



Mapping Vocational Rehabilitation (VR) Services for people with Long Term Neurological Conditions (LTNC)

Questionnaire for Service Providers

‘Vocational rehabilitation’ refers to the overall process of enabling individuals with either temporary or permanent disability to access, return to, or remain in employment. Many services provide vocational rehabilitation assessment, advice or interventions for people with long term neurological conditions but the extent of these services is unclear. Provision across England is patchy and the involvement of health care professionals is not fully understood. This makes it difficult to identify where needs are well met or where gaps exist and new service developments should occur. The purpose of this mapping exercise, which is funded by the Department of Health Policy Research Programme for Long Term Neurological Conditions, is to better understand the nature of existing provision, for people with long term neurological conditions, and to support arguments for future service development, if this is needed.

We appreciate that many questions will not apply to the majority of services provided in England and also that many vocational rehabilitation interventions are delivered as part of a broader service (e.g. community rehabilitation teams). So, ***even if you find yourself answering ‘No’ to most of the questions, this is still relevant information for us so please don’t feel discouraged and keep going to the end!***

We are aware that some service providers may not regard theirs as vocational rehabilitation services ‘per se’ but do, in fact, offer interventions that help people access, remain in or return to employment or education. Some see themselves as providing ‘return to work’ rather than ‘vocational rehabilitation’ services.

For the purpose of this questionnaire, ‘vocational rehabilitation’ refers to any level of advice or help provided to people with LTNC to enable them to enter, remain in or return to work, education or vocational training or to withdraw from work at an appropriate time and ‘work’ or ‘employment’ refers to any occupation (whether paid or not), including full time study.

We wish to capture data relating to both general and specialist vocational rehabilitation services for people with long term neurological conditions. The questionnaire consists of two parts.

- Part A relates to both general and specialist vocational rehabilitation services for people with long term neurological conditions. We hope EVERYONE will complete Part A.
- Part B relates to specialist vocational rehabilitation services for people with long term neurological conditions. Only those who regard themselves as providing a specialist vocational rehabilitation service need to complete Part B.

Appendix 1 Mapping Vocational Rehabilitation Services for People with LTNC

The information you provide us about your service will be summarised for the mapping procedure.

We expect that it will only take about 15 minutes to complete Part A and 10 minutes to complete Part B.

Once you have finished, please return your completed questionnaire in the prepaid envelope provided. If you need help with any questions, please call Ali Gibson, researcher, on **01772 893644** or email: **amgibson1@uclan.ac.uk**

Thank you very much for your help with this study.

Dr Diane Playford
Consultant Neurologist

Dr Kate Radford
Senior Lecturer (Research)

Mrs Ali Gibson
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Part A

Section 1 : Vocational Rehabilitation Services in Your Area

The purpose of this section is to identify who provides any aspect of vocational rehabilitation or return to work assessments and/or interventions in your area for people with long term neurological conditions. We are going to ask about your service, other existing services, any new/emerging services and any services that have recently closed or are due to close.

Do you/does your service provide vocational rehabilitation or return to work assessments and/or interventions for people with long term neurological conditions?		Yes	No
If yes,	Is your service a dedicated vocational rehabilitation service?	Yes	No
	Is your service a general rehabilitation service of which vocational rehabilitation is one component?	Yes	No

Are you aware of any additional/other vocational rehabilitation services for people with long term neurological conditions in your area that:

a) Are current?	Yes	No
b) Are new / emerging?	Yes	No
c) Have recently closed or are due to close?	Yes	No

If Yes, please specify as much of the following information as possible.
(We have provided room for you to include up to four services that you are aware of. If you know of more, please continue on a separate page).

Service Name			
Client Group			
Contact Name			
Address			
Email address			
Telephone No.			
Please circle as appropriate	Current service	New / emerging service	Service closed or due to close

Mapping Vocational Rehabilitation Services for People with LTNC

Service Name			
Client Group			
Contact Name			
Address			
Email address			
Telephone No.			
Please circle as appropriate	Current service	New / emerging service	Service closed or due to close

Service Name			
Client Group			
Contact Name			
Address			
Email address			
Telephone No.			
Please circle as appropriate	Current service	New / emerging service	Service closed or due to close

Mapping Vocational Rehabilitation Services for People with LTNC

Service Name			
Client Group			
Contact Name			
Address			
Email address			
Telephone No.			
Please circle as appropriate	Current service	New / emerging service	Service closed or due to close

If **your** service **does** provide vocational rehabilitation or return to work assessments and/or interventions for people with long term neurological conditions, please turn to the next page and continue with the questionnaire.

If **your** service **does not** provide vocational rehabilitation or return to work assessments and/or interventions for people with long term neurological conditions and you answered '**No**' to the first question, you do not need to complete the remainder of the Questionnaire. Please enter your Service Name and contact details in the box below and return the questionnaire in the envelope provided.

Service Name			
Contact Name			
Telephone No.			
Email address			

Thank you for your time

Diane Playford

Kate Radford

Ali Gibson

Section 2 : Your Service

Please complete this section to describe your service. In order to prevent duplication of information please pass this questionnaire to the service lead for completion.

If there is more than one service providing vocational rehabilitation assessments and/or interventions for your host organisation, please email Ali Gibson at AMGibson1@uclan.ac.uk and we will send you additional questionnaires as necessary.

Service Name	
Host Organisation	
Address	
Postcode	

Contact name	
Contact role	
Telephone number	
E-mail address	

Please describe the geographical patch that you are contracted to provide a service for in the box below.

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Mapping Vocational Rehabilitation Services for People with LTNC

What is your source of funding? Please respond by circling the source(s) that apply.

DWP	Insurance	PCT
Independent	Charity/third sector	Specialist Commissioning
Social Services	Client-funded	Employer – funded
Compensation	Other – please state	

How many people with long term neurological conditions have been referred to you for vocational rehabilitation in the last 12 months? Please circle the appropriate box.

<10	11-25	26-50	51-100	101-200	>200
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How many people with long term neurological conditions have you seen for vocational rehabilitation in the last 12 months? Please circle the appropriate box.

<10	11-25	26-50	51-100	101-200	>200
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Out of these, for how many have you

a) identified a vocational rehabilitation need? Please circle the appropriate box.

<10	11-25	26-50	51-100	101-200	>200
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b) addressed a vocational rehabilitation need? Please circle the appropriate box.

<10	11-25	26-50	51-100	101-200	>200
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Please estimate the proportion of people referred to your service in the last 12 months that are from Black and Minority Ethnic (BME) groups. Please circle the appropriate box.

0-20%	21-40%	41-60%	61-80%	81-100%
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Mapping Vocational Rehabilitation Services for People with LTNC

Do you have any strategies for reaching BME and other hard-to-reach groups? For example, those with severe mobility impairments, cerebral palsy or rarer long term neurological conditions such as motor neurone disease?

Please circle 'Yes' or 'No' as appropriate.

Yes	No	If Yes, please describe:
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How long has your service been addressing vocational needs for people with LTNC? Please circle the appropriate box.

< 1 year	1 – 2 years	2 – 5 years	> 5 years
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Where is your service delivered? Please circle all that apply.

Hospital In-patient	Hospital Out-patient	Community	At Work	At Home	Other
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How often do the staff in your service receive training in the area of vocational needs? Please circle the appropriate box.

Weekly	Monthly	Quarterly	Yearly	Never
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What is the average waiting time for clients to access your vocational rehabilitation service?

Please circle the appropriate box.

< 1 week	1-4 weeks	1-2 months	2-4 months	4-6months	> 6 months
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Do you limit the amount of intervention your service delivers? (For example, limiting the number of sessions or limiting the number of professionals involved).

Yes	No	If Yes, please describe how.
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Mapping Vocational Rehabilitation Services for People with LTNC

For your service, who is in your team?

Please tick all that apply and provide whole time equivalents if known.

Careers Advisor	
Job Broker	
Job Coach	
Employment Advisor	
Placement Officer	
CBT Therapist	
Clinical Psychologist	
Neuropsychologist	
Psychology Assistant	
Work Psychologist	
Consultant Neurologist	
Consultant Rehabilitation Medicine	
Other Consultant Physician	
Occupational Health Physician	
Occupational Health Nurse	
Occupational Therapist	
Physiotherapist	
Speech and Language Therapist	
Rehabilitation Assistants	
Social Worker	
Case Manager	
Ergonomist	
Other, please specify:	

Section 3 : Your Client Group

Please tick the relevant box(es) to indicate which client group(s) you see.

- **People with sudden onset neurological conditions**

e.g., traumatic brain injury (head injury); other forms of acquired brain injury such as stroke, cerebral or sub-arachnoid haemorrhage, cerebral infections (such as encephalitis, meningitis or cerebral abscess), cerebral hypoxia (lack of oxygen to brain), spinal cord injury and disorders of the spinal cord and nerve roots.

- **People with intermittent & unpredictable neurological conditions**

e.g., epilepsy; certain forms of headache; or early multiple sclerosis where relapses and remissions lead to marked variation in the care needed.

- **People with progressive neurological conditions**

e.g., motor neurone disease, Parkinson's disease or later stages of multiple sclerosis, where progressive deterioration in neurological function leads to increasing dependence on help and care from others

- **People with stable neurological conditions**

but with changing needs due to development or ageing, e.g., postpolio syndrome, spinal cord injury or cerebral palsy in adults.

- **People without neurological conditions**

e.g., low back pain, mental health conditions.

- **People with stable neurological conditions**

but with changing needs due to social or environmental change e.g., need to care for others or change in location of workplace.

Mapping Vocational Rehabilitation Services for People with LTNC

Are you a condition-specific service? Please circle 'Yes' or 'No' as appropriate.

Yes	No	If Yes, please state which one(s).
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For those people you see with LTNC, please tick all the appropriate boxes to indicate when you see them for vocational rehabilitation

At which stage of treatment/management?

At diagnosis

During hospital stay

During routine follow-up

When difficulties are identified

Mapping Vocational Rehabilitation Services for People with LTNC

At which stage of their education/employment?

People not in employment or training

People planning to return to their existing job

People unable to return to their existing job

People whose work situation is unstable

Young adults leaving school and education

People looking to change their job

People considering retirement

Section 4 : What You Do

The following questions identify different elements of vocational interventions which may be offered by you/your service.

Please circle 'Yes' or 'No' as appropriate.

Do you/does your service.....		
Identify/assess vocational needs?	Yes	No
Accept referrals from other agencies?	Yes	No
Liaise with other agencies as required?	Yes	No
Work with other agencies via a mutually defined pathway?	Yes	No
Refer on to other agencies?	Yes	No
Provide vocational education (i.e. education relating to working with a disability)?	Yes	No
Work with clients to plan vocational interventions or return to work plans?	Yes	No
Provide vocational interventions? (e.g., restoring work-related routines, organising temporary work placements etc). For a full list of possible interventions, please see Section 11 – page 26.	Yes	No
Support clients in job seeking and job retention?	Yes	No
Carry out work site liaison?	Yes	No
Offer follow-up to monitor progress following vocational intervention(s)?	Yes	No
Provide vocational re-assessment? i.e. provide services to clients for a second time if their situation changes.	Yes	No
Record outcome(s) following vocational intervention(s)?	Yes	No
Audit and/or evaluate the vocational element(s) of your service(s)?	Yes	No

Section 5 : Service Outcomes

The following questions relate to service outcomes of the vocational rehabilitation element of your service.

Do you routinely evaluate and monitor long-term vocational outcomes?	Yes	No
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If Yes, please describe how:

Please estimate (to the nearest 10%) the percentage of clients with LTNC with the following outcomes following completion of the vocational rehabilitation intervention for the previous 12 months.

Paid Employment e.g., full time, part time, permitted employment, supported employment.	
Meaningful Occupation e.g., voluntary work, planned retirement	
Training and Education e.g., vocational training, adult education	
Work-ready but no job	
Dropped out of the programme	
Not able to work	
Other – please specify:	
Total	100

Mapping Vocational Rehabilitation Services for People with LTNC

Do you use outcome measures?	Yes	No
If yes please describe in the box below.		

Section 6 : Audit and Evaluation

The following questions relate to audit and evaluation of the vocational rehabilitation element of your service.

Do you undertake regular audit?	Yes	No
If yes please describe in the box below, or if you would prefer, return a copy with the questionnaire		

Has your service been subject to any external evaluation (e.g., benchmarking)?	Yes	No
If yes, please describe in the box below, or if you would prefer, return a copy with the questionnaire		

Section 7 : Service Development

The following questions relate to the development of the vocational rehabilitation element of your service and its future development.

Which of the following were important in the development of your service? Please circle 'Yes' or 'No' as appropriate		
Vision of single member or a small team of staff	Yes	No
Strategic decision, following review of service	Yes	No
External demands (political push)	Yes	No
Input of major resources e.g., funding	Yes	No
Support mechanisms for innovation	Yes	No
Competition from other services	Yes	No
Evidence	Yes	No
Other – please specify:	Yes	No

Mapping Vocational Rehabilitation Services for People with LTNC

Which of the following are barriers to the future development of your service? Please circle 'Yes' or 'No' as appropriate.		
Limited training	Yes	No
Inadequate staff base	Yes	No
Difficulty obtaining funding	Yes	No
Competing priorities	Yes	No
Size and complexity of the organization	Yes	No
Heritage and legacy, e.g., running services because withdrawing them would be difficult even though this might not be the current preferred direction	Yes	No
Professional resistance	Yes	No
Risk aversion	Yes	No
Absence of resources for innovation	Yes	No
Public resistance to change	Yes	No
A belief that vocational rehabilitation is not a health-based issue	Yes	No
The lack of an existing rehabilitation service infrastructure	Yes	No
Other, please specify:	Yes	No

Please estimate the proportion of potentially eligible clients that your service treats. Please circle the appropriate box.					
<10%	11-30%	31-50%	51-70%	71-90%	>90%

Mapping Vocational Rehabilitation Services for People with LTNC

What elements of your service would you like to develop?

Are there any gaps in vocational rehabilitation services in your geographical patch? If so, please describe below.

Mapping Vocational Rehabilitation Services for People with LTNC

What is it in your service in regards to vocational rehabilitation that you believe is the most useful and you'd like to tell other people about?

Is there anything further you would like to tell us?

Section 8 : Definitions

Our working definition of a specialist vocational rehabilitation service for people with long term neurological conditions is detailed below. **Please tick the box(es) that apply to your service.**

“A specialist vocational rehabilitation service for people with long term neurological conditions is characterised by

1. a multi-disciplinary team with

2. expertise in Long Term Neurological Conditions and

3. expertise in Vocational Rehabilitation *who through*

4. shared education and learning *and by*

5. working with employees and employers in the work-place

6. can meet the needs of the majority of their patients/clients.”

As this is our working definition, we realise that not everyone will agree with it. We would therefore appreciate your comments regarding this definition in the box below.

Mapping Vocational Rehabilitation Services for People with LTNC

If you **do** consider that you provide a specialist vocational rehabilitation service for people with long term neurological conditions, please go on to complete Part B of the questionnaire.

If you **do not** consider yourself to provide a specialist vocational rehabilitation service for people with long term neurological conditions you do not need to complete the remainder of the questionnaire. Please return the questionnaire in the envelope provided.

Thank you for your time

Diane Playford

Kate Radford

Ali Gibson

Part B

Section 9 : Identification of Vocational / Return to Work Needs

Which of the following professionals work within your service and provide, or contribute to, a specific vocational assessment for people with LTNC? Please circle 'Routinely', 'As required' or 'No' as appropriate.			
Careers Advisor	Routinely	As required	No
Employment Advisor	Routinely	As required	No
Job Broker	Routinely	As required	No
Job Coach	Routinely	As required	No
Placement Officer	Routinely	As required	No
CBT Therapist	Routinely	As required	No
Clinical Psychologist	Routinely	As required	No
Neuropsychologist	Routinely	As required	No
Psychology Assistant	Routinely	As required	No
Work Psychologist	Routinely	As required	No
Consultant Neurologist	Routinely	As required	No
Consultant Rehabilitation Medicine	Routinely	As required	No
Other Consultant Physician	Routinely	As required	No
Occupational Health Physician	Routinely	As required	No
Occupational Health Nurse	Routinely	As required	No
Occupational Therapist	Routinely	As required	No
Physiotherapist	Routinely	As required	No
Speech and Language Therapist	Routinely	As required	No
Rehabilitation Assistants	Routinely	As required	No
Social Worker	Routinely	As required	No
Case Manager	Routinely	As required	No
Ergonomist	Routinely	As required	No
Other, please specify:	Routinely	As required	No

Mapping Vocational Rehabilitation Services for People with LTNC

What are the components of your assessment? Please circle 'Yes' or 'No' as appropriate.		
Educational history	Yes	No
Personal and family circumstances	Yes	No
Vocational qualifications	Yes	No
Employment history	Yes	No
Medical history	Yes	No
Medical examination	Yes	No
Past and current rehabilitation	Yes	No
Current limitations (e.g., physical, sensory, cognitive, behavioural, emotional and psychological)	Yes	No
Experience of employment post-onset	Yes	No
Current vocational interests and aspirations	Yes	No
Identification of a job or work goal	Yes	No
Key tasks and demands of current or desired job goal	Yes	No
Interview, where appropriate, with a close relative	Yes	No
Review of past clinical information	Yes	No
Examination of work related skills and abilities (e.g., cognitive, communication, social, motor-sensory and educational).	Yes	No
Assessment of work capacity (e.g., strength, endurance and fatigue) and related coping strategies.	Yes	No
Structured evaluation, based on direct observation, of work performance, behaviour and attitude.	Yes	No
Feedback/reports from employers of current or recent employment or work placements.	Yes	No
Assessment of obstacles that might prevent a person from accessing all relevant facilities at a work site (including staff room, toilets etc.)	Yes	No
Assessment of obstacles that might prevent a person from undertaking a specific job (e.g., transport, access, environment, equipment etc)	Yes	No

Mapping Vocational Rehabilitation Services for People with LTNC

Continued from the previous page...

Consider potential work solutions to facilitate successful job performance	Yes	No
Evaluate job role (e.g., job description, person specification, job analysis)	Yes	No
Review work place policies and procedures	Yes	No
Ergonomic assessment	Yes	No
Consideration of training programmes to update current skills	Yes	No
Careers guidance and/or job matching to identify alternative occupation.	Yes	No
Assessment of the financial consequences of a proposed decision to reduce or withdraw from work.	Yes	No
Support people who have withdrawn from work to find a suitable alternative occupation to help structure their time	Yes	No
Offer a period of residential assessment	Yes	No
Offer assessment in a simulated work environment e.g., workshops	Yes	No
Other, please specify:	Yes	No

Section 10 : Relationships with Other Agencies

Using the table below, please identify your working relationships with other agencies. For each agency you may have more than one type of relationship.

We would like to know which agencies a) you accept referrals from, b) you liaise with as required, c) you work with via a mutually defined pathway and d) you refer on to.

Please tick ALL relevant boxes.

	Accept referrals from	Liaise with as required	Work with via a mutually defined pathway	Refer on to
General Practitioners				
Other NHS services (e.g., health service professional, community teams etc)				
Occupational Health Departments				
DWP services (e.g., Jobcentre Plus, DEA, work psychologist, Pathways to Work, Workstep)				
Social Services				
Education Services e.g., schools, colleges				
Employers				
Solicitors				
Insurers				
Independent vocational rehabilitation practitioner/services				
Third sector vocational rehabilitation providers e.g., Rehab UK				
Voluntary Groups				
Client and Family				
Other – please specify:				

Section 11 : Vocational Interventions

The following questions identify the interventions your service delivers for people with LTNC. We are going to ask you about vocational education, vocational planning, vocational interventions, job seeking, work site liaison, follow up to monitor progress and vocational re-assessment.

Please circle 'Yes' or 'No' as appropriate.

Which types of vocational education (education relating to working with a disability) do you provide?		
Education about difficulties likely to affect work or study	Yes	No
Information about the DDA and other legislation (e.g., Health and Safety at Work)	Yes	No
Information about reasonable adjustments	Yes	No
Information about resources for support or financial advice (e.g., JobcentrePlus, Trade Unions)	Yes	No
Support to people with LTNC about the likely consequences of disclosing /not disclosing their condition to their employer	Yes	No
Advice on alternative occupational and educational opportunities?	Yes	No
Written reports detailing findings and recommendations to all relevant parties, subject to the client's consent	Yes	No
Other, please specify:	Yes	No

Mapping Vocational Rehabilitation Services for People with LTNC

Do you provide the following aspects of vocational planning?		
Setting vocational goals	Yes	No
Developing a return to work plan	Yes	No
Career counselling	Yes	No
Written reports detailing findings and recommendations to all relevant parties, subject to the client's consent	Yes	No
Other, please specify:	Yes	No

Which of the following vocational interventions do you provide?		
Develop skills/behaviours necessary for work or study	Yes	No
Develop work/study tolerance and stamina	Yes	No
Give advice about aids to support the person at work	Yes	No
Give advice about assistive technology to support the person at work	Yes	No
Give advice about IT applications to support the person at work (e.g., voice activated software)	Yes	No
Give advice about physical adaptations to support the person at work (e.g., adapted WC)	Yes	No
Develop cognitive strategies for work/study	Yes	No
Develop physical and emotional coping strategies for work/study	Yes	No
Practical problem solving	Yes	No
Symptom management (e.g., fatigue, tone or bladder management)	Yes	No
Give advice about graded return to work-place	Yes	No
Restoring work related routines (e.g., time-keeping, travel routines)	Yes	No
Give advice on balancing the demands of work, home and family life	Yes	No
Training in computer, clerical or other transferable skills	Yes	No
Temporary work placement either paid or voluntary	Yes	No

Mapping Vocational Rehabilitation Services for People with LTNC

Accompanying the client to the work-site	Yes	No
Working with the client/employer on-site for job training	Yes	No
Working with client/employer off-site for job training	Yes	No
Development of strategies for job performance and job maintenance	Yes	No
Employer/co-worker education	Yes	No
Enlisting & mentoring co-worker or supervisor as coach or support	Yes	No
Facilitate job progression	Yes	No
Provide written reports detailing findings and recommendations to all relevant parties, subject to the client's consent	Yes	No
Other, please specify:	Yes	No

Do you provide the following aspects of job seeking?		
Planning and managing job search	Yes	No
Preparing CVs and applications	Yes	No
Developing interview skills	Yes	No
Contacting prospective employers	Yes	No
Accompanying client to interviews	Yes	No
Provide written reports detailing findings and recommendations to all relevant parties, subject to the client's consent	Yes	No
Other, please specify:	Yes	No

Mapping Vocational Rehabilitation Services for People with LTNC

Do you provide the following aspects of work site liaison?		
Work site assessment to identify solutions to potential obstacles	Yes	No
Negotiations with employer organisation (e.g., to develop a return-to-work plan).	Yes	No
Negotiations with colleagues	Yes	No
Provide support for employers	Yes	No
Review work site policies and procedures	Yes	No
Provide education for supervisors/managers/colleagues about the condition and its effects	Yes	No
Hold regular review meetings with the employer?	Yes	No
Provide written reports detailing findings and recommendations to all relevant parties, subject to the client's consent	Yes	No
Other, please specify:	Yes	No

Do you provide the following aspects of follow-up to monitor progress?		
Scheduled follow-up appointments to monitor progress	Yes	No
Ad-hoc follow-up appointments to monitor progress	Yes	No
An open-access service to enable clients to re-access the service whenever they require during the course of their condition &/or employment.	Yes	No
Provide written reports detailing findings and recommendations to all relevant parties, subject to the client's consent	Yes	No
Other, please specify:	Yes	No

Mapping Vocational Rehabilitation Services for People with LTNC

Do you provide the following aspects of vocational re-assessment?		
Vocational re-assessment following change in job role	Yes	No
Vocational re-assessment following completion of training	Yes	No
Vocational re-assessment related to career progression	Yes	No
Vocational re-assessment due to recognition of need for support	Yes	No
Provide copies of written reports detailing outcomes and recommendations of re-assessment to all relevant parties, subject to client's consent	Yes	No
Other, please specify:	Yes	No

You have now completed the questionnaire!

Please return the questionnaire in the envelope provided.

Thank you for your time

Diane Playford

Kate Radford

Ali Gibson

