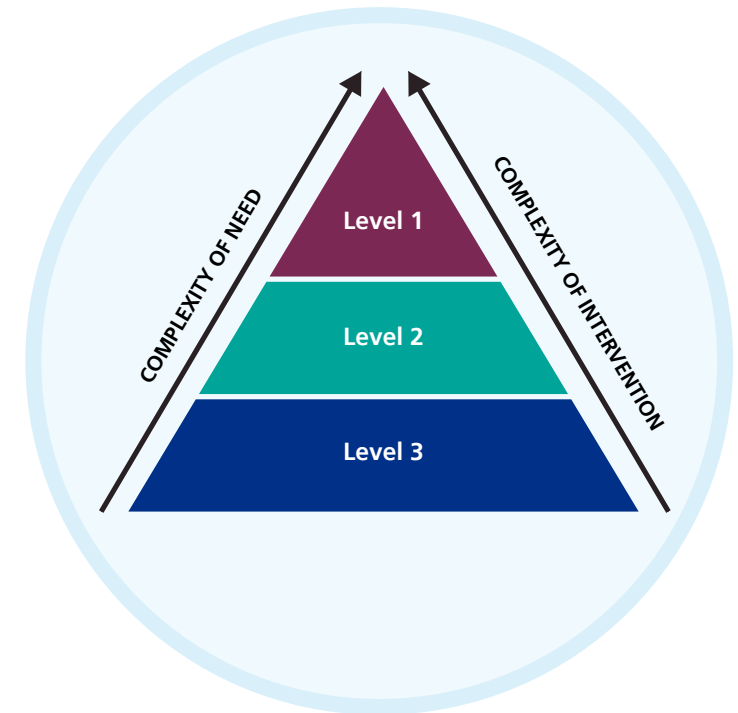
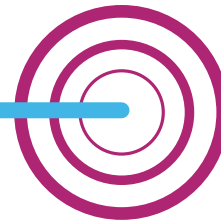
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Sentinel Stroke National Audit Programme

The [Sentinel Stroke National Audit Programme \(SSNAP\)](#) is a major national healthcare quality improvement programme based in the School of Life Course and Population Sciences at King's College London [27].

SSNAP measures the quality and organisation of stroke care in the NHS. It is the single source of stroke data in England, Wales, and Northern Ireland.

SSNAP measures both the processes of care (clinical audit) provided to stroke patients, as well as the structure of stroke services (organisational audit) against evidence based standards, including the 2016 National Clinical Guideline for Stroke.

The overall aim of SSNAP is to provide timely information to clinicians, commissioners, patients and the public on how well stroke care is being delivered so it can be used as a tool to improve the quality of care that is provided to patients.

The following questions are asked at the 6 month review and are entered on the SSNAP dataset:

8.8 Employment status prior to stroke:

- Working full-time
- Working part-time
- Retired
- Studying or training
- Unemployed
- Other

8.8 Employment status currently:

- Working full-time
- Working part-time
- Retired



Measuring outcomes

There is currently no national data set for vocational rehabilitation specifically. Each service will have to decide which measures are most helpful, given the client group and service specification.

A sensible data set would include:

- demographics, for example: gender and age
- work status, for example: if they are in full-time or part-time work; the number of contractual hours they work and the number of actual hours they work
- work type, for example: employed, self-employed, volunteer, retired, unemployed, training and/or adult education
- relevant symptom measures including fatigue, stress and/or distress scales
- a work-related self-efficacy scale



Outcome measures for consideration


A helpful website for outcome measurement tools is [Cicely Saunders Institute of Palliative Care, Policy & Rehabilitation](#).

Tools available on this site include:

- Work Ability Support Scale (WASS)
- Goal Attainment Scale (GAS)

Other tools for consideration include:

- [Work Productivity and Activity Impairment Questionnaire](#)
- [Work and Social Adjustment Scale \(WSAS\)](#)
- [COPM | Canadian Occupational Performance Measure \(thecopm.ca\)](#)



Work Productivity and Activity Impairment Questionnaire (General Health V1.3 (WPAI-GH))

The following questions ask about the effect of your health problems on your ability to work and perform regular activities. No health problems will mean any physical or structural problem or symptom. Please fill in the blanks or circle a number, as indicated.

1. Are you currently employed/working for pay? NO YES
If NO, check "NO" and skip to question 4.

The next questions are about the **past seven days**, not including today.

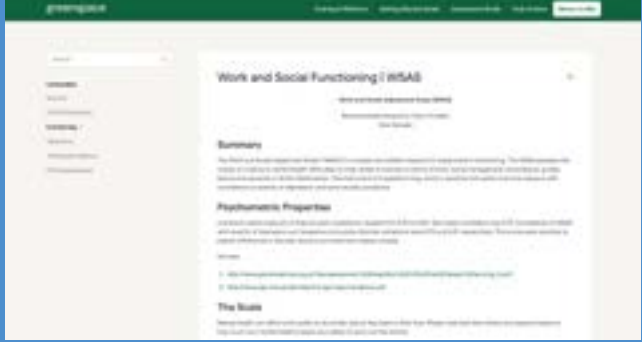
2. During the past seven days, how many hours did you miss from work because of your health problem? Include hours you missed on site days. When you went in site, did early, etc. because of your health problems. Do not include time you missed to participate in this study.
____ HOURS

3. During the past seven days, how many hours did you miss from work because of any other reason, such as vacation, holidays, time off to participate in this study?
____ HOURS

4. During the past seven days, how many hours did you actually work?
____ HOURS (if "0", skip to question 6.)

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Work Productivity and Activity Impairment Questionnaire



Work and Social Functioning (WSAS)

Summary

Psychometric Properties

The Scale

Work and Social Adjustment Scale (WSAS)

Work and Social Adjustment Scale (WSAS)



COPM The Canadian Occupational Performance Measure

The COPM is an individualized, client-centred outcome measure

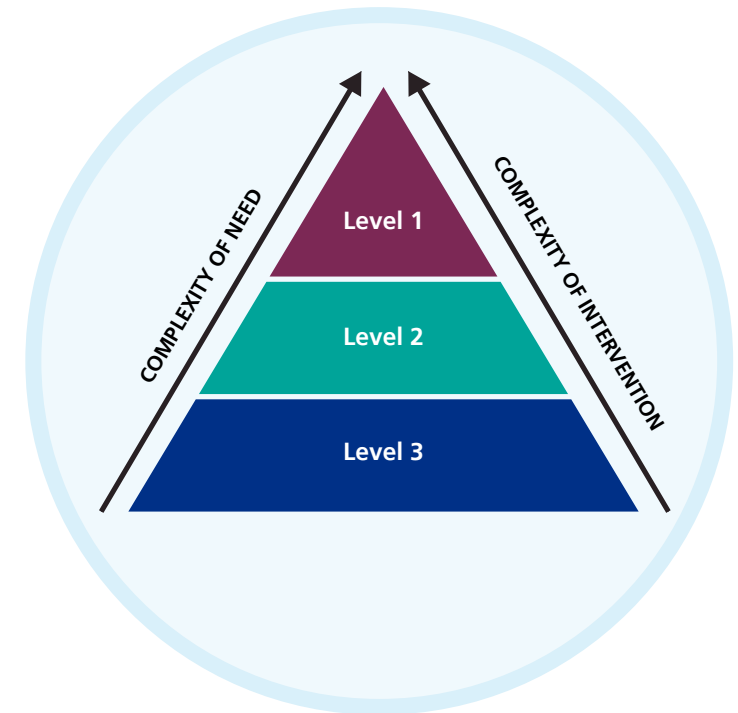
The Canadian Occupational Performance Measure is an evidence-based outcome measure designed to capture in detail the perspective of performance in everyday living, over time (through a 6-week period), in 10 domains of life activities and has been validated with over 1000 caregivers.

[About the COPM](#) [Purchase the COPM](#) [Get Evidence-Based](#)

The COPM measures performance and satisfaction in self-care, productivity and leisure from the client's perspective. [Learn More](#)

COPM | Canadian Occupational Performance Measure (thecopm.ca)

Specific clinical considerations



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Driving and work

Ability to drive can be an important aspect and possibly the crucial factor that determines someone's return to or ability to work and should be considered both sensitively and practically.

According to Horowitz, Boerner, and Reinhardt, "driving is more than simply a way to accomplish daily tasks, driving is imbued with a host of psychological meanings, including one's sense of autonomy, independence, and self-worth. Giving up driving, for many, is often experienced psychologically as the first step towards a downward spiral of dependency. Inability to drive can have a significant impact on an individual" [28].

Inability to drive can impact on the loss of someone's spontaneity and social activities, as well as their ability to work.

For some people, driving is a fundamental aspect of their job and for some it is a means of getting to and from work.

This is an important consideration in areas where public transport is minimal or inaccessible.

- ▶ **Note:** regulations for large goods vehicle (LGV), bus and passenger carrying vehicles (PCV) drivers are tighter than for standard car drivers, the Driver and Vehicle Licensing Agency (DVLA) should be informed immediately post transient ischaemic attack (TIA) or stroke.

More information and guidance is available from the sources below.

- [Driving after a stroke | Stroke Association](#)
- [DVLA > Stroke \(cerebrovascular accident\) and driving.](#)
- [Disability Driving Instructors, Returning to driving following a stroke or TIA.](#)

Stroke Association
Driving after stroke

Stroke helpline: 0800 800 900
or email: help@stroke.org.uk

You are not allowed to drive for a month after a stroke or transient ischaemic attack (TIA). Some people have to stop driving for longer, or will not be able to drive again. This guide helps you understand what to do if you are a driver, including when to tell the DVLA (DVLA in Northern Ireland).

Key points

- You must not drive for a calendar month after a stroke or transient ischaemic attack (TIA).
- It is your responsibility to tell the DVLA (DVLA in Northern Ireland) about any medical condition that affects your driving.
- If you have a licence to drive a large goods vehicle (LGV) or passenger-carrying vehicle (PCV), you must tell the DVLA about your stroke or TIA straight away.
- Tell your doctor about your stroke or TIA as soon as possible, and you can drive again, you may be able to start driving again after a month. But it depends what type of stroke you have, and other health conditions like epilepsy.

Wiz-Tab

The rest of this guide for best and fit to be able to drive in your car. For more information visit www.stroke.org.uk/driving

Stroke Association. Driving after stroke.

Aphasia

What is aphasia?



Aphasia is a long-term, language disorder that often impacts on a person's ability to talk, write, understand spoken and written language and use numbers.

It is the second most common major impairment after stroke, affecting an estimated 350,000 people in the UK.

Aphasia impacts on all areas of life, causing profound frustration for those affected and their families, often leading to social withdrawal, low mood, depression and consequently has a significant negative impact on quality of life [29,3,30,31].

10% of younger stroke survivors present with aphasia which can significantly impact on the ability to resume previous activities of daily living, including work [32].

Studies have shown that younger survivors with aphasia are less likely to return to work following a stroke than those without aphasia [33].

People with aphasia therefore often require long term support and might need specialised vocational therapy as part of their rehabilitation. Most people with aphasia will require ongoing access to vocational support, even after they return to work, to prevent them from dropping out of employment.

For some people, access to unpaid work via volunteering can also be helpful. Current service provision lacks a dedicated focus for return to work with people with aphasia, despite individuals holding 'deep, strong desires to return to some employment' [34].

Aphasia

Top tip



Access to Work can help pay for communication support at a job interview if [35]:

- you're deaf or hard of hearing and need a British Sign Language (BSL) interpreter or lipspeaker
- you have a physical or mental health condition or learning difficulty and need communication support

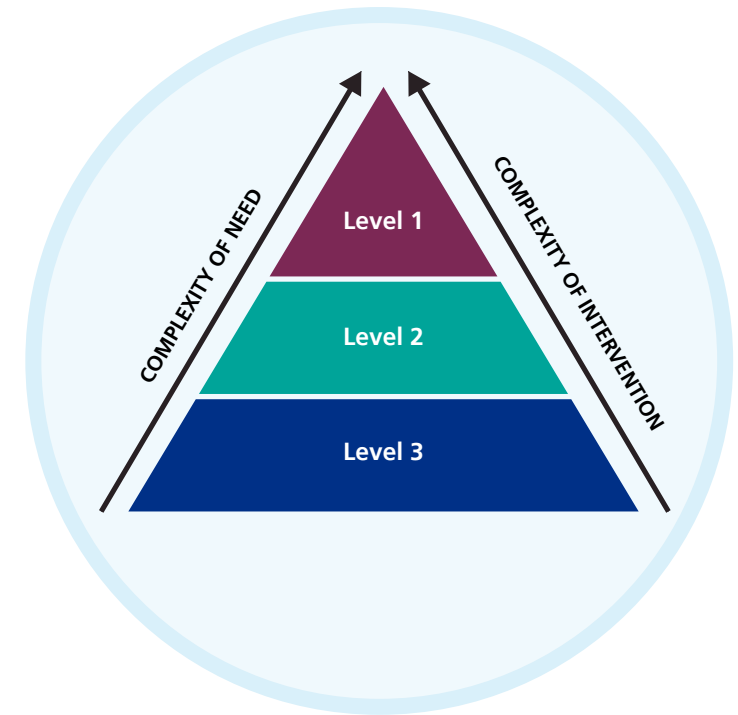
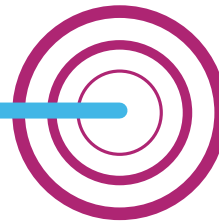
Considerations for vocational rehabilitation and aphasia:

- Make selective use of standardised language assessments.
- Tailor your treatment activities around work related tasks.
- Support active engagement with the employer.
- Create a supportive working environment.
- Consider a phased return to work.
- Providing access to psychology.

More information is available by selecting the source below:



Patient voice



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What matters?



Hidden symptoms should be recognised. For example, fatigue and emotional lability.

Recovery from stroke can be long-term and continue over many months and years.

Stroke pathways need to be flexible, needs-based and sufficiently long-term to accommodate return to work.



Timing is important, vocational rehabilitation (VR) is often needed beyond the 6-month follow-up.

Ongoing support once back at work for both stroke survivor and employer.

Employer education is key.

Support is needed for a change in career/job, not just the return to work. A holistic approach is vital.

What matters



Psychological support is key to accepting the new 'me' in returning to work.

People really valued **peer support** and hearing from others in a similar situation.

Impact on family members is huge and often they need support. It is important to signpost to the support available to **carers**.



Pressure to return to work is huge (guilt, bravado, mortgage, finances).


Practical things can make a huge difference. For example: taxi for work, driving support.

The importance of **empathy and compassion** from all clinicians.

Information is needed right across the pathway, including acute services.

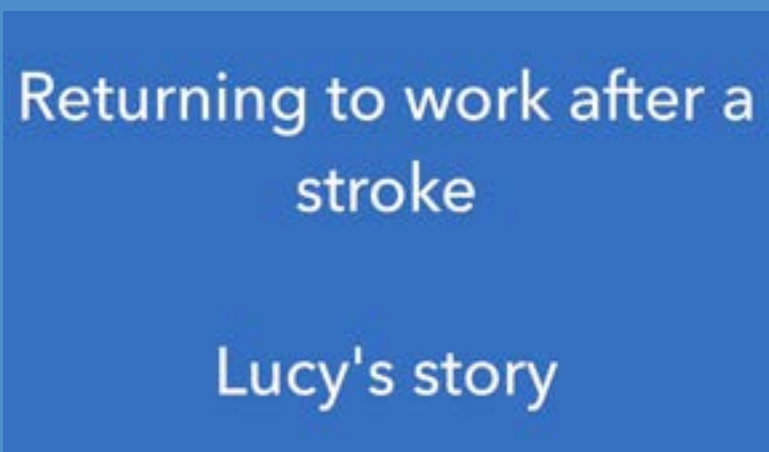
Case studies

Select an image to explore some real-life case studies.



The screenshot shows a web interface for 'Stroke Training and Awareness Resources (STARs)'. The main content area is titled 'Vocational Rehabilitation: Scenario - Rosemary' and features a small portrait of a woman. To the right, there is a sidebar with a list of resources, including 'Vocational Rehabilitation: Scenario - Rosemary', 'What are the key...?', 'Early intervention: what can...?', 'What are the key...?', 'What are the key...?', 'Support Resources for...?', 'How can...?', and 'Commissioning...?'. A red button labeled 'Download Case Study' is visible below the main content.

Vocational Rehabilitation: Scenario - Rosemary



Returning to work after a stroke

Lucy's story

Returning to work after a stroke - Lucy's Story (video)

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Model for stroke vocational rehabilitation

As a recap,

Level 1: Specialist VR

Any stroke survivor with a disability that prevents their return to work and/or for whom the return to work plan will take longer than 6 months to implement

Level 2: Return-to-Work service

Stroke survivors who have a job to return to and want/need support to do so; or require advice on alternative options (i.e. redeployment, medical retirement, etc.). A return to work plan should be implemented within six months

Level 3: Advice and signposting on return-to-work plan

All stroke survivors, regardless of age, should be offered appropriate, advice, signposting and referral for more support to return to work

We will now explore what good stroke vocational rehabilitation looks like at the different levels, recognising that a stroke survivor may move across the levels in a non linear way depending on their changing needs and circumstances.

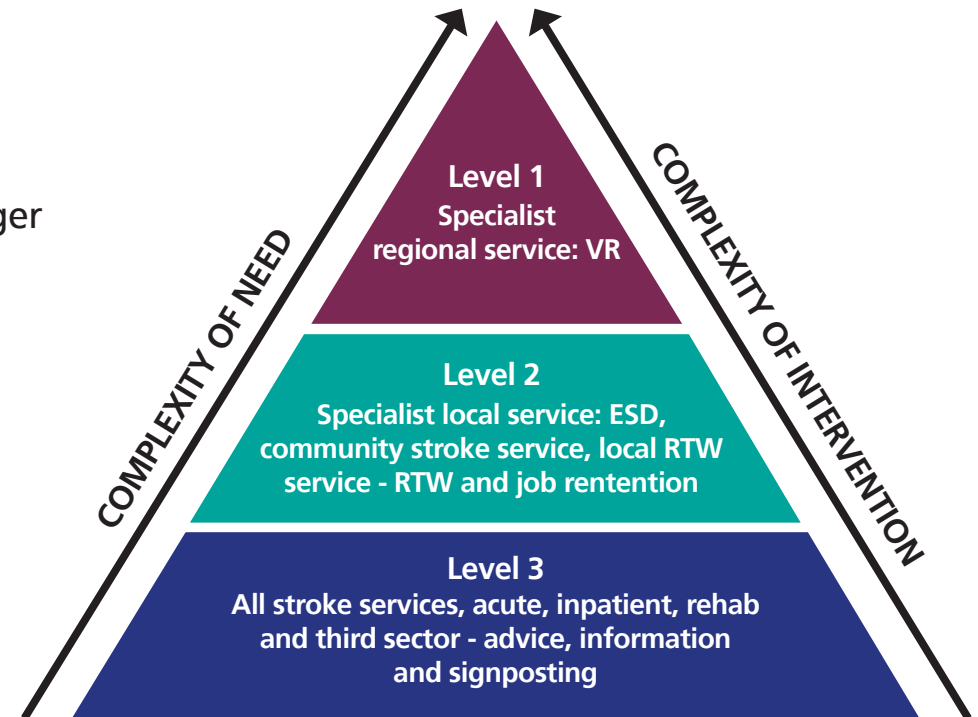
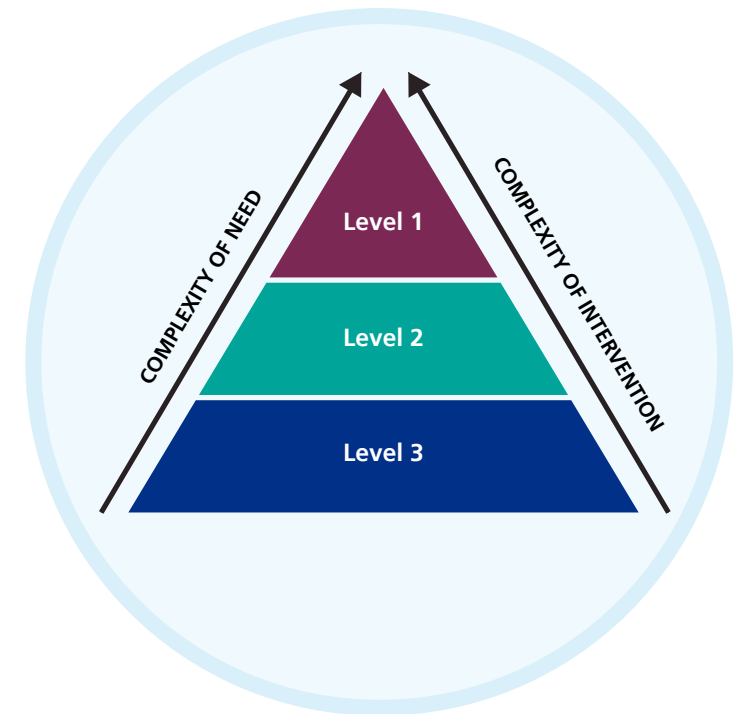
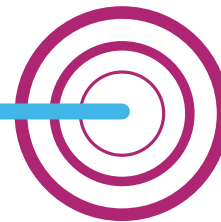


Figure 1: Model for stroke vocational rehabilitation [3]

Level 3

All stroke services



Introduction

All health and social care professionals who come into contact with a stroke survivor at any stage in the pathway should be able to discuss work related issues in a positive way and where a need or desire to return to work or other meaningful occupation is identified, offer information and signposting on to services that can support them as required.

Any provider offering health or social care to stroke survivors, from acute to community and beyond, should be commissioned with sufficient resources to offer (as a minimum):

- **work related advice and information**
- **signposting on to appropriate support services**



Positive discussions about work

Broaching the subject of returning to work should be discussed at the earliest appropriate moment for the individual. This could be as early as the hospital setting or as they progress through the rehabilitation pathway and beyond.

The thought of returning to work can mean different things to individuals, and discussions about work should be approached in a positive but mindful way.

Some individuals can feel huge pressure to return to work for a number of reasons including:

- financial
- fear of losing their job and/or status
- bravado

Some may be anxious about their return, due to:

- pre-existing challenges in the workplace
- perception by individual or families that work may have contributed to their stroke in some way

As such, individuals should be encouraged to take their time when planning their return to work, and not necessarily rush back, especially if there are any concerns that the timing is not right.



For more information about initiating and conducting conversation about work refer to the [Public Health England guidance document](#);

- [Work Conversations in Healthcare - How where when and by whom.](#)
- The [Shared Decision Making Tool on Work and Health](#) tool may also be helpful in supporting the work discussion.

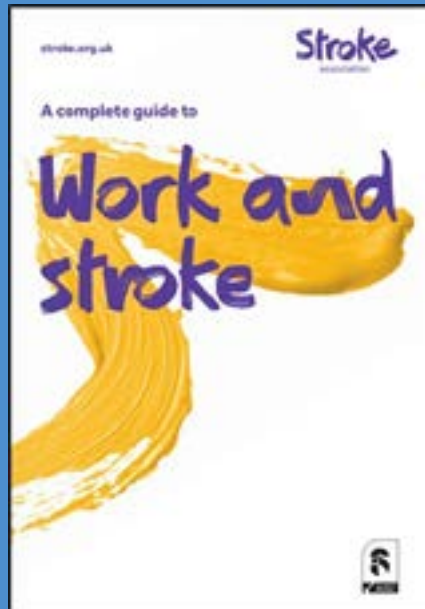


Work Conversations in Healthcare - How where when and by whom.

Information and advice



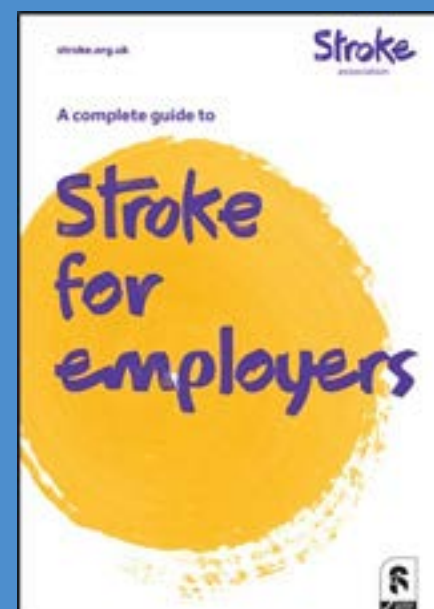
As a minimum, the following documents provide useful information to pass on to stroke survivors and their employers:



Stroke Association: A complete guide to work and stroke



Different Strokes Information Pack - Work after Stroke



Stroke Association: A complete guide to stroke for employers



Different Strokes Information Pack. Work After Stroke. Information for Employers

Signposting

Occupational Health (OH)



OH services are not always available to people, however, where there are, they can provide early advice and support for people planning a return to work.

Local services

Local services that offer free legal or financial support such as [Citizens Advice](#).

Support services

Information and support services, such as those offered by the [Stroke Association](#) or [Different Strokes](#)

Integrated community stroke service

Ensure to pass on the following information to the Level 2/1 service.

- **What job or role did they do?**
- **Were they employed or self-employed?**
- **Type of contract? Permanent, paid or voluntary?**
- **Plans for return?**

Psychological services

Psychological services can support patients with any concerns with mood and anxiety.

Review service

Referral to 6 month review service, especially if returning to work is not an immediate goal.

Families, friends and carers

Stroke impacts not only stroke survivors, but all around them, particularly close family.

It results in immediate changes to roles within a family, and often to longer term changes too.

Family members may have their own concerns so may need support or signposting to services in their own right.

Having a supportive family member or friend can make all the difference in helping someone return to work.

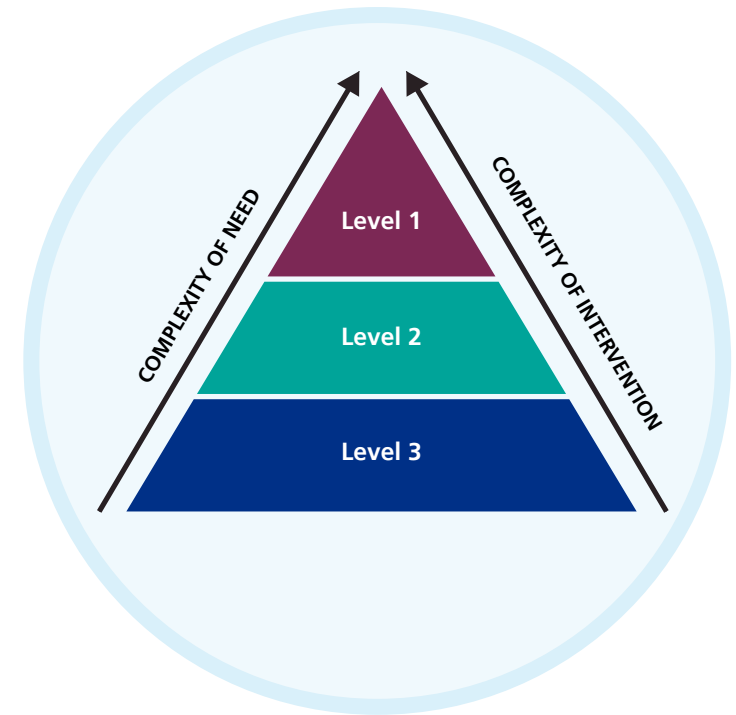
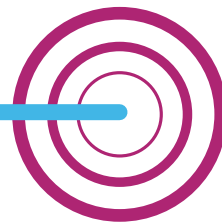
Information and support is available from the Different Strokes information pack; [Work After Stroke. Information for Family and Friends.](#)



Work After Stroke.
Information for Family and Friends.

Level 2

Specialist return to work services: part of ICSS



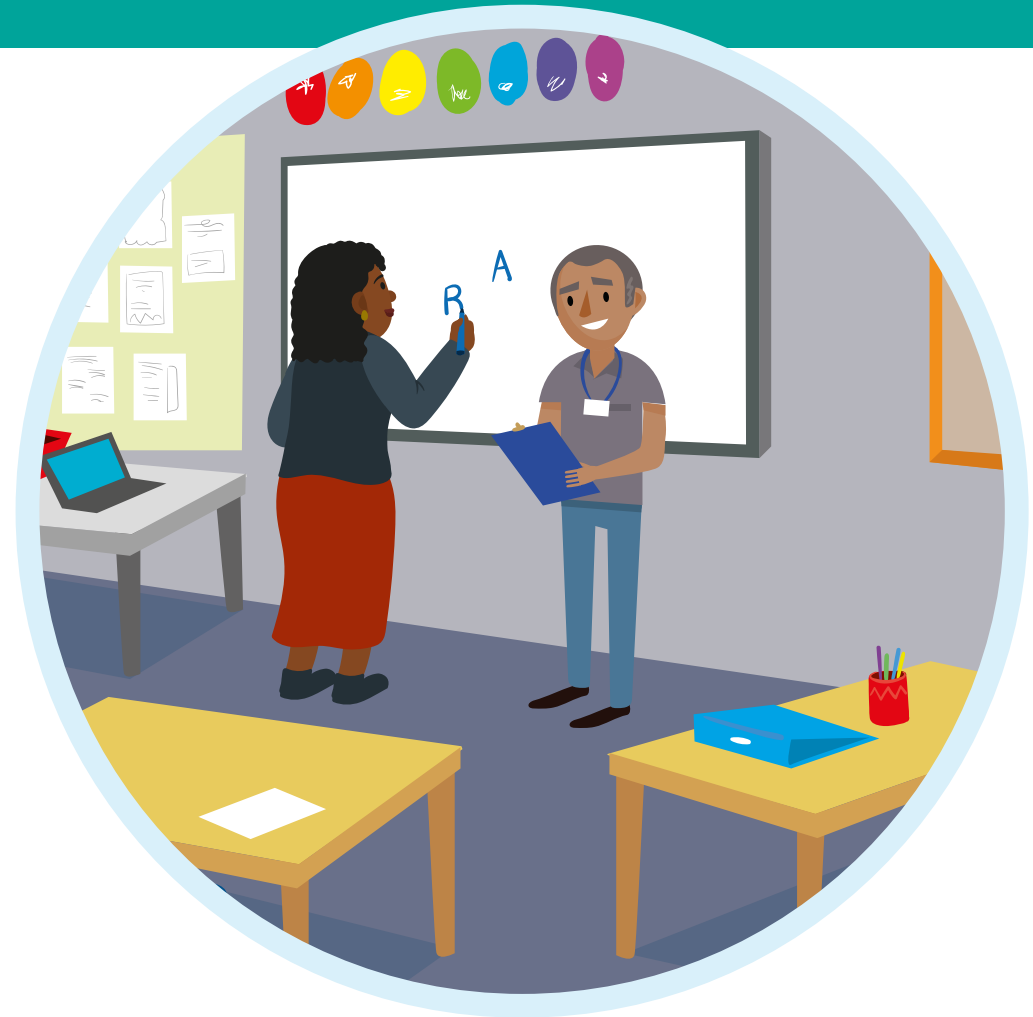
Introduction

This should be commissioned on a local basis, possibly from existing community stroke rehabilitation services or a local Return to Work service.

The service should be sufficiently resourced to be able to respond in a timely manner, especially if paid sick leave is about to expire or stroke survivor is feeling pressurised to return to work. With the right skill-mix and staffing levels, this could be delivered as part of the Integrated Community Stroke Service.

The target population are those stroke survivors who were working prior to their stroke, have a job to return to and who want and/or need support to return to this work, or advice on alternative options.

Due to the multifaceted clinical presentations following a stroke it is recommended that the service offers a comprehensive multidisciplinary team (MDT) that includes occupational therapy (OT), speech and language therapy (SLT), physiotherapy (PT), clinical psychology (CP) and nursing.



Before you start

Be prepared

- Ensure you have all the **necessary assessment tools and information leaflets** available, and have had training/practiced using them.
- Ensure you have a **clear specification for the service** you are delivering.
- Ensure you have **collated local resources**.
- **Set up or join a local/regional network or community of practice** for clinicians working in vocational rehabilitation.
- Identify risks and challenges within standard assessment processes and signpost/refer people on as required.
- Build up **confidence and competence**.
- Ensure you have a method of documenting **outcomes**. **Audit** regularly to ensure service is efficient and effective.

Manage expectations and consent

- Ensure all parties have clear expectations of the process and consent to be involved.
- Make it clear that this is the patient's journey, and clinicians are there to provide information, signposting/referrals on to expert advice, rehabilitation and support along the way.
- Individuals should be encouraged to undertake the return-to-work process as independently as possible.
- The decision to return to work or not, and in what capacity is between the individual and their employer.
- Any reports/fit notes etc. will be given to the individual, not the employer directly.
- Any reports written will be factual and based on assessment findings and clinical evidence.

Initial assessment

Comprehensive and holistic initial assessment should be undertaken to understand:

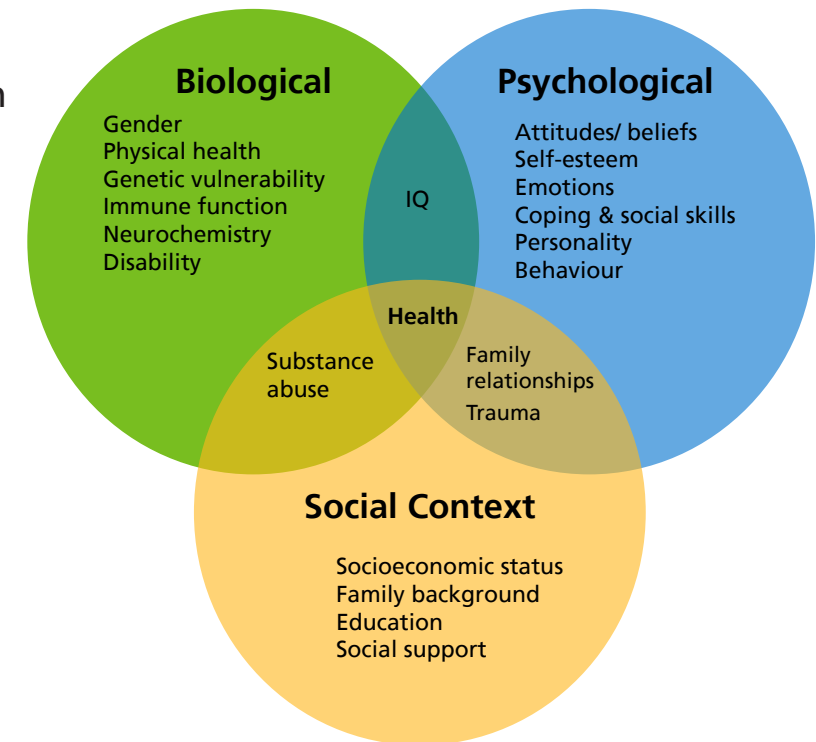
- Medical history
- Work status
- Employment history
- Qualifications
- Other skills
- Functional assessment (impairments and disabilities including language)
- Cognitive and behavioural assessment
- Environmental and social support or obstacles
- Key factors of motivation and drivers regarding work

Useful documents to have access to:

- Job description
- Contract of employment
- Sickness absence policy
- Pension details
- Insurance/Income protection plan schedule

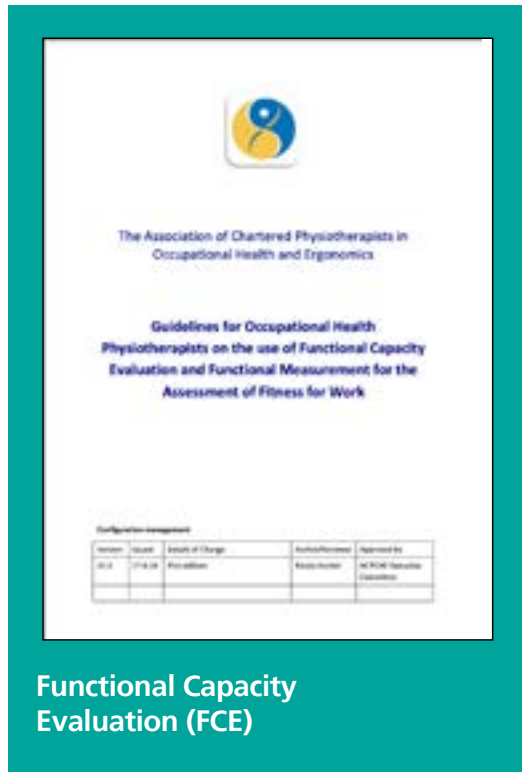


Select the download icon to open an assessment template on the e-Learning for Healthcare website.



Functional Capacity Evaluation

A [Functional Capacity Evaluation \(FCE\)](#) assesses, through objective and observational measurements, an individual's capacity to perform working activities related to their participation in either their own, or alternative forms of employment.



Job Demand Analysis



Job Demand Analysis

A Job Demands Analysis (JDA) includes both a physical demands description as well as a cognitive (mental) demands analysis.

It aims to systematically quantify and evaluate the physical, cognitive (mental), and environmental demands of a task or job.

A **Physical Demands Description** (PDD), sometimes referred to as a Physical Demands Analysis (PDA), is a detailed, objective description of the physical demands required to complete the essential and non-essential tasks of a job.



Select the download icon to open an assessment template on the e-Learning for Healthcare website.

Similarly, a **Cognitive Demands Analysis** (CDA) is a detailed, objective evaluation of the specific cognitive, emotional, and psychological skills required to perform essential and non-essential tasks of a job.



Liaison with Employer

The role of any NHS or clinically-led vocational rehabilitation service is to support the stroke survivor.

Whilst liaison with the employer may be part of that process, if the employer needs further assistance, they may need to seek that elsewhere.

- Liaison with the employer should ideally be led by the patient
- Content of reports or discussion should be agreed in advance with the patient
- Reports and information leaflets should be given to the patient for them to choose what they share, with whom and when

Remember - the decision to return and in what capacity is between the employer and the employee.

Return to work planning and work readiness



It can be helpful to create a return-to-work plan that will empower and enable discussions between the individual and their employer.

This plan may include:

- the impact of their stroke
- tasks they need to do
- working hours and/or pattern
- level of support required
- potential solutions to challenges



Select the download icon to open an assessment template on the e-Learning for Healthcare website.



Reasonable adjustments



A reasonable adjustment is a change to the workplace or the way a disabled person does their job in order to allow them to work.

This may mean changing work times, transferring to another post or providing specialist equipment to help with certain tasks.

Reasonable adjustments do not have to be expensive or complicated. It's about looking at the barriers a person is experiencing and thinking creatively about removing them.

Employers cannot ask the disabled person to meet the cost of any reasonable adjustments.

Employers should allow time to make sure reasonable adjustments can be made before an employee returns to work.

Even if your difficulties do not meet the legal definition of a disability, your employer can still make adjustments to help you.

Examples of reasonable adjustments include:

- getting more time to complete tasks
- getting help from a support worker
- changing the time you start and finish work to avoid rush hour travel
- equipment - more ergonomic chair, computer software
- changing tasks to suit what a person can do
- changing targets or getting support from other colleagues to meet targets
- reducing working hours. You are only legally entitled to be paid for the hours you work, and employers should discuss any changes in pay with the employee. If terms of employment and pay have been changed, individuals can seek advice from the [Advisory, Conciliation and Arbitration Service \(ACAS\)](#) or their own union
- being allowed to take time off to attend hospital appointments
- regular meetings with the manager to review if any reasonable adjustments are effective
- working in a quieter office, or from home
- having help from an occupational health team

Access to Work



[Access to Work](#) can help people get or stay in work if they have a physical or mental health condition or disability.

The support they get will depend on their needs.

Through Access to Work, people can apply for:

- **Practical support with their work**
- **Mental health support**
- **Communication support for job interviews**

Access to Work will not pay for reasonable adjustments. These are the changes the employer must legally make to support employees to do their job. Access to Work will advise the employer if changes should be made as reasonable adjustments.



Phased or graded return



A “phased return to work” is when someone who has been absent may need to return to work on:

- reduced hours
- reduced duties
- different duties

The employer or their Human Resources (HR) manager and the employee should agree on a plan for how long this should last.

For example, they could agree to review how things are going after a month and then decide if adjustment of hours and duties is appropriate.

The employer or HR manager should continue to regularly review the employee’s health and wellbeing in the workplace and make new adjustments if necessary.

Phased returns need to be practical and realistic for both the patient and the employer.

It is useful to distinguish between a temporary set of measures and a permanent change to a stroke survivor’s employment contract. Typically, the Graded Return to Work (GRTW) is a temporary phase where hours, duties, responsibilities and place of work may be altered to assist the person to return to work, but in some instances these “temporary” measures might become permanent. When this occurs, a Tailored Adjustment Plan (TAP) may be instigated.

Pay during a phased return to work

If the employee returns to their normal duties but on reduced hours, they should get their standard rate of pay for the hours they work.

Those who are entitled to it should receive sick pay for the period they are unable to work.

If the employee has adjusted duties, it’s up to the employer and employee to agree on a rate of pay; this agreement should be put in writing.

Work reviews



Vocational rehabilitation should not necessarily stop abruptly as soon as someone returns to work or makes the decision not to return.

A follow up plan should be tailored to the situation and agreed with the individual, which could range from:

- No follow up
- Re-contact service if required
- Review at a key point such as the end of a graded return
- Formal review at 3 or 6 months

Further guidance on managing a return to work after long-term absence is available from the [Chartered Institute of Personnel and Development](#)

Exit from work and ill-health or medical retirement



If a return to their existing occupation is not possible; appropriate support for individuals to have a planned work exit which addresses financial impact and identifies other possible occupations should be considered.

This may include:

- voluntary resignation
- dismissal on health grounds
- liaison with the employer could mean the line manager, human resources, chief executive officer, union representative, occupational health, H&S officer – many different representatives of the “employer”. There may be distinct conversations with varying representatives at different times.

Redundancy: an employer cannot make someone redundant if they plan to re-fill the post. If, through restructuring, the patient’s role/post is not going to be replaced, the patient needs to be consulted with and offered redundancy like any other employee.

Ill health retirement: also known as being ‘medically retired’ is when you are permitted to draw your pension before the age of 55 (or the scheme’s ordinary retirement date) due to sickness, disability or other medical condition.

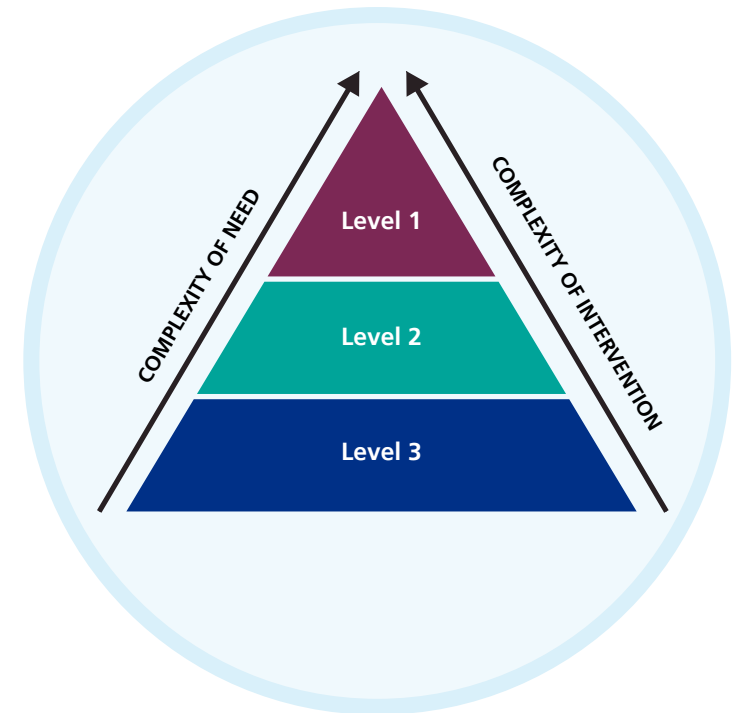
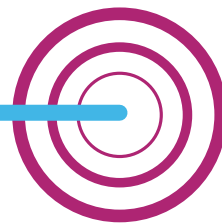
Patients must have been paying into a pension scheme to qualify.

It is the organiser of the pension scheme who decides on eligibility not the manager or occupational health.

- ▶ **Note:** it is important that patients seek expert financial and/or legal advice to ensure they are making the best decision they can under the circumstances for themselves and their family.

Level 1

Specialist vocational rehabilitation services



Introduction

If someone has been:

- **Off work for 6 months or more with no immediate plans to RTW**
- **Unable to or have decided not to return to previous employment and are looking to change direction**
- **Not working at the time of their stroke, but have work/volunteering/further education as a rehabilitation goal**

You may want to consider offering a more level 1 approach or referral on to a Specialist Vocational Rehabilitation Service, depending on what is available locally.

A level 1 approach or Specialist Vocational Rehabilitation programmes that support redeployment or identification of potential new roles should offer:

- Careers guidance and vocational counselling to identify a suitable job
- Links with Jobcentre Plus, or local Employers' Partnership or Employers' Forum
- 'Work tasters' to sample alternative avenues of occupation
- Voluntary work trial
- Permitted work options
- Supported work placements

Introduction



The goal

Providers of specialist vocational rehabilitation should have a comprehensive awareness of the specific needs of the stroke population and clinicians should have the specialist knowledge and skills to support someone in their return-to-work journey, as outlined in the following guidelines:

- [Vocational Rehabilitation Standards of Practice. Vocational Rehabilitation Association](#)
- [British Society of Rehabilitation Medicine Vocational Rehabilitation Brief Guide](#)
- [Case Management Society UK Standards and Best Practice Guidelines](#)

Whilst paid work is the ultimate goal, it should be recognised that for some people access to voluntary work may be an appropriate initial stepping-stone to this goal.



Introduction

The delivery of vocational rehabilitation services that will meet the needs of stroke survivors requires:

- specialist knowledge of work and rehabilitation.
- an understanding of stroke and its impact on ability to work.
- an ability to support a person's adjustment to their stroke, insofar as it impacts on work.
- a working knowledge of employees' and employers' legal rights and responsibilities.
- communication skills - excellent listening skills, and the ability to manage uncertainty.
- ability to provide education to patients and to professional colleagues.
- ability to network, and to build and maintain effective links with a very wide range of individuals and other services.
- insight into and awareness of the personal impact of working with people with disabilities.
- personal characteristics: optimistic, problem-solver, 'can-do' attitude, highly organised, flexible. A focus on health and well-being rather than disability.

What should be offered?

A level 1 approach or Specialist Vocational Rehabilitation programmes that support redeployment or identification of potential new roles should offer:

Careers guidance and vocational counselling

- Find out what interests and motivates individuals
- Identify their skills and strengths
- Find out what they can do with the skills they have

Job application skills

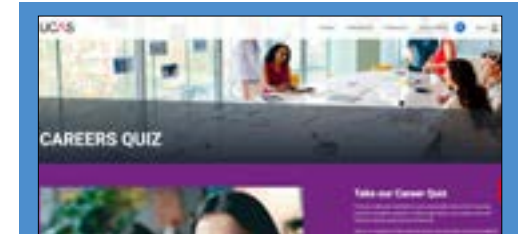
- Improve skills in writing CVs and completing online applications
- Groups may help people explore their skills, strengths and attributes
- For more information visit the [National Careers Service](#) website.

Online tools to support this include:

- [The National Careers service's skills assessment](#)
- [UCAS's Take The 'Buzz Quiz' Careers Test](#)
- [Career Test](#)
- [NHS Health careers quiz.](#)



The National Careers service's skills assessment



UCAS's Take The 'Buzz Quiz' Careers Test



NHS Health careers quiz



Career Test

What should be offered?

Services offered by Job Centres and Jobcentre Plus vary considerably, and their remit is very much focused on getting people off benefits and into work.

They can include the following services, but it is worth visiting and building up a collaborative relationship with them, so patients can access these as required whilst continuing to benefit from the stoke specific VR programme.

Work coach (disability employment advisor)

Based in the Job Centre, a work coach is trained to be able to help someone to find work or to gain new skills for a job. They can help with work preparation, recruitment, interview coaching and even confidence building.



What should be offered?

Work trials

A work trial is a short period in work offered to a jobseeker on benefits. It's a way for both parties to see if the job is a good fit. Work trials can be offered following a successful interview for a specific role. Jobseekers volunteer for a work trial and they continue receiving benefits whilst they're on it, and are not paid a wage.

For more information visit the Jobcentre Plus webpages below:

- [About disability employment advisors](#)
- [Access to work](#)
- [Personalised employment support](#)
- [Work health programme](#)
- [Work trials](#)

Other sources of information include:

- [Employ-ability](#)
- [Maximus UK](#) (formerly known as Remploy)
- [Workingwise](#)

What should be offered?

Work experience and trial opportunities

Supported work placements need to be well planned and implemented to avoid a negative effect on a person or their relatives. With care they should help to increase confidence in returning to work, help with gaining insight re potential problems (for both the patient and employer) and allow effective planning to adjust a role or provide appropriate support, plan phased return with supportive review.

Volunteering

Volunteering can be a great alternative to paid work, giving people the flexibility they need, without the formal commitment of paid work.

Volunteering can help people to gain confidence, meet people, learn new skills and feel like they are making a positive contribution to their community.

Job application skills

Improve skills in writing CVs and completing online applications.

Groups may help people explore their skills, strengths and attributes.

For more information visit the [National Careers Service](#) website.



Volunteering

Volunteering can be a great alternative to paid work, giving people the flexibility they need, without the formal commitment of paid work.

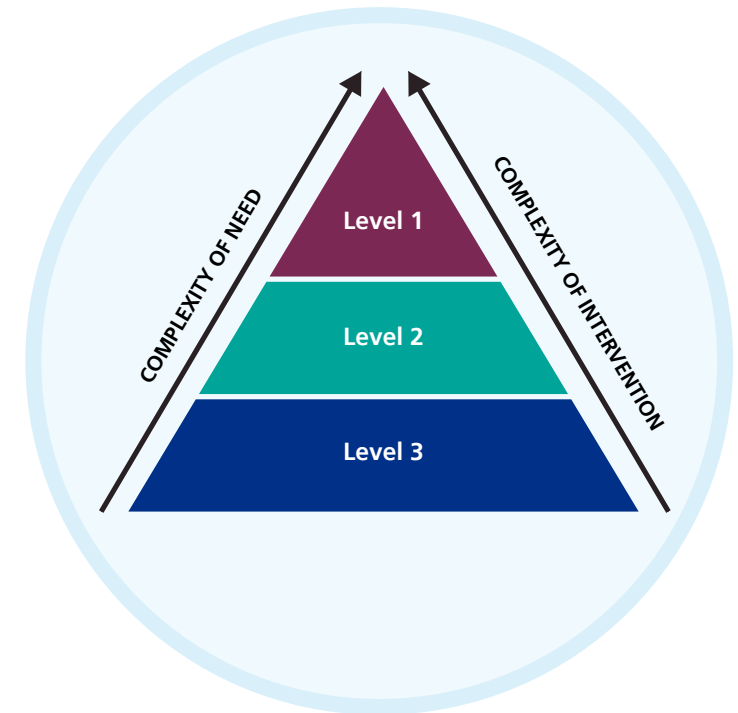
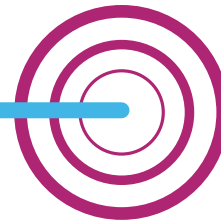
Volunteering can help people to:

- **gain confidence** by giving them the chance to try something new and build a real sense of achievement. It may even lead on to paid employment
- **make a difference** and have a real and valuable positive affect on people, communities and society in general
- **meet people** and make new friends
- **be part of a community** and feel part of something outside their friends and family
- **learn new skills** and gain experience and sometimes even qualifications
- **take on a challenge** and try something different, achieve personal goals, practice using your skills and discover hidden talents
- **have fun!** Most volunteers have a great time, regardless of why they do it

Tips for choosing a volunteer opportunity:

- **start with the basics:** Some of the most common volunteer opportunities are helping at an animal hospital, planting flowers, trees or shrubs at your local garden, public beach or park clean-ups, talking or reading to the elderly and political campaigning
- **choose a volunteer opportunity you're passionate about:** You'll get to explore your interests and have fun doing so
- **work for volunteer organisations you believe in:** Supporting a cause you are passionate about can be a meaningful and energising disruption from your everyday routine
- **volunteer with friends:** Ask your friends where they like to volunteer or what causes they care about. You can spend time together while giving back to your community and be encouraging
- Please see wider information at <https://www.stroke.org.uk/get-involved/volunteering>

Additional resources



Supporting guidance documents



Improving Lives: The Future of Work, Health & Disability (DWP/DoH: Nov 2017)



Thriving at Work: The Stevenson/Farmer Review of Mental Health & Employers (DWP/DoH: Oct 2017)



Good Work: The Taylor Review of Modern Working Practices (DoBE&IS: July 2017)

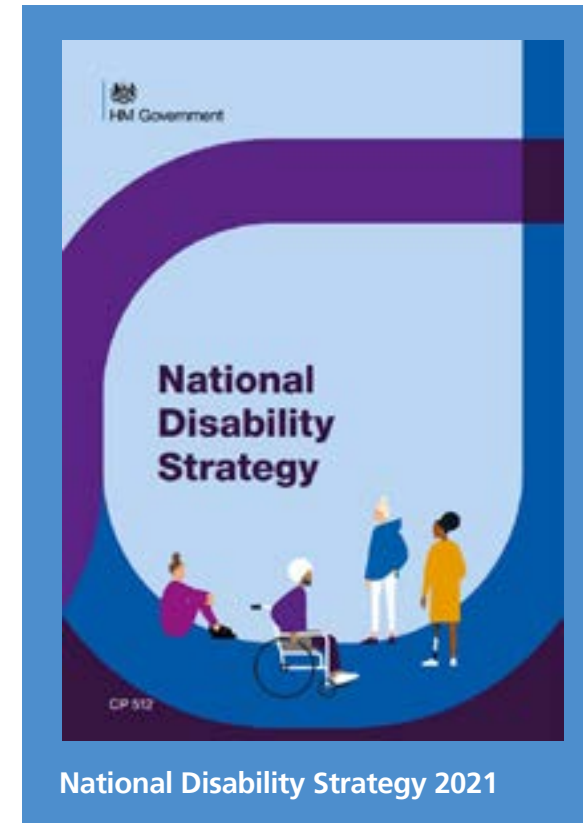


GOV.UK. Is work good for your health and well-being? An independent review

National Disability Strategy 2021

The [National Disability Strategy 2021](#) recommends [35]:

- more support for disabled people to start and stay in work
- transforming Access to Work
- encouraging employers
- reviewing the Disability Confident Scheme which supports employers to make the most of the talents disabled people can bring
- disseminating best practice to employers
- disability workforce reporting
- expanding supported employment services
- supporting disabled civil servants to thrive at work



Helpful non-stroke specific documents and guidance related to work



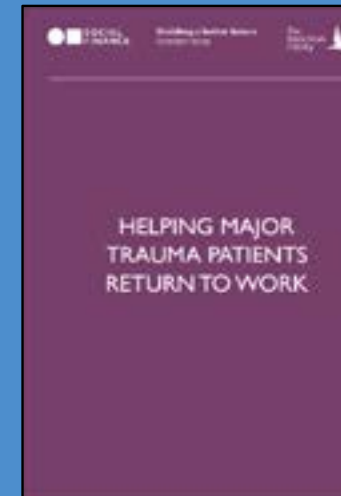
Vocational assessment and rehabilitation for people with long term neurological conditions (bsrm.org.uk)



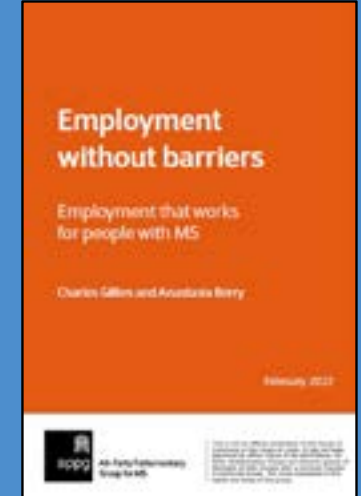
Vocational assessment after acquired brain injury. Interagency guidelines



Vocational rehabilitation what works for whom and when?



Helping major trauma patients return to work | Social Finance 2020

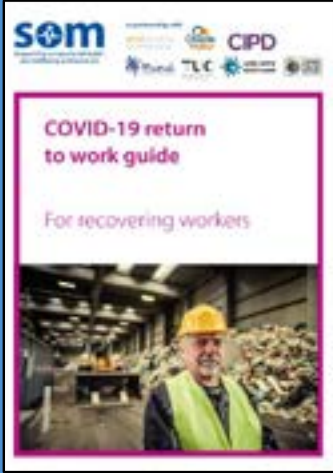


Employment without barriers | Employment that works for people with MS

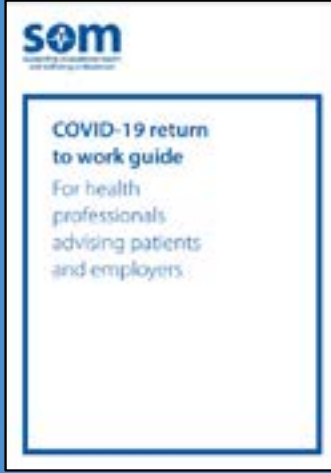
Helpful non-stroke specific documents and guidance related to work



Multi-disciplinary association for spinal cord injury professionals (MASCIP) Vocational guidelines



COVID-19 Return to work guide for recovering workers. Society of Occupational Medicine (SOM)



COVID-19 return to work guide for health professionals advising patients and employers



Thinking positively about work. A model of work support and vocational rehabilitation for people with cancer

Employer resources

Appropriate for level 1, 2 or 3?	Link	Resource	Author/ Organisation
1, 2 and 3	https://www.hse.gov.uk/disability/legislation.htm		HSE.Gov.uk
1, 2 and 3	Access to Work	Guidance for individuals requiring support in work for a disability or health condition (Access to Work)	Gov.uk
1, 2 and 3	Rights at Work	Guidance on reasonable adjustments under the Equality Act 2010	Citizens advice
1, 2 and 3	Getting the most out of the fit note: guidance for employers and line managers	Guidance regarding the actions required if an employer is given a fit note by an employee - what it means and how it can be used	Gov.uk
1, 2 and 3	https://www.gov.uk/government/collections/disability-confident-campaign	Information about employing disabled people and how the Disability Confident employer scheme can help your business	DWP

Employer resources

Appropriate for level 1, 2 or 3?	Link	Resource	Author/ Organisation
1, 2 and 3	Employee Assistance Programme Association: Advice for employers	Employee Assistance Programme Association. Advice for employers including a list of providers for workplaces with no access to EAP	EAPA
1, 2 and 3	Information for employers The Society of Occupational Medicine (som.org.uk)	Information for employers regarding occupational health	SOM
1, 2 and 3	https://www.stroke.org.uk/resources/complete-guide-stroke-employers	A complete guide to stroke for employers	Stroke Association
1, 2 and 3	Healthy workplaces: improving employee mental and physical health and well-being (nice.org.uk)		NICE
1, 2 and 3	What are the Management Standards? - Stress - HSE Tackling work-related stress using the Management Standards approach - HSE	Two guides to managing work related stress for employers	Health and Safety Executive
1, 2 and 3	Workplace - Mind mind-wellness-action-plan-workplace.pdf	Guide and action plan tool, to help support mental wellbeing in the workplace	MIND

Employer resources

Appropriate for level 1, 2 or 3?	Link	Resource	Author/ Organisation
1, 2 and 3	https://www.gov.uk/browse/employing-people		GOV.UK
1, 2 and 3	https://www.gov.uk/employer-preventing-discrimination		GOV.UK
1, 2 and 3	https://www.gov.uk/reasonable-adjustments-for-disabled-workers		GOV.UK
1, 2 and 3	www.hse.gov.uk https://www.hse.gov.uk/disability/index.htm https://www.hse.gov.uk/disability/adjustments.htm		Health and Safety Executive
1, 2 and 3	https://businessdisabilityforum.org.uk/about-us	Business Disability Forum - the leading business membership organisation in disability inclusion. We are trusted partners, working with business, Government and disabled people to improve the life experiences of disabled employees and consumers, by removing barriers to inclusion.	Business Disability Forum
1, 2 and 3	www.cipd.co.uk	Professional body for HR and people development	CIPD

Stroke survivor resources: coaching and support

Appropriate for level 1, 2 or 3?	Link	Resource	Author/ Organisation
1, 2 and 3	Support in your area Stroke Association Here for you. Stroke Association	Stroke Support Groups and Here for You service - there is the chance through peer support, to connect with other stroke survivors in similar situations and learn from other's experiences	Stroke Association
1, 2 and 3	Welcome My Stroke Guide Stroke Recovery Service (calameo.com) Going back to work after stroke My Stroke Guide	Stroke Recovery Services - level three vocational rehabilitation. Providing support, information and/or signposting to resources or other services as well as being able to have a supportive conversation in relation to returning to work. Included within this is using a coaching approach to support a conversation with a stroke survivor about their needs in relation to returning to work. Part of the support may include referring into more specialist vocational rehabilitation services where required.	Stroke Association
1, 2 and 3	www.differentstrokes.co.uk	Stroke specific charity that helps younger stroke survivors and their families in the UK to reclaim their lives through active peer support.	Different Strokes
1, 2 and 3	NHS Talking Therapies	NHS Talking Therapies for stress, anxiety and depression	NHS
1, 2 and 3	Maximus UK	Employability programmes	Maximus
1, 2 and 3	https://www.gov.uk/specialist-employability-support	Disability Employment Advisers are based in Jobcentres, and work with claimants facing complex employment situations because of a disability or health condition. They can act as an advocate with prospective employers if necessary, aiming to identify work solutions that will overcome or minimise any difficulties related to an individual's disability in the workplace.	Gov.uk

Stroke survivor resources: Coaching and support

Appropriate for level 1, 2 or 3?	Link	Resource	Author/Organisation
1, 2 and 3	Returning to work after brain injury Headway	Return to work guide	Headway
1, 2 and 3	http://speakeasy-aphasia.org.uk/	Speakeasy is a charity that offers support to people affected by aphasia.	Speakeasy
1, 2 and 3	https://differentstrokes.co.uk/stroke-information/useful-links/		Different Strokes
1, 2 and 3	Emilia Clarke's Charity SameYou - For brain injury and stroke recovery	Charity that supports emotional, mental health and cognitive recovery from stroke and brain injury.	Emilia Clarke's Charity
1 and 2	Toolkit for those returning to work after a long absence	Toolkit for those returning to work after a long absence	Gov.uk
1, 2 and 3	Stroke Association Helpline 0303 3033 100	The helpline officers are able to give information and support to stroke survivors and carers. This may include signposting to additional resources and services that are available for people hoping to return to work following their stroke.	Stroke Association
1, 2 and 3	https://www.stroke.org.uk/finding-support/support-services	Stroke Recovery Service	Stroke Association

Stroke survivor resources: Legal

Appropriate for level 1, 2 or 3?	Link	Resource	Author/ Organisation
1, 2 and 3	Acas Making working life better for everyone in Britain	Gives employees and employers free, impartial advice on workplace rights, rules and best practice. They also offer training and help to resolve disputes.	Stroke Association
1, 2 and 3	www.dls.org.uk		Disability Law Service
1, 2 and 3	http://disabilityrightsuk.org/		Disability Rights UK
1, 2 and 3	Rights at Work	Guidance on reasonable adjustments under the Equality Act 2010	Citizens advice
1, 2 and 3	https://www.gov.uk/rights-disabled-person/employment		Gov.uk
1, 2 and 3	https://www.gov.uk/rights-disabled-person/the-equality-act-2010-and-un-convention	Information on the Equality Act 2010 and UN convention supporting rights of disabled	Gov.uk
1, 2 and 3	http://www.equalityhumanrights.com/		Equality and Human Rights Commission
1, 2 and 3	https://www.headway.org.uk/media/4122/a-guide-to-the-equality-act-2010-factsheet.pdf	Useful guide to the Equality Act 2010	Headway
1, 2 and 3	https://www.tuc.org.uk/workplace-guidance/equality-and-discrimination https://www.tuc.org.uk/workplace-guidance/equality-and-discrimination/disability		

Stroke survivor resources: practical advice

Appropriate for level 1, 2 or 3?	Link	Resource	Author/ Organisation
1, 2 and 3	https://www.stroke.org.uk/life-after-stroke/getting-back-work	Getting back to work after a stroke	Stroke Association
1, 2 and 3	https://www.stroke.org.uk/sites/default/files/publications/a_complete_guide_to_work_and_stroke.pdf	A complete guide to work and stroke	Stroke Association
1, 2 and 3	https://www.stroke.org.uk/professionals/stroke-association-connect	Stroke Connect Service and Our stroke helpline	Stroke Association
1, 2 and 3	https://www.stroke.org.uk/finding-support/my-stroke-guide	My Stroke Guide website - this provides information and videos in relation to return to work and through the My Stroke Guide online forum you can connect with other stroke survivors for peer support with returning to work	Stroke Association
1, 2 and 3	Access to Work	Guidance for individuals requiring support in work for a disability or health condition (Access to Work)	Gov.uk
1, 2 and 3	http://speakeasy-aphasia.org.uk/	A charity to support those with aphasia	Speakeasy
1, 2 and 3	https://differentstrokes.co.uk/stroke-information/		Different Strokes

Stroke survivor resources: financial

Appropriate for level 1, 2 or 3?	Link	Resource	Author/ Organisation
1, 2 and 3	https://www.gov.uk/browse/disabilities/benefits	Financial information	Gov.uk
1, 2 and 3	http://www.benefitsandwork.co.uk/	Benefits and Work website offers advice to people re benefits. Some free information, fee for access to additional support	Gov.uk
1, 2 and 3	https://www.citizensadvice.org.uk/debt-and-money/	Financial information	Citizens Advice
1, 2 and 3	https://www.nationaldebtline.org/	Financial information	National Debt Line
1, 2 and 3	http://www.debtadvicefoundation.org/	Financial information	Debt Advice Foundation
1, 2 and 3	https://www.turn2us.org.uk/Benefit-guides/Beginner-s-Guide-to-Benefits/Checking-benefit-entitlement	Guide to Benefits	Turn2us
1, 2 and 3	https://www.stroke.org.uk/resources/benefits-and-financial-assistance	Financial information	Stroke Association

Stroke survivor resources: volunteering

Appropriate for level 1, 2 or 3?	Link	Resource	Author/ Organisation
1	NCVO Volunteering	NCVO champions the voluntary sector and volunteering because it essential for a better society. They do this by connecting, representing and supporting voluntary organisations.	NCVO
1	Do IT Connecting people to do good things	Do IT is an employee engagement platform that connects people with the UK's largest marketplace of volunteering opportunities, and other good things to do.	Do IT
1	NHS England » Volunteering	Information about volunteering in the NHS	NHS
1	For our community - Volunteering Matters	A charity that brings people together to overcome some of society's most complex issues through the power of volunteering.	Volunteering Matters

Resources for clinicians: fit notes and AHP reports

Appropriate for level 1, 2 or 3?	Link	Resource	Author/ Organisation
1, 2 and 3	https://www.e-lfh.org.uk/programmes/the-fit-note/	E-learning resource for the fit note. Supporting HCPs to have work and health conversations and feel more confident completing the fit note	E-learning for healthcare (e-lfh)
1, 2 and 3	https://www.e-lfh.org.uk/programmes/work-and-health/	E-learning resource for work and health.	E-learning for healthcare (e-lfh)
1, 2 and 3	AHP Work Report	Allied Health Professions Health and Work Report	Allied Health Professions Federation (AHPF)
1, 2 and 3	https://www.nice.org.uk/guidance/ng146/chapter/Recommendations	This guideline covers how to help people return to work after long-term sickness absence, reduce recurring sickness absence, and help prevent people moving from short-term to long-term sickness absence.	NICE
1, 2 and 3	Fit note - GOV.UK (www.gov.uk)	Guidance for doctors, nurses, occupational therapists, pharmacists, physiotherapists, employers, and patients using fit notes (statements of fitness for work).	Gov.uk
1, 2 and 3	Introducing the AHP Health and Work Report e-learning module	Guidance for physiotherapists on completing fit notes (statements of fitness for work).	CSP
1, 2 and 3	Association of Chartered Physiotherapists in Occupational Health and Ergonomics Association of Chartered Physiotherapists in Occupational Health and Ergonomics (csp.org.uk)	Link to Association of Chartered Physiotherapists in Occupational Health and Ergonomics that has a wealth of information and resources. Aimed at Physiotherapists but has relevance to wider professionals	Association of Chartered Physiotherapists in Occupational Health and Ergonomics

Resources for clinicians: assessment

Appropriate for level 1, 2 or 3?	Link	Resource	Author/ Organisation
1, 2 and 3	Work Modifications - Council for Work & Health (councilforworkandhealth.org.uk)	Not stroke specific, but has some useful tips on how to start the 'work conversation'	Council for Work and Health
1, 2 and 3	Microsoft Word - Work Modifications Guide.docx (councilforworkandhealth.org.uk)	Not stroke specific, but is a useful checklist and has some useful tips on how to start the 'work conversation'	Council for Work and Health
1, 2 and 3	Work Conversations in Healthcare - How where when and by whom (publishing.service.gov.uk)	Guidance : Work conversations in healthcare: literature review	Public Health England
1 and 2	acpohe fce guidance v1.0 17-4-14.pdf (csp.org.uk)	Guidelines for physiotherapists on the use of Functional Capacity Evaluation and Functional Measurement for the Assessment of Fitness for Work	CSP
1 and 2	JAN - Job Accommodation Network (askjan.org)	USA based website / advice service but wealth of information	Job Accommodation Network (USA)
1 and 2	Help and support for returning to work - GOV.UK (www.gov.uk)	Useful guides to support stroke survivors and employers returning to work after a long absence	Gov.uk

Resources for clinicians: legal

Appropriate for level 1, 2 or 3?	Link	Resource	Author/ Organisation
1, 2 and 3	Health and Safety at Work etc Act 1974 – legislation explained (hse.gov.uk)	Health and Safety at Work Act 1974	HSE.Gov
1, 2 and 3	Mental Capacity Act 2005 (legislation.gov.uk)	Mental Capacity Act (2005)	Gov.uk
1, 2 and 3	Mental Capacity Act - NHS (www.nhs.uk)	Useful guide on how to apply the MCA in the NHS	NHSE
1, 2 and 3	Equality Act 2010: guidance - GOV.UK (www.gov.uk)	Equality Act guidance	Gov.uk

Resources for clinicians: equipment

Appropriate for level 1, 2 or 3?	Link	Resource	Author/ Organisation
1, 2 and 3	http://www.abilitynet.org.uk/	A huge range of IT accessibility info, assessments, resources	Abilitynet
1, 2 and 3	Living Made Easy - DLF About Us	Living made easy provides free impartial advice and information on solutions, gadgets, adaptations and aids to make life easier	Living made Easy
1, 2 and 3	UK Regional Specialised AAC Services - Royal Hospital for Neuro-disability (rhn.org.uk)	List of Regional AAC services	RHND

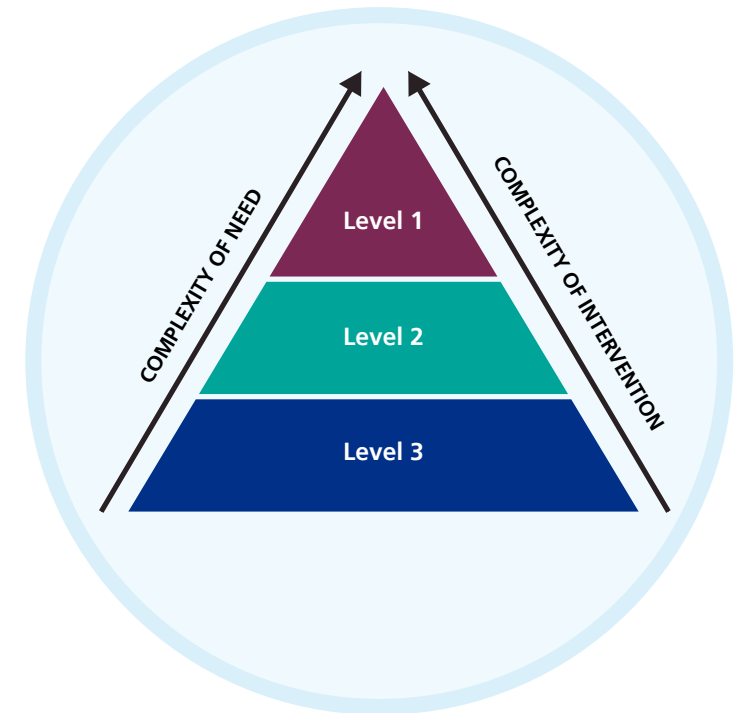
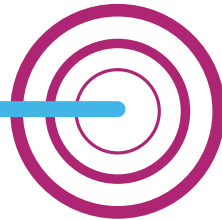
Resources for clinicians: occupational therapy

Appropriate for level 1, 2 or 3?	Link	Resource	Author/ Organisation
1, 2 and 3	Good work for good health. The difference occupational therapy makes	This report demonstrates how the occupational therapy workforce can be capitalised upon to reduce the disability employment gap	Royal College of Occupational Therapists
1, 2 and 3	https://www.rcot.co.uk/about-us/specialist-sections/work-rcot-ss	RCOT Specialist section work. Enables OTs to network with others working in this field, share resources, peer support etc.	Royal College of Occupational Therapists
1, 2 and 3	https://www.rcot.co.uk/promoting-occupational-therapy/health-and-work-champions-promoting-health	Health and Work Champions - Promoting the health benefits of good work	Royal College of Occupational Therapists
1, 2 and 3	Allied Health Professions Fitness For Work Report - RCOT	Guidance on how to complete the fitness for work report	Royal College of Occupational Therapists
1, 2 and 3	Health and Work Champion Training – YouTube The Wellbeing & Health Benefits Of Employment – RCOT	ELearning promoting Health and work Champions	Royal College of Occupational Therapists

Resources for clinicians: aphasia

Appropriate for level 1, 2 or 3?	Link	Resource	Author/ Organisation
1, 2 and 3	What is aphasia? Stroke Association	Description of aphasia	Stroke Association
1, 2 and 3	Language impairment (aphasia) Headway	Description of aphasia	Headway
1, 2 and 3	accessible information guidelines.pdf1 .pdf (stroke.org.uk)	Guidelines on how to produce aphasia friendly written material	Stroke Association
1, 2 and 3	Some Videos About Aphasia (aphasiaalliance.org)	Educational videos on aphasia:	Aphasia Alliance
1, 2 and 3	Members Aphasia Alliance	Information on Aphasia charities:	Aphasia Alliance
1, 2 and 3	Top Tips Aphasia Alliance	Communication tips	Aphasia Alliance
1, 2 and 3	A digital world accessible to all. AbilityNet	Digital support in the workplace	AbilityNet
1, 2 and 3	The Aphasia Software Finder – The Tavistock Trust For Aphasia (aphasiatavistocktrust.org)	Guide to aphasia therapy apps	The Tavistock Trust For Aphasia
1, 2 and 3	Support and Resources Aphasia Support UK	Charity offering volunteer support to people with aphasia	Aphasia Support UK

References and wider reading



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- [10] Health and Safety Executive. *What are Management Standards?* [View website](#) (Accessed 06/03/2023)
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- [12] National Institute for Health and Clinical Excellence. *Care guideline 162. Stroke rehabilitation in adults*. 2013; London: NICE. [View document](#).
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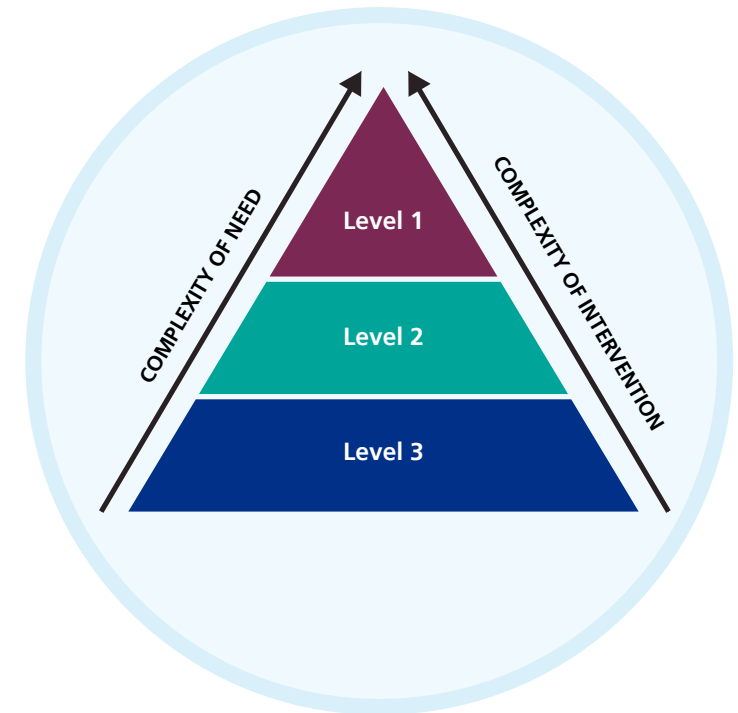
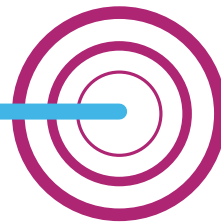
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Task and Finish Group



Vocational Rehabilitation for Stroke National Task and Finish Group

We would like to thank and acknowledge the members of the Vocational Rehabilitation for **Stroke National Task and Finish Group** (TFG) for their contribution to the in creation of this resource.

It was developed in collaboration with a range of stakeholder representatives, through a series TFG meetings held between April and December 2022.

The purpose of the TFG was to:

- curate a **toolkit** of available resources and guidance for clinicians working in stroke vocational rehabilitation pathways
- determine a functional **support** offer for clinicians working in vocational rehabilitation services
- provide **advice to those seeking to commissioning** vocational rehabilitation services
- make outputs **available nationally** to all working in stroke services



Members Vocational Rehabilitation for Stroke National Task and Finish Group

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Vocational Rehabilitation Toolkit



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