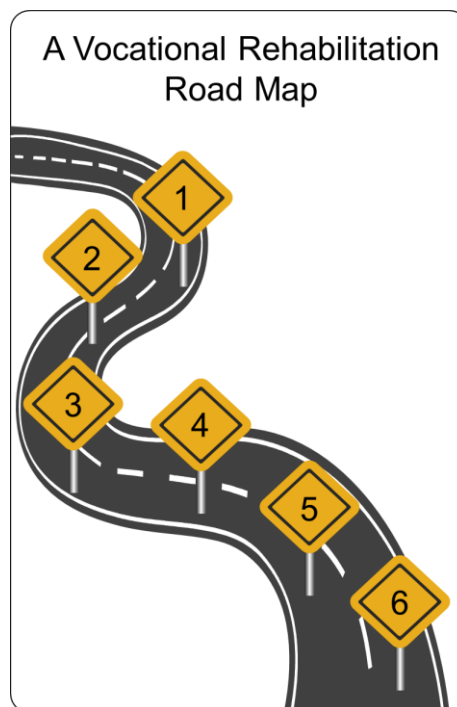


RETURN TO WORK WITH LONG COVID:

A PROCESS FOR DELIVERING VOCATIONAL REHABILITATION*

***Simple definition:** Vocational Rehabilitation = ‘whatever helps someone with a health problem to stay at, return to, and remain in work’ (Waddell & Burton, 2008)



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BACKGROUND

The [LOCOMOTION](#) Long Covid study is a two-year programme of research funded by the National Institute for Health Research (NIHR) involving ten Long Covid rehabilitation services across the United Kingdom. It is led by Dr Manoj Sivan (Associate Professor of Rehabilitation Medicine) at The University of Leeds and Professor Brendan Delaney (Chair in Medical Informatics and Decision-Making) at Imperial College London. The aim of the study is to identify the best way to treat and support the 2 million people in the UK living with Long Covid.¹

One of the main workstreams within LOCOMOTION aims to explore barriers and enablers in returning to and remaining in work with Long Covid and create an intervention to enhance vocational rehabilitation in this field. In Phase 1 of the study, interviews were completed with people with Long Covid (PwLC), therapists working in Long Covid rehabilitation services, and a sample of key informants (employers, Human Resource (HR) professionals, social policy representatives, etc.) to identify key aspects that would inform the design of Phase 2 (intervention). From **Phase 1 interviews**, we found that:

- PwLC seek support for deciding when to return to work.
- Returning to work is not always a linear process, where hours of work and duties performed can be built up incrementally. The trajectory is influenced by many factors that can be internal or external to the patient, such as Post Exertional Symptom Exacerbation (PESE), weather conditions, or personal events. Return to work planning often does not take the impact of non-linearity and setbacks into consideration.
- The biggest challenge in returning to work tends to be the tension between the demands of work duties and Long Covid symptoms. Many people felt unprepared for the realities of being back at work and felt that their work-life balance was very poor, due to the extended periods of sleep and/or rest needed to cope with returning.
- Therapists often do not feel confident in delivering vocational rehabilitation because they are unsure what the process should look like, what their role in this should be and/or feel that they lack knowledge around employment law in relation to disability.



Developing Long Covid after acute COVID-19 infection can be life changing, affecting cognitive, autonomic, and physical function, and causing psychological problems that impact how someone is able to return to their pre-illness work role, and sustain this over time.

Evidence tells us that being in the **right** type of work is good for our health. Therefore, return to work should be a health outcome routinely used within rehabilitation services to collect evidence of effectiveness of therapy input and patients' functional capacities. For some patients, work-preparation tasks can be utilised as a treatment medium at home alongside goal setting to maintain hope and focus on work, despite them not being well enough to be back at work.²

The following vocational rehabilitation roadmap has been developed specifically for PwLC, to guide a clinician through the process of identifying and helping someone to overcome some of the various work-related obstacles caused by Long Covid symptoms and/or the workplace.

The roadmap is intended to be used alongside the specific assessment tools and decision aids at each touchpoint. It involves flexibly following a suggested pathway of first identifying immediate priorities, any issues needing early internal/external referrals, then moving onto a work role analysis of essential duties to identify where the key areas of discord are (i.e., with Long Covid symptoms). This information is then used within a decision aid to determine whether someone is ready to return to work based on the level of workplace or financial support they can access.

A functional profile then supports the therapist and patient in jointly formulating a treatment plan and setting work-related goals that aim to reduce and/or manage the barriers to returning to work, caused by *work-related* Long Covid symptoms.

At the point of returning to work, the roadmap provides supporting documents to plan a graded return timetable, and guidance for suggesting role modifications, known as '*permitted*' and '*restricted*' tasks. Accommodations to the place of work may also be required to overcome environmental obstacles.² Return to work is then monitored to ensure that it is sustainable for as long as necessary, with further input as required.

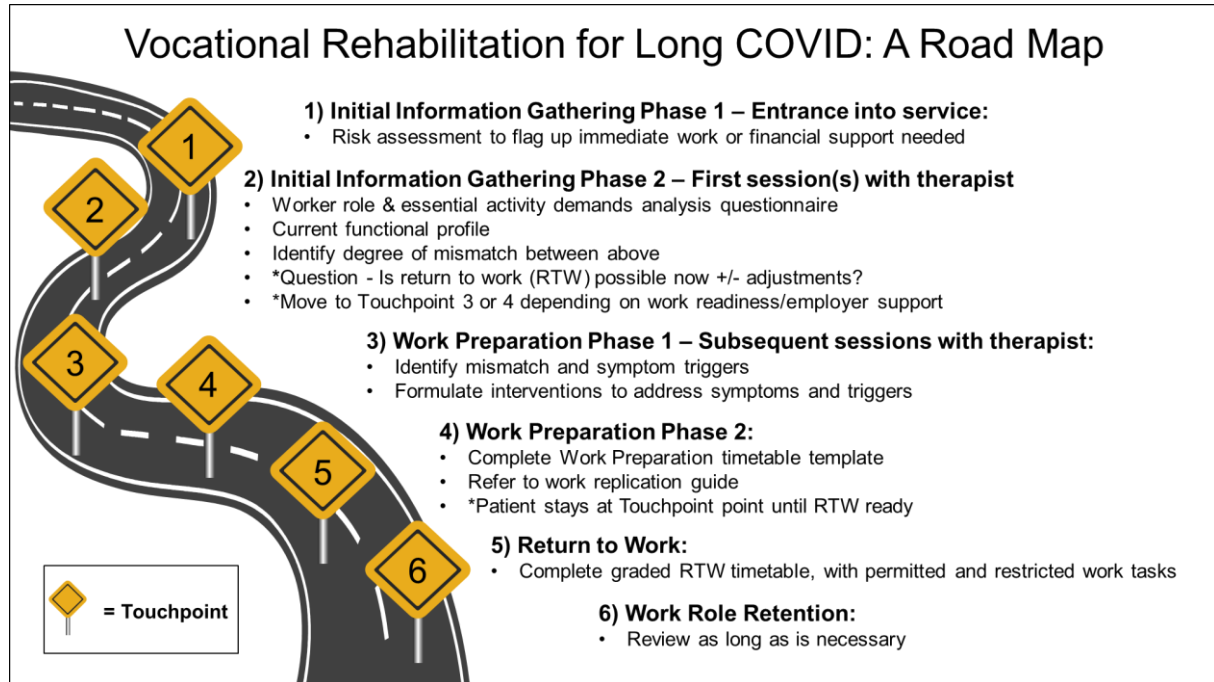
Where a return to work or full duties/hours is not feasible, the roadmap also provides guidance on supporting this situation and alternative options that the PwLC may wish to consider.

Please send any feedback or experiences of using this roadmap tool to:

locomotion@leeds.ac.uk.

This will enable the research team to capture the scope of how it is utilised and inform future iterations based on clinical evidence.

This roadmap is designed in mind to be applicable to a range of services, therefore you are welcome to adapt it to suit your service and access to local external services. We do however ask that the original authorship and LOCOMOTION logo is kindly not removed.



TOUCHPOINT 1 – INITIAL INFORMATION GATHERING PHASE 1 (Entrance into the service)

RISK ASSESSMENT TO FLAG UP IMMEDIATE NEEDS (* = warning signs):

- 1) How **long** has the patient been on sickness leave for?
 - * =Six weeks+ Adequate rest and correct self-management is crucial in the acute phase of COVID-19 infection and Long Covid³, however structured support should be initiated by any sickness absence over 6 weeks. Pre-pandemic literature suggests that vocational rehabilitation is generally most effective between 1-6 months.⁴
- 2) Have there been any **previous** return to work attempts? Document the number and duration of these, modifications that were implemented, and any learning from them.
 - * =Local attendance or disciplinary management policies have been triggered, HR involvement or written warnings.
 - * =The patient is at risk of losing their job.
- 3) What are their **organisational policies** around sickness leave?
 - Are they entitled to **Occupational Sick Pay (OSP)**?
 - When does their OSP **reduce** to 50% and/or expire?
 - Has their OSP already expired?
 - * =The patient is in insecure employment or a zero-hours contract, without recourse to OSP, and is working despite being unfit to be at work.
 - * =OSP is shortly due to expire and the patient considering a return to work despite being unfit to return to their normal hours and/or duties.
- 4) What is their **financial situation**? What income are they currently receiving?
 - * =Unpaid bills/mortgage repayment problems/unsecured debt or loan repayments.
- 5) Are there any **dependants** such as young children or carer responsibilities?
 - * =The patient feels unable to provide basic care needs, placing dependant individuals at risk.
- 6) Complete an early **psychological screening** tool (as per service protocol).
 - * =Prolonged low mood, thoughts of or actual self-harm, suicidal ideation.



INTERNAL SERVICE REFERRALS TO CONSIDER:

- 1) Occupational therapy or vocational therapy (if available), prioritising based on immediate risks identified.
- 2) Virtual course (generic or work specific) to access early Long Covid information and peer support.
- 3) Psychology, if screening indicates a need for early psychological support or referral into local mental wellbeing services.

EXTERNAL REFERRALS TO CONSIDER:

- 1) **Housing support services** via third sector, council or citizens advice bureau. The [Housing Ombudsman Service](#) can be considered for situations where landlords have not responded to issues or formal complaints made by tenants.
- 2) Does the person have an **Insurance policy in place** which may provide gap insurance with mortgage payments, income protection etc.
- 3) Does the person have access to **hardship funding** via a professional body? There may also be [benevolent funds](#) that they can apply for, depending on their union, profession, locality or armed services.
- 4) **Local food bank** provision (may require Health Care Professional (HCP) referral initially, especially for food bank delivery, should the patient be unable to access a food bank.
- 5) Third-party support with obtaining **financial benefits** such as ESA and PIP (e.g., [Advice Local](#), local welfare rights service, [Citizens Advice](#)).
- 6) Support with accessing early help with **Employment Rights**. In the first instance start with Citizens Advice and Union if a member. [ACAS](#) may be helpful as the next point of reference.
- 7) **Debt support** charities, via the third sector.
- 8) **Social services**, to access additional support around care provision.
- 9) **Translation services** for future sessions – best practice is not to rely on family members.

SUGGESTED INTERVENTION(S):

- 1) Encourage the patient to:
 - Not to make any hasty decisions with handing in their notice.
 - Make clear an intention to return to work in a written format.
 - Maintain regular contact with their employer.
 - Find out about their organisation's sickness policies.
 - Request an early referral to occupational health (OH) or check whether their organisation can access an outsourced or privately contracted OH service.
- 2) Provide initial advice with applying for benefits (Universal Credit, ESA, Personal Independence Payment, or Adult Disability Payment if in Scotland) and provide supporting evidence (report/letter/statement) if indicated and comfortable to do so.
 - It may be possible to claim certain benefits alongside sick pay.
 - The patient *may* be able to apply for benefits alongside Department for Work and Pensions (DWP) 'permitted work', rather than continue working if work is severely detrimental to the patient's health, or if the patient is unable to access workplace benefits such as OSP or workplace modifications.



- 3) Provide a collaboratively written 'Fit note' or '[AHP Health and Work Report](#)', if required, to help the patient access statutory sick pay or return to work with supportive modifications. An [Access to Work](#) referral may be appropriate at this point, with consent of the patient for help with travel, accessing equipment, personal assistance, and mental health support.
 - With consent from the patient, it may be appropriate to stipulate that the employer has a duty of care to protect the employee against Covid-19 reinfection; which may include mask wearing in the workplace, ensuring a ventilated space or 'working from home' accommodations. See [World Health Organisation guidance](#).
- 4) Offer self-employment support:
 - An initial check of benefits entitlement may be useful via an online calculator, such as the [Turn2us Benefits Calculator](#).
 - Self-employed workers can apply for '[Access to Work](#)' grants via [GOV.UK](#) to help with modifications to a workspace (inc. home), travel costs, and specialist software and/or aids. It will not affect any other benefits claimed.
 - Check whether the patient has insurance that protects their health and business.
 - It is likely that the patient will need to inform Universal Credit/Department for Work and Pensions that they are no longer able to work or have significantly reduced the amount of self-employed work that they are doing. See: '[Report business income and expenses to Universal Credit if you are self-employed](#)' Guidance.
 - Membership-based associations for self-employed workers are available for a 'cancel at any time' monthly fee (e.g., [IPSE](#)), that offer a range of advisory and peer support services.
 - Reassure the patient that the process and preparation for getting back into work is the same as those employed by an organisation. The difference is that graded return to work plans will be written and used by the patient only, with support from the therapist.
- 5) Support for those on a zero-hours contract or in insecure employment:
 - Encourage the patient to check their contract to see whether they are entitled to an employer's OSP scheme. If not, they may be able to access statutory sick pay if they have already done some work for their employer and earn at least £123 per week, on average. They may also need to apply for Universal Credit to make up for pay lost.
 - Encourage the patient to check their contract whether they are classed as an 'employee' or a 'worker' – workers are not entitled to the right to request flexible working or protection against unfair dismissal. However, if the patient has become well integrated into the organisation and has a regular working pattern, they could argue that they are an employee.
 - Signpost the patient to contact the [Zero Hours Justice helpline](#) (via phone, WhatsApp, or online chat).
- 6) Provide the patient with:
 - A service-specific information booklet on work. If this is not available, consider contacting other clinics to share resources (e.g., the '[Returning to an existing job: Information for patients](#)' booklet from Leeds Long Covid Community Rehabilitation Service).
 - The Society of Occupation Medicine (SOM) '[COVID-19 Return to Work Guide: For Managers](#)', and encourage the patient to also share this with their employer.
- 7) Ask the patient to provide a list of their 'essential work tasks' (i.e., tasks that they must do as part of their working role and where). Ideally this should be provided to their allocated therapist ahead of a session.
 - If the above is too fatiguing, ask the patient to share their original job description or refer to an online job role dictionary such as [O*NET OnLine](#).



TOUCHPOINT 2 – INITIAL INFORMATION GATHERING PHASE 2 (First session with therapist)

DETERMINE APPROPRIATENESS TO COMMENCE RETURN TO WORK PLANNING

- 1) Complete the [Locomotion Work Proforma \(Part A-C\)](#), breaking down **key work-relevant tasks** to identify the **mismatch** between current functional abilities and work demands, including their commute, that are caused by Long Covid relevant to work symptoms, considering:
 - Cognitive components.
 - Physical components.
 - Emotional components.
- 2) Complete the **Locomotion Work Proforma (Part D)** to support decision making around whether it is appropriate to commence return to work planning. Use this to find out the following information to guide how 'able' someone must be to return to work:
 - Does the organisation offer a graded return to work (GRTW)?
 - What is the policy on GRTW duration?
 - Can this be flexible and adjusted, if necessary?
 - Does the organisation provide full pay during the GRTW period or is the employee expected to use annual leave to make up their wage?
 - What happens if the patient is unable to return to full duties or hours at the end of the GRTW?
- 3) Complete the [Locomotion Long Covid Functional Profile Proforma](#) to establish current functional profile, covering:
 - Daily sleep/wake routine.
 - Physical abilities – endurance
(use information from **Locomotion Work Proforma (Part 1 A-C)**).
 - Cognitive abilities and difficulties
(use information from **Locomotion Work Proforma (Part 1 A-C)**).
 - Individual triggers that cause relapse, if applicable.

ASSESSMENTS TO CONSIDER:

- Locomotion Work Proforma.
- Braintree ['Self-Assessment form for Cognitive Rehabilitation'](#).

INTERVENTION:

- 1) If the patient is not 'work ready', commence 'work preparation' stage ([Touchpoint 3](#)).
- 2) If the patient is 'work ready', commence 'return to work planning' stage ([Touchpoint 4](#)).
- 3) Gain consent from the patient to contact their employer and introduce yourself, as research suggests that effective communication with employers is essential in the return-to-work process.⁴
 - Offer an introductory letter and/or meeting with their employer to outline your role and what the employee's work related Long Covid symptoms are (within agreed consensual parameters). Best practice is to share any correspondence with the patient for review and involve them in any meetings.
- 4) Offer another 'Fit note' or 'AHP Work and Health Report', to certify whether the patient is fit for work with modifications to duties and/or hours, or that they are not fit for work.

Return to Work Possible?

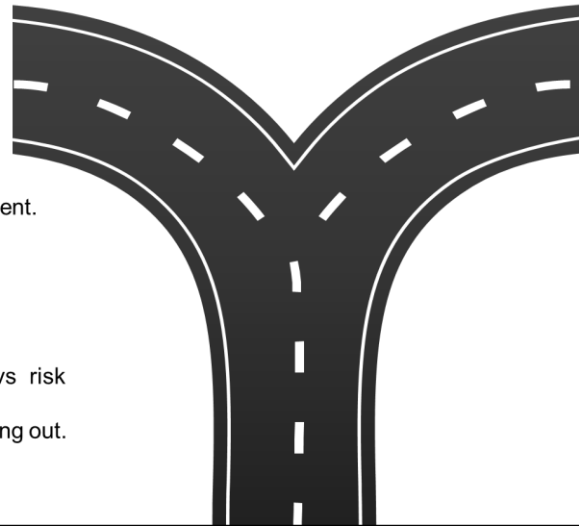


DEPENDENT ON:

- Duration, type of GRTW and support available to patient.
- Financial pressures vs symptoms.
- Patient goals.

CONSIDER:

- How currently managing symptoms.
- Financial pressures/personal goals/mental wellbeing vs risk of worsening symptoms.
- Potential pitfalls and consequences of RTW not working out.



TOUCHPOINT 3 – WORK PREPARATION PHASE 1 INTERVENTION (Subsequent session with therapist)

IDENTIFY AREAS OF FOCUS FOR WORK PREPARATION PLAN

- 1) Review the **Locomotion Work Proforma** and **Locomotion Long Covid Functional Profile Proforma** with the patient and identify areas of focus, for example:
 - Sleep/wake cycle.
 - Physical abilities.
 - Cognitive endurance/processing/executive functioning.
 - Cardiovascular/autonomic functioning (NASA Lean Test may be required).
 - Psychological stress, anxiety.
 - Voice problems.
- 2) Identify the limiting factors and triggers for each component, for example:
 - Poor sleep.
 - Deconditioning.
 - Overstimulation (visual, auditory).
 - Stress, anxiety, low mood – sympathetic overdrive.
 - Autonomic factors (dehydration, low salt, posturally related, hormonally related).
- 3) Treatment plan – which triggers will be addressed and how, for example:
 - Sleep care plan.
 - Gentle graded activity using adapted Autonomic Profile (aAP). See: [aAP diary sheet](#) and [aAP instructions](#).
 - Parasympathetic activation (relaxation, singing, meditation, mindfulness).
 - POTS treatment protocol.
 - Medical treatments for cardiac, respiratory or gastrointestinal symptoms

Identify key work relevant symptoms and triggers,
and which treatment approaches may help



TOUCHPOINT 4 – WORK PREPARATION PHASE 2 INTERVENTION (Subsequent session with therapist)

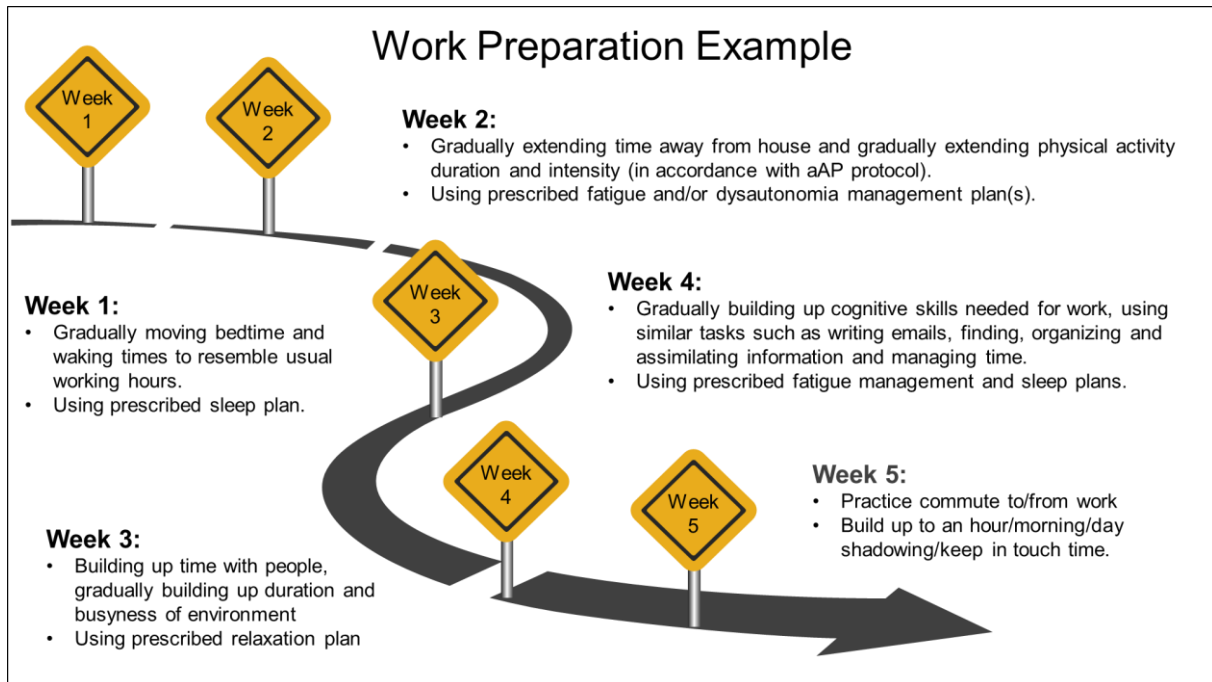
FORMULATE WORK PREPARATION TIMETABLE

Formulation of a work preparation timetable (weekly, fortnightly, or monthly as appropriate to patient's needs) using the [Locomotion Work Preparation Proforma](#):

- 1) Use the **Locomotion Work Proforma (Part A-C)** to maintain focus and guide the types of activities to include in the timetable.
- 2) Remember to also focus on the following areas:
 - Sleep and wake times – These can be graded **very gently** over weeks to move towards the usual working sleep/wake patterns. Sleep disturbance is very common in Long Covid and sometimes does not respond to usual sleep hygiene strategies. In such cases, pharmacological options such as Melatonin may be helpful for some.³
 - Hours outside of the house – These can be graded over weeks to resemble how long the patient will need to be out of the house for.
 - Physical endurance – How long will the patient need to be able to stand, sit, walk, or crouch for? Grade this up gradually, monitoring for any exacerbation in symptoms or PESE. Replicate this through similar tasks.
 - Cognitive processing and endurance – Replicate work tasks, gradually increasing the duration and challenge.

* **Touchpoint 4 lasts as long as needed for the patient to become work ready, to initiate Touchpoint 5.**

- * Remember, **being work ready may be highly dependent on the following factors:**
 - The patient's personal financial situation.
 - The patient's goals, which may need reviewing in collaboration.
 - What an employer can offer in terms of graded return to work duration and length, and whether there is flexibility if the patient cannot return to former duties or hours at the end of the allotted period.
- * Remember to **monitor the patient closely and regularly review** in this stage, to ensure that there is no PESE or symptom red flags.



TOUCHPOINT 5 – RETURN TO WORK PLANNING (Subsequent session with therapist)

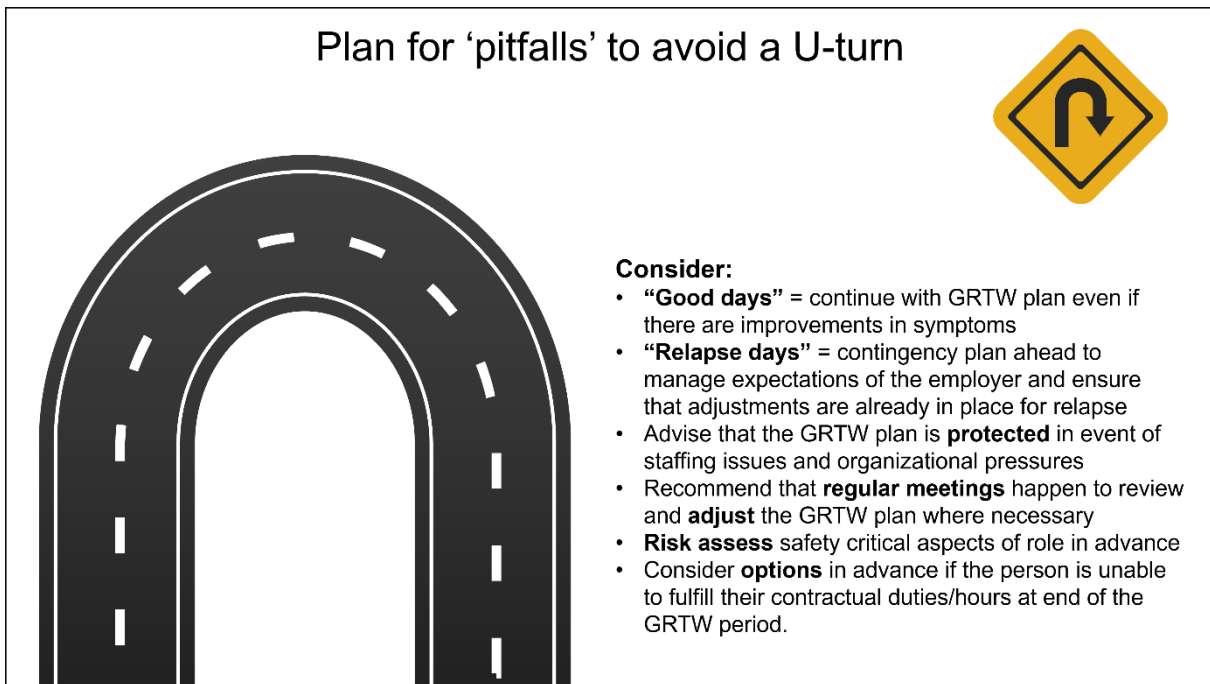
INTERVENTION:

Jointly complete the [Locomotion Graded Return to Work Timetable Proforma](#) with the patient, according to the length of time offered by their employing organisation:

- Discuss 'permitted work duties' based on the patient's current abilities.
- Discuss 'restricted work duties' based on the patient's current abilities, medical advice, and symptom knowledge.
- Offer a 'Fit Note' or 'AHP Health and Work Report' to advocate for the patient that they are fit to return to work on the proviso that the GRTW recommendations are followed.
- With consent from the patient, it may be appropriate to stipulate that the employer has a duty of care to protect the employee against Covid-19 reinfection when they return to work; which may include mask wearing in the workplace, ensuring a ventilated space or 'working from home' accommodations. See [World Health Organisation guidance](#).
- Offer a meeting with the employer to further discuss the recommendations should this be helpful to the patient and if consent is gained.

- * **A meeting with an employer at this stage can often affect how likely they are to implement recommendations.**
- * **Occupational Health (OH) Physician input is recommended for any patients with physically demanding roles ahead of returning to work, and can help inform 'restricted' and 'permitted' duties to keep the patient safe at work.**
Signposting OH to the LOCOMOTION practice pointers on [Breathing difficulties after COVID-19](#) and [Orthostatic tachycardia \(dysautonomia\) after covid-19](#) may be appropriate.

Plan for 'pitfalls' to avoid a U-turn



Consider:

- **"Good days"** = continue with GRTW plan even if there are improvements in symptoms
- **"Relapse days"** = contingency plan ahead to manage expectations of the employer and ensure that adjustments are already in place for relapse
- Advise that the GRTW plan is **protected** in event of staffing issues and organizational pressures
- Recommend that **regular meetings** happen to review and **adjust** the GRTW plan where necessary
- **Risk assess** safety critical aspects of role in advance
- Consider **options** in advance if the person is unable to fulfill their contractual duties/hours at end of the GRTW period.

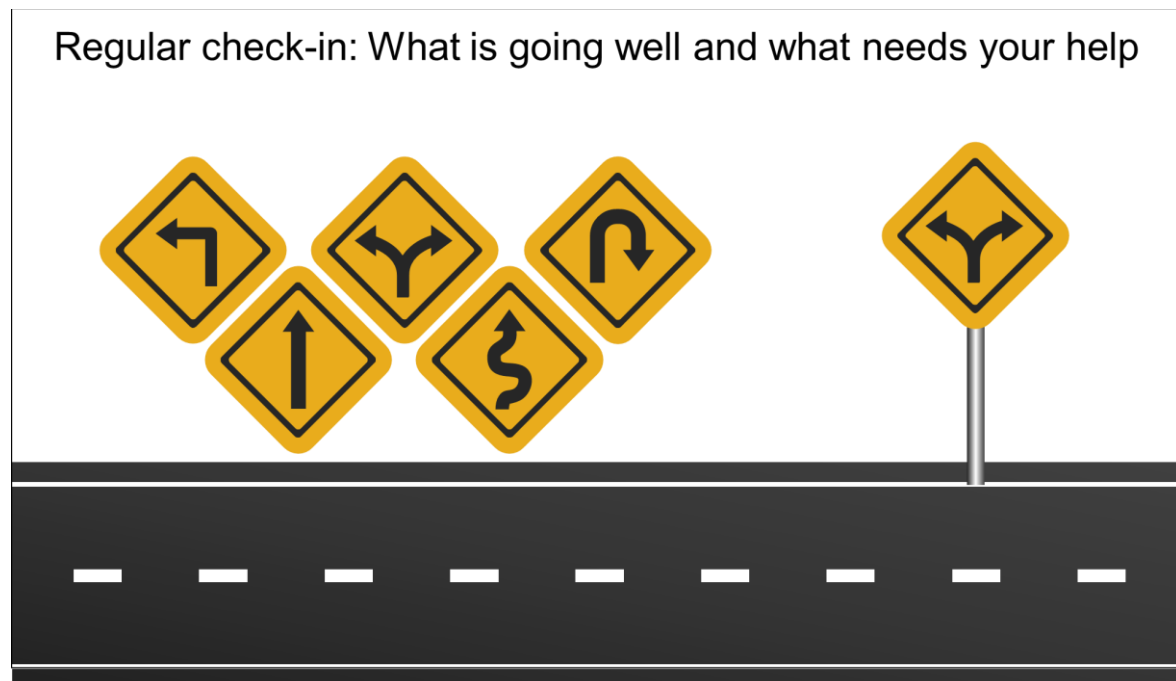
TOUCHPOINT 6 – WORK ROLE RETENTION (Subsequent session with therapist)

REVIEW GRTW PROGRESS

- Review how GRTW is going:
 - Any PESE or symptom relapse?
 - Is work-life balance being maintained in a way that is satisfactorily for the patient? If not, consider making further modifications to the plan.
 - How are relations with colleagues?
 - Is the GRTW plan being carried out with integrity?
 - Any unexpected external factors (reinfection, personal or work causing change to symptoms or ability to follow GRTW plan)?
- Ensure reviews with employers are happening regularly.
- Does the GRTW need adjusting? If so, make changes and contact their employer with consent.

- * **Touchpoint 6 continues for as long as it is necessary for the patient, and it is supported by their employer.**
- * **Should Long Covid symptoms *substantially* impact on daily activities for 12 months or more, a patient may be entitled to protections under the [Equality Act](#) as a disabled person, and access ‘reasonable adjustments’ to their working role. It may be appropriate to advocate for your patient in this way, or encourage the patient to seek Occupational Health assessment for this.**

- * At the end of the GRTW period, consider completing a ‘Stay in Work Plan’ or ‘[Health Passport](#)’ with the patient before ending your support. This collates all the learning and (agreed) accommodations to help the patient stay in work and navigate any fluctuations in their condition which may cause temporary changes to their work abilities in the future.



RETURN TO PREVIOUS ROLE NOT POSSIBLE – ROLE REDIRECTION

ALTERNATIVE OPTIONS

- Redeployment – This can be ‘temporary’ as an adjustment or ‘permanent’. With any redeployment, advice should be sought around length, impact on pay, how it will be reviewed, and who will remain as a point of contact.
- Longer-term reasonable adjustments may be recommended at this point, with Occupational Health involvement (if available)
- Retirement or ill-health retirement – Where to get further financial advice from.
- New career – Where to get support with applying for jobs (e.g., Jobcentre Plus advisors).
- Volunteering – Source of information, types of volunteering, and advice around how it may impact on benefits.


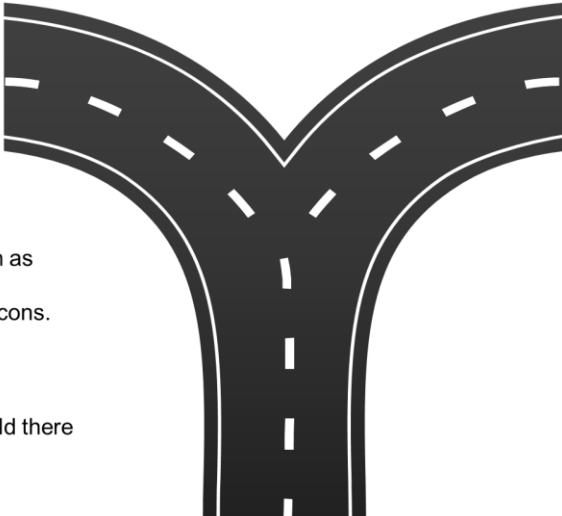
ASSESSMENT(S) TO CONSIDER:

- Work role values questionnaires to guide new career pathways: e.g., the '[Self-Assessment Questionnaire: Work Values](#)' from [Exploring Career and Educational Paths](#).
- Holistic value questionnaire: e.g., this [Valued Living Questionnaire](#).
- Values worksheet to establish importance of values: e.g., this [Values Worksheet \(Adapted from Kelly Wilson's Valued Living Questionnaire\)](#).

INTERVENTIONS:

- Supporting the patient to make a decision.
- Signposting to an Occupational Health Physician, if considering ill-health retirement or where long-term reasonable adjustments may be required.
- Signposting to ACAS.
- Signposting to their Union (if applicable) or the Trades Union Congress.
- Supportive letters with recommendations regarding redeployment, etc.

Return to Work Not Possible?

OTHER OPTIONS:

- Dependent on work and life goals.
- Financial situation.
- May include volunteering, re-focus on other roles such as family, travel etc.
- Support empowered decision-making to explore pros/cons.

CONSIDER:

- Redeployment may not be suitable for everyone.
- Consider recommending external advice (ACAS) should there be litigation.

INTERVENTIONS:

- Signposting to Department for Work & Pensions (DWP) **Permitted Work scheme** (i.e., up to 16 hours per week, alongside certain benefits such as ESA)*
 - Earnings are no more than £167 per week at the time of writing, check with [GOV.UK](#).
 - Always encourage the patient to seek advice about permitted work as it may impact on other benefits such as housing support. Local Welfare Rights Unit provide reliable and trusted advice and should be sought especially if the patient is self-employed.
 - Job centre 'Work coaches' can also support with setting up permitted work opportunities to build up work confidence and acquire new skills.

** Patient and Public Involvement (PPI) in research or other opportunities linked to a previously job role can be an option to maintain professional registration or similar.*



- **DWP ‘Supported Permitted Work’** is also available for patients requiring a professional support worker to access permitted work.
- Signposting to **local voluntary services** in line with patient’s interests or occupational goals.
- Pursuing new roles in the home or community and exploring new **interests**.
- Part-time vocational **educational courses** or shorter courses around retraining or personal interests. Career advice may help with decision-making.
- Support to access **financial benefits** if necessary.
- Consider a referral to a local [social prescribing link worker](#) should your patient benefit from being connected to activities, social groups, and employment services in their community to support wellbeing.
- **Supported self-employment** may be an avenue that some patients wish to explore with help from an ‘*enterprise facilitator*’ or ‘*work coach*’ from the Jobcentre Plus or their Local Authority. This may allow patients to manage their symptoms with more control, but affords less financial stability. Encourage the patient to fully explore the business and financial planning advice via: e.g., the [Supported Self-Employment information available through the British Association for Supported Employment](#).



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