

RE-CONCEPTUALIZING VOCATIONAL REHABILITATION SERVICES

TOWARDS

AN INTER-SECTORAL MODEL

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Good morning,

I bring you warm greetings from scenic Cape Town in South Africa where I teach in the Occupational Therapy Division which is situated at the University of Stellenbosch.

Thank you for this unique opportunity to share my experience in applying an inter-sectoral strategy to develop vocational rehabilitation services in South Africa.

Since 2002, a group of occupational therapists had been meeting regularly to evaluate their services and to maintain quality control across the four Work Assessment Units. These Work assessment Units, as they were called, were situated at specialist-level public health facilities and were responsible for providing specialist vocational rehabilitation services to persons with a full range of physical and psychiatric impairments and disabilities who resided in the Metropole of Cape Town and surrounding areas.

In 2004 this group of occupational therapists started asking questions about the impact that these vocational rehabilitation services were having on the employment status of persons with disabilities living in the Western Cape Province. The following questions evolved from our discussions:-

- What is the current employment status of persons who are in the working age range of 16 – 65 years, who have either a physical or psychiatric disability and who live in the Western Cape Province?
- Does the supply of vocational rehabilitation services meet the demand for these services in this geographical area?
- What are the critical participation facilitators and barriers for this group of consumers who utilize vocational rehabilitation services situated within the public health sector?

A critical action research methodology was selected for this study because the researchers¹ believed that they would develop their understandings about the manner in which vocational rehabilitation services were being offered, while at the same time, they would be able to bring about changes in their respective Work Assessment Units (Carson, 1990). The purpose of the study was to improve practice and to improve the situation in which the practice of vocational rehabilitation was taking place in the Western Cape Province.

A critical action research process follows a cycle of reflection, planning, acting, reflecting and re-planning in a spiral fashion (ibid, 1990). This study has taken place over a time period of three years (November 2004 – January 2008) and it is now in its third cycle within the study. The cycles were identified as

- The first cycle: Developing the Vocational Rehabilitation Inter-sectoral Draft Proposal for the Western Cape Province (September 2004 – January 2005)
- The second cycle: Engaging in inter-sectoral collaboration and consultation to develop the final Inter-sectoral Vocational

¹ Van Zyl et al, September 2004

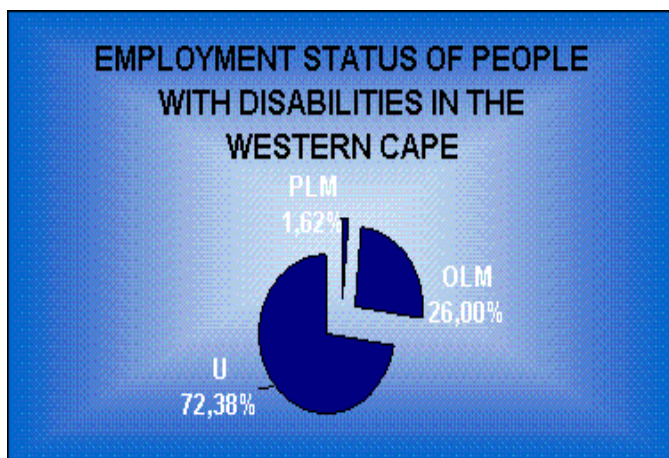
Rehabilitation Proposal. (February 2005 – July 2007)

- The third cycle: creating awareness and mobilizing the disability sector to facilitate the implementation of the inter-sectoral proposal nationally. (August 2007 - December 2008)

Due to time constraints, the presentation will outline only the process of the first cycle, namely, ‘*Developing the Vocational Rehabilitation Inter-sectoral Draft Proposal for the Western Cape Province (November 2004 – January 2005)*’.

The first critical action research cycle - Developing the Vocational Rehabilitation Inter-sectoral Draft Proposal

The findings from the initial enquiry showed that the employment status of persons with disabilities was as indicated below:



(Statistics South Africa, 2004)

Therefore, 72,38% of persons with disabilities were unemployed, 26% were employed in the open labour market and 1,62% worked in protective workshops. This unemployment figure is approximately 30% higher than the average unemployment rate for persons without disabilities

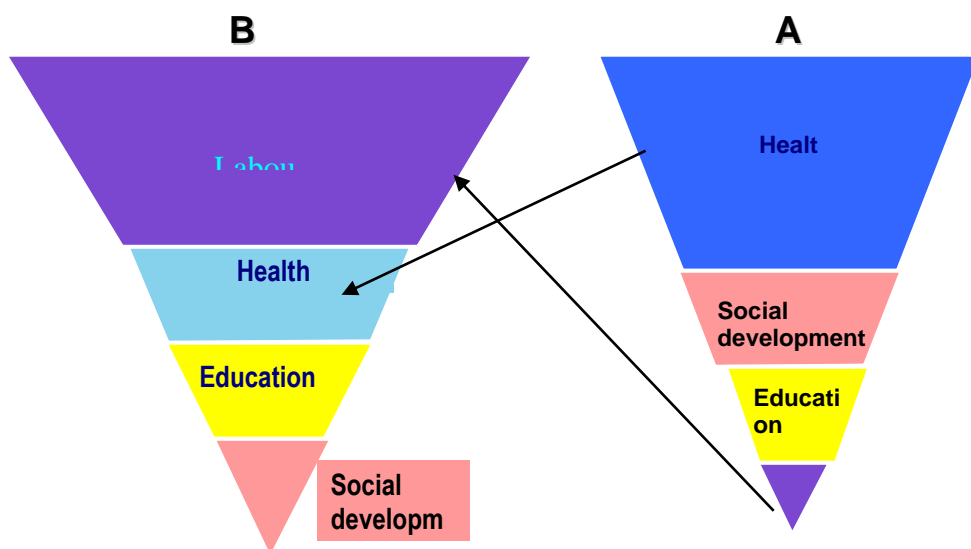
(<http://www.csaе.ox.ac.uk/resprogs/usam/default.html> accessed 2008/01/27).

What did we interpret these percentages to mean? Three out of every four persons with disabilities in the working age population of persons living in the Western Cape Province, were unemployed and therefore dependant on surviving with a Disability Grant i.e. a social grant provided by the government for persons who are assessed as being 'unable to work' according to specific medical criteria

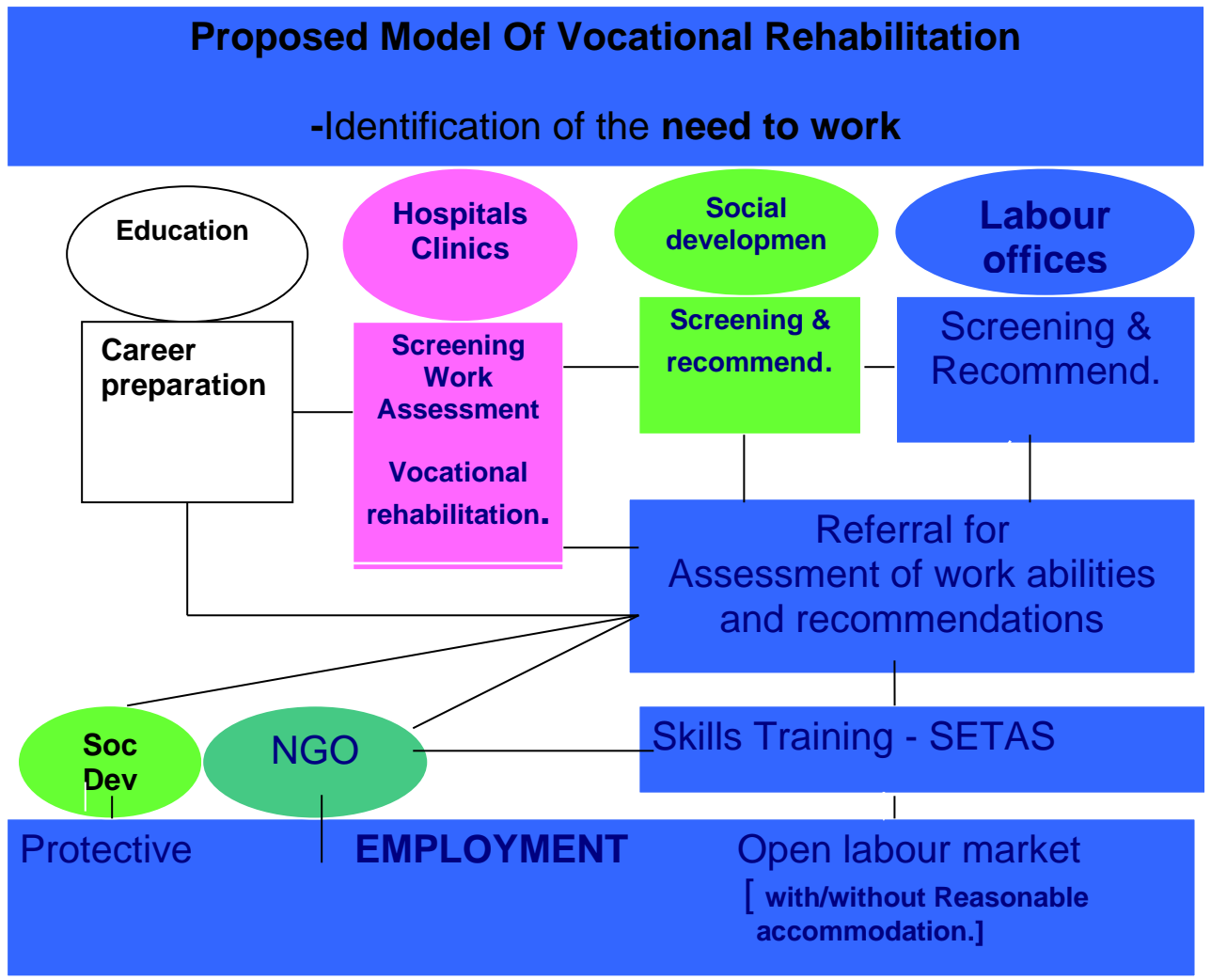
(<http://www.alp.org.za/modules.php?op=modload&name=News&file=article&sid=77> Accessed 2008/01/27). The high unemployment rate should also be reflected in a high demand for Work Rehabilitation services which aim to develop the working capacity of person with disabilities. This raised further question about whether the existing Work Rehabilitation services provided at the Work Assessment Units situated in the Department of Health was being utilized optimally and whether they were able to meet the existing and potential demand for them?

An audit of the services provided at the Work Assessment Units was undertaken by the researchers. The findings showed that there were delays of 3 months – one year in assessment; that the non-compliance rate was between 25- 30% and reports showed that this was attributable to inadequate communication systems and high transportation costs to and from the Work Assessment Units. In addition, the main reason for the referral was not to develop residual work capacity of the person with a disability but to have them assessed for access to a disability grant. The client's skill level was predominantly in the low skill to no skill level. In other words, disability placed persons already on the 'bread-line' of poverty into further need and in the absence of a financial safety net for example, a basic-income-grant, the disability grant became the only buffer for persons with disabilities who used public services.

The researchers then proceeded to study the guidelines that were provided by national and provincial legislation and policies to establish their view for promoting inter-sectoral service co-ordination. These guidelines stipulated that Department of Labour be the main sector responsible for skills training and employment of persons with disabilities, while the Departments of Health, Education and Social Development were to act as support sectors by providing additional services for developing the work capacity of persons with disabilities. The current structure and co-ordination of vocational services between these four sectors, is therefore in strong contrast with these guidelines. To align practice with policy, the current vocational rehabilitation service provision would have to shift from an intra-sectoral to an inter-sectoral model. It would have to be restructured as follows:



Re-positioning the sectors from A to B aligns them with the guidelines provided in policy documents. Once Vocational Rehabilitation services are re-aligned inter-sectorally, their resource -efficiency could be maximized in the following manner:



The focus of this model is to improve access to Vocational Rehabilitation services within the core government departments as identified by the National Rehabilitation Policy (Department of Health, 2000). In this model, the Department of Labour functions as the lead department for vocational development and vocational rehabilitation services are centralized within it. The Departments of Health, Education, Social Development provide support vocational rehabilitation services only. The researchers proposed that the Department of Labour's services could be expanded to:-

- Existing Career Centers for assessment and career guidance and SETAS³ that provide skills training.
- Existing fourteen Labour Centres that are already situated at Bellville, Cape Town, Mitchells Plain, Wynberg and in the surrounding areas of

³ Social Enterprise Training and Support, Department of Labour, South Africa.

the Western Cape. The vocational rehabilitation Work Assessment Units could additionally be placed at the existing Labour Centers, which are equally distributed to serve the needs of the Western Cape population. Resources available at USebenza (a specialist work assessment unit based at the University of Stellenbosch) and within the private sector could augment the work assessment function.

- The vocational rehabilitation processes of work hardening, return-to-work, prevention of disability programs and sheltered employment programs, would then be placed appropriately within industry.

Within this new framework the support departments could provide the following support functions to the Department of Labour:-

- The Department of Health would continue with screening for work readiness on all levels of care. Persons with disabilities could be referred to the Department of Labour for further vocational rehabilitation services. Vocational Rehabilitation services based in the health sector would be orientated towards pre-vocational assessments only.
- The Department of Education's twelve specialized school clinics and Learners with Special Education Needs (LSEN) Schools would be responsible for providing disability grant assessments, work readiness screenings, pre-vocational assessments, work habilitation and work hardening programs.
- The Department of Social Development has nine existing social services offices within the metropole region and more within the surrounding areas. At these social services offices, consumers could be screened for disability grant eligibility and screened for work readiness.
- Non-government Organizations could provide screenings for work readiness, offer work hardening programs and activity groups.

The proposal has therefore, re-conceptualized current vocational rehabilitation services from a sectoral, to an inter-sectoral service as illustrated. This model emerging from the research study is based on a transformation in the theory and practice of vocational rehabilitation. It supports the following theoretical and practice paradigms:-

- The strategy of inter-sectoral development and service co-ordination for improving the resource-efficiency of these services
- It extends the dimensions of disability to include social disability with consideration of participation facilitators and restrictors necessary for accessing vocational rehabilitation services and employment opportunities for persons with disabilities
- It challenges both the inter-face between services and the existing fragmentation amongst these services that are differentiated according to their core function of development, rehabilitation or skills training only. For example, the developmental aspects inherent within skills training, could be re-considered as an inherent part of the vocational rehabilitation process.
- It enlarges the domains of practice to include clinical settings and natural work settings for occupational therapists and other team members involved in work rehabilitation.
- It extends the role of the occupational therapy practitioner specifically, to include interventions of service development on a provincial and national level
- It places the responsibility for the implementation, evaluation and re-development of legislation and policies within the scope of the ordinary practitioner.

In conclusion, this proposed Inter-sectoral Model for Vocational Rehabilitation services promotes a number of significant re-conceptualizations which could act as precursors for the development and co-ordination of vocational rehabilitation services in the Western Cape Province and these have the potential to impact positively on the employment of persons with disabilities in the Western Cape Province.

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