POSITION STATEMENT

OCCUPATIONAL THERAPY ASSOCIATION OF SOUTH AFRICA

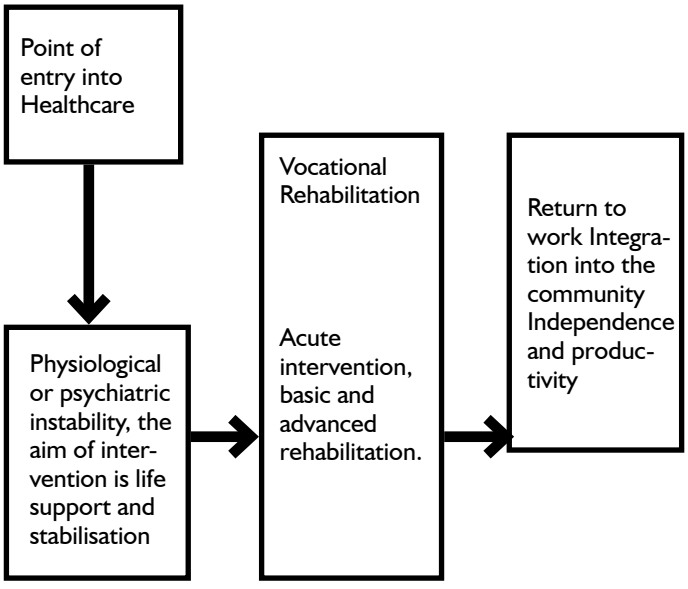
POSITION PAPER ON VOCATIONAL REHABILITATION

INTRODUCTION

Goal 8 of the United Nations Sustainable Development Goals (SDGs) aims ''to promote sustained and inclusive economic growth, full and productive growth and decent work for all''[1:21] Thus, work is an important occupation for adult humans[2]. However, the ability to do so can be affected by injury, illness, impairment or congenital or acquired disability[3].

Vocational rehabilitation is a multi-professional evidence-informed approach that is provided in different settings, services and activities to working age individuals with health-related impairments, limitations, or restrictions with work functioning, and where the primary aim is to optimise work participation[4] at the different phases of an individual's work cycle.

Within this field of rehabilitation the occupational therapist is an established and recognised role player[5]. The occupational therapy profession recognises the occupation of work as an important occupation in an adults life[6], an essential contributor to the individuals socio-economic well-being, as an integral part of their treatment process and as the planned outcome of rehabilitation[7]. The vocational rehabilitation process consists of a set of steps, which in theory, follow consecutively but in practice may not be as neatly packaged, as the needs of each individual client are unique. The steps include : Prevention, Screening, Assessment and Evaluation, Intervention, Placement, Follow-up[8]. The following diagram shows the integration of vocational rehabilitation into the larger scope of occupational therapy.



STATEMENT OF POSITION

Vocational rehabilitation in the public sector South Africa is fragmented between the Departments of Health, Transport, Labour, Correctional Services, Social Welfare and Basic Education. Legislation indicates that vocational rehabilitation should be located with the Department of Labour[18]. Vocational assessments - and to a lesser extent rehabilitation - is provided in the private sector and funded by insurance and commercial enterprises.

Occupational therapists providing vocational rehabilitation can be found in all sectors but at present they are predominantly employed in either the healthcare sector, which is often the first port of call for injured or sick workers[19], or in schools for learners with special educational needs to provide transition services for learners from school into the world of work.

Within a healthcare facility, be it private or public, occupational therapists are usually the team members that identify and promote the need to address, from the onset of intervention, the work associated aspect of a healthcare user as part of the holistic management of their condition[20]. Early intervention is also an important indicator for successful return to work[21].

Until the Department of Labour employs enough occupational therapists and rolls out extensive vocational rehabilitation service centres, the status quo will remain. Occupational therapists can, and do, offer valuable contributions within skills training, sheltered and protected workshops and the entrepreneurial field. To ensure effective vocational rehabilitation services for all, an inter-sectorial approach[22] with transparent collaboration is a requirement for all stakeholders if the SDG are to become a reality for people with disabilities and reduce their reliance on social welfare support.

It is important to establish a unified 'language' and consolidate the current assorted terminology when discussing the human occupation of work. OTASA recommends that occupational therapists comply with the terminology as established at an international consensus congress of experts chosen by WHO[23]. A unified understanding of the steps in the vocational rehabilitation process (Prevention, Screening, Assessment and Evaluation, Intervention, Placement, Follow-up) is also important.

Prevention is a professional educative service for the prevention of injury and maintenance of physical and mental health and well-being at work, as well as creating an awareness of good work practice, averting the development and/or exacerbation of pathology[24]. Such services could include back-programmes and spinal care education, ergonomics, stress management, energy conservation and the teaching of precautionary measures related to joint care and spinal hygiene.

Screening of general or specific work related skills is a short prescriptive process used to filter and effectively refer patients to more experienced therapists, specialised services or facilities and supports efficient service delivery[25].

Assessment and evaluation services involve the assessment of the ability of a person, who has an injury or illnesses, to be able to work[26] or do vocational tasks[27]. Such services would include workplace assessment, functional capacity evaluations, medico legal assessments, pre-placement screening and disability determination.

Intervention services are programmes aimed at correcting, adapting or compensating for ability to work deficits[28]. There are various intervention programmes, which can be offered to correct work deficits or improve work performance. These are important for the successful and sustainable placement into the open labour market or sheltered and protected work environments. Examples of such services could be job modification, case management, pain

management, work trials, work hardening, work preparation or readiness, work visits, work guidance, work-place accommodation, work adaptation, job seekers groups, entrepreneurial and self-employment initiatives, support groups and other return to work efforts.

Placement services are efforts aimed at the actual work site and are focused on return to- or starting to work[29]. It involves the returning of clients to their own, alternative or new work in the open labour market, starting an entrepreneurial enterprise or going to sheltered or protected workshops. Work site visits would be essential and could include services such as job analysis, accessibility, ergonomic audits and advice to managers and employers. Additional placement services would be vocational guidance and counselling, outpatient support groups, job acquainting, adaptation and accommodation efforts and the redesigning of architectural barriers. It could also entail assistance with starting up or continuing of self-employment or other forms of entrepreneurial endeavours. For those not able to meet open labour market requirements, placement in sheltered or protected workshop could be explored.

Follow-up is done for all occupational therapy clients who used vocational rehabilitation services[30]. This could be with employers, referral sources, family members and the clients themselves, and could be done telephonically, electronically or during physical work visits. The follow-up of users of the vocational rehabilitation services demonstrates the occupational therapist's commitment to a case and serves to conclude a comprehensive service. This service is fundamental to a sustainable and successful outcome in the context of case management.

Screening, follow-up and some of the intervention services may be offered by newly qualified occupational therapists, with no special skills or knowledge, but who have been orientated to the relevant standard clinical protocols. No tools, equipment or venues other than what is available in a generic and basic occupational therapy department are required. Such services could be offered as regular programmes or as the need arises and could require work site and resource visits.

Prevention, assessment, placement and some of the intervention services need to be offered by occupational therapists with experience of a wide variety of pathologies, good clinical reasoning skills and additional knowledge and clinical competencies vocational rehabilitation and the labour market. The use of standardised assessment tools and activities within a designated work area, work site visits and resource visits would be necessary. Buys[30] established a comprehensive list of competencies such therapists need.

In South Africa, the Medico legal work[14] and Driving Rehabilitation[31] fields are closely associated with vocational rehabilitation but applied knowledge and advanced clinical competencies. These fields are separate autonomous fields of practice and should not be superimposed onto vocational rehabilitation.

CONCLUSION

OTASA believes that the occupational therapist's role in vocational rehabilitation is justified by their knowledge of development, pathology, injury, illness, impairment and/or disability and their knowledge of the functional requirements of work. The occupational therapist in vocational rehabilitation in South Africa works within a multidisciplinary team in a multi-sectoral manner to respond to the needs of their clients[32].

All occupational therapists can and should be able to offer basic vocational rehabilitation. Newly qualified occupational therapists have to be able to work independently at a basic level in a variety of vocational rehabilitation settings. Those vocational rehabilitation services that require competencies beyond a basic level need to be referred to therapists who have acquired, and can provide proof of the additional necessary competencies that provide competent, professional, contextually relevant vocational rehabilitation services to clients[32]. Post-graduate training should be available for therapists who wish to develop additional levels of competencies. Research in the field needs to generate contextually relevant evidence that has practical value to the field.

The primary aim of occupational therapy's vocational rehabilitation intervention needs to be relevant and of therapeutic value to the client so as to meet SDG9 as far as it is possible. The type of vocational rehabilitation service that occupational therapists in South Africa offer should be dictated by the vocational needs and aspirations, social structures and contextual realities[33] of the clients they see.

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