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# Re-conceptualising vocational rehabilitation services towards an inter-sectoral model

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**ABSTRACT**

*This paper reports on a process that was undertaken by a group of occupational therapists, to re-conceptualise vocational rehabilitation in the Western Cape Province. A critical action research inquiry method was used to review the role and positioning of the vocational rehabilitation services. The traditional vocational services, situated within the Department of Health, were found to be limited in a number of ways. The positioning of vocational rehabilitation as predominantly a health concern created a barrier that limited the scope of service delivery, thus hindering the outcome of employment. An alternate inter-sectoral approach was conceptualised; such an approach could have significant implications for the application of vocational rehabilitation. The implementation of the model that is proposed in this article will depend on the identified key stakeholders' acceptance thereof and their efforts to collaborate.*

**Key words:** Vocational rehabilitation, Inter-sectoral model, Domains of practice

## Introduction

A group of occupational therapists delivering vocational assessment and rehabilitation services in the Western Cape Province became increasingly dissatisfied with their practice outcomes. They recognised that comprehensive vocational rehabilitation services were essential to develop the vocational potential of people with disabilities. Comprehensive vocational rehabilitation had not been possible, in part due to large numbers of persons applying for disability grants (90% of clientele) and thus a focus on assessment for disability grants, but also because vocational rehabilitation services were limited to the health sector. Whilst the Department of Education provided vocational orientation programs for learners with special needs, the Department of Health (DOH) provided work assessment and limited work preparation services for other departments, such as the Departments of Labour and Transport, the South African Social Security Agency (SASSA), private organisations and non-governmental organisations. The vocational rehabilitation services were thus limited and fragmented, inhibiting the development of the coherent service that is required for increasing employment opportunities for persons with disabilities.

High unemployment figures in South Africa affect countless non-disabled and disabled people alike; many who want and need to work are excluded from employment and unemployment rose from 17% of the adult population in 1994 to almost 30% by 2001[1]. In 2001, 10.8 million people worked, as compared to 4.5 million who were unemployed and actively seeking work. A further 3.2 million people were estimated as having given up the attempt to find employment despite the fact that they wanted to work[1]. The 2004 Labour Force Survey pegged unemployment at 27.9%[2].

People with disabilities in the Western Cape Province similarly have difficulty accessing the labour market. The 2001[3] Census indicated that amongst the population of persons without disabilities, the ratio of persons employed to persons unemployed was 1:1, while the ratio for persons with disabilities was 1:26. Of additional significance is the fact that within the unemployed population of persons without disabilities, 48% were classified as unemployed while 52% were classified as economically inactive[a]. In the unemployed population of persons with disabilities 17% were classified as unemployed while 83% were classified economically inactive.

High unemployment places persons with already diminished employment prospects, such as persons with disabilities at further

[a]Statistics SA defines unemployment as those persons who do not work formally but are seeking employment, while economically inactive persons refers to persons who are unemployed but are not actively seeking employment.

risk of occupational dysfunction and adds to society's burden of care. Kiernan & Shalock[4] predicted almost two decades ago that expanding employment opportunities for persons with disabilities is one of the most important challenges facing the disability field. The devastation of unemployment is closely tied with financial hardship and the inability to meet basic needs. To be disabled and unemployed therefore creates a double-burden for individuals, communities and society. According to Perry[5] unemployment results in people with disabilities being one of the poorest and most marginalised sectors of the population.

## Vocational Rehabilitation Task Team: Formation of the Task Team

The Occupational therapists (OTs) employed in the four work assessment units in the public health sector, as well as in the private and academic sectors in the Cape Metropole, had been meeting as the Work Assessment Group (WAG) on a monthly basis for a number of years. The objectives of WAG were to liaise, plan, evaluate and monitor the services provided.

Whilst the work assessment units had a good structure for providing a comprehensive vocational rehabilitation service, the scope of the services rendered was identified by clinicians, as being too narrow as they were predominantly provided to SASSA for disability grant eligibility assessment.

SASSA further requested more time from the OTs working at the work assessment (WA) units to provide a service at the monthly appeal panels.

The increase in demand for the OT's input by SASSA was valued because the OTs provided functional information about the client's ability to work. The high demand for the WA services by SASSA was further complicated by SASSA not employing their own OTs and therefore placing greater demands on the services delivered by the OTs employed by DOH. This resulted in the OTs employed by DOH being unable to meet the need to provide a comprehensive vocational rehabilitation service to clients of the DOH.

The overwhelming need for work assessment services led to long waiting lists. Subsequently, interventions needed to overcome the multiple barriers that prevent access for persons with disabilities in work, such as work preparation and/or work placement services, were neglected. The scarcity of vocational rehabilitation resources necessitated focusing entirely on work assessments for persons with disabilities who considered themselves unable to work either temporarily or permanently. A work assessment service does not have sufficient impact to facilitate employment. In addition, population projections and disease trends indicated that the demand for vocational rehabilitation services will continue to increase[4,6].

In contrast with the above service provision profile, the Integrated Provincial Disability Strategy[7] stated that the Department of Labour is the main Department responsible for the vocational training and development of all workers, including skills development, labour relations, compensation for illness or injury sustained in the workplace, occupational health and safety, career counselling, life skills programs, career information, skills training for unemployed persons, bursary schemes for persons with disabilities, job placement of persons with disabilities and sheltered employment. Bursary schemes exist but the funding is insufficient, while job placement and sheltered employment services are also limited. WAG recognised the crucial role that these services had to play in the integration and re-integration of persons with disabilities into the workplace, and lamented the fact that these were grossly underdeveloped.

The WAG argued that if the Department of Labour (DOL) was the main department responsible for the employment of people with disabilities, then other sectors such as Departments of Education and Health, SASSA, non- governmental organisations (NGOs), not-for-profit organisations (NPOs) and the Department of Economic Development should provide supporting services to DOL to address the employment of people with disabilities. The Departments of Housing, Transport, Economic Development and Tourism were considered to be responsible for supporting the Department of Labour by removing barriers that impede the participation of disabled persons in employment and mainstream society. Whilst such inter-sectoral co-operation would be ideal, it was recognised that such networking was not yet in place. Hence, it became clear that effective collaboration will have to be facilitated.

A Western Cape Vocational Rehabilitation Task Team was established by WAG in September 2004 to re-vision the vocational rehabilitation services for the Western Cape Province with a particular focus on:

- re-positioning vocational rehabilitation services inter-sectorally,
- improving vocational rehabilitation services,
- improving employment outcomes for people with disabilities.

## Literature review

A strong focus in recent literature within the field of vocational rehabilitation is the comparison of different types of programmes. The literature also focused on costing of services, including cost-benefit or cost-effect studies[8]; exploration of roles or job functions of service providers[9]; the types of jobs into which vocational rehabilitation consumers are placed for employment[10]; the specific programmes or service models or costs associated with particular impairment categories[11] and the comparisons of outcomes achieved by different impairment categories or other person-related characteristics[12].

### Vocational rehabilitation

Vocational rehabilitation is a rehabilitation strategy that aims at enabling a disabled person to secure, retain and advance in suitable employment and thereby to further such a person's integration or reintegration into society[13]. Vocational rehabilitation services could include vocational guidance, vocational training, placement, employment and other related services[13]. However, there is no consensus about a global vocational rehabilitation model and, according to Perry[5] vocational rehabilitation does not exist in a vacuum; it must change and adapt to meet the fluid demographic, socioeconomic, and political contexts of real world situations.

There are examples of a wide application of vocational rehabilitation in various types of employment models within developing and emerging countries namely, transitional employment, supported employment and job coaching, reasonable accommodation, successful case-replication within a community-based rehabilitation model and co-operatives[14]. In South Africa, an employment model requires further development to be applied across inter- sectoral domains of practice and all sectors of the economy.

In the Western Cape Province, some limited examples of these employment models are practised. Vocational rehabilitation is usually offered in isolation and with very little integration among the government sector, non-government sector, not-for-profit organisations and the private sector. There is no common referral pathway to facilitate vocational development between these sectors. To improve integration, it will be necessary to re-conceptualise vocational rehabilitation operationally, as an inter-sectoral model of best practice for the employment of persons with disabilities.

### Vocational Development

Skorikov[15] emphasised that career preparation is a complex developmental process, which begins in childhood and continues through adulthood. Vocational or career development includes the tasks of establishing consistent vocational preferences, narrowing occupational choices, formulating career goals, and engaging in long-term career planning[15]. People with disabilities, have their career pathways interrupted temporally, intermittently or permanently. To restore the career pathway, it is important to provide a vocational development plan that optimises their vocational potential for beginning or continuing their career plans. Vocational development then should span the transitions brought about as a result of natural human psychosocial developmental stages[16] and the complex dimensions of disability[17].

### Inter-sectoral domains of practice

According to Koch & Coeling[18] research in the counselling and vocational rehabilitation literature provides strong evidence that the working alliance between main role-players is a crucial factor in the

success and failure of counselling and vocational rehabilitation. They further refer to the working alliance as a model for interdisciplinary collaboration. This working alliance and its inter-related components lead to an increase in client satisfaction and successful outcomes.

The Integrated National Disability Strategy[19] and the Integrated Provincial Disability Strategy[7] promote the re-conceptualising of services provided by different departments from intra-sectoral to inter-sectoral re-coordination. These documents envisaged that inter-sectoral co-operation called for co-ordinated approaches and actions towards achieving total equality of opportunities for people with disabilities within the entire Western Cape[19].

## Research methods

The aim of the study was to develop an alternative model for improving access to and outcome of vocational rehabilitation services for persons with disabilities in the Western Cape Province. This was done through the development of an inter-sectoral model that re-conceptualised the practice domains of vocational rehabilitation. This model was developed as a potential model of best practice for enabling persons with disabilities to attain optimal economic independence. The goal was to generate data for learning more about and evaluating the efficiency and effectiveness of the current vocational rehabilitation services being provided in the health sector in the Western Cape Province.

### Process

The method utilised was critical action research which specifically involves self-reflective collective self-study of practice, the way language is used, organisation and power in a local situation, and action to improve things[20]. This qualitative method was used to analyse and reflect on the efficacy of current vocational rehabilitation services as provided by the four work assessment units situated in the health sector of the Cape Metropole region of Cape Town.

Critical action research can also be described as a systematic method of learning from experience[21]. In this instance, 'the experience' was the continuous dialogue within the Task Team to generate data for analysis, reflection and further action.

Furthermore, it is viewed as a method of interacting with or participating in a system for the dual purposes of learning about the system and effecting change in the system[21]. The participants and researchers were therefore one and the same group. Each participant acted as a co-subject in the experience phase and co-researcher in the reflection phase. The dual roles were fully integrated. Meetings held by co-researchers were held to reflect on all data gained in order to plan the next step.

### Data construction

Data collection and analysis were conducted using a sequential and cyclical research process. Data construction included:

- review of current work assessment units' statistics,
- documentation of existing vocational rehabilitation services and their limitations,
- naturalistic groups in the form of a series of meetings of the Task Teams and stakeholder groups i.e. service providers,
- review of related literature, national policies and legislation, and
- lastly, a stakeholder meeting was held to report new ideas and agree on directions to take.

Quantitative data were tabulated using mean scores to apportion service rendered on the different components of vocational rehabilitation, namely work assessment, work preparation and hardening and work placement as allocated to disability grant assessments or to other interventions. No attempt was made to do a content analysis. Instead, participants engaged in joint reflections over a period of time, scrutinised data and explored the meaning in it based on their insights. Provisional ideas and insights were reconsidered at subsequent meetings and ultimately drawn into the proposed model. Data were generated over three months.

### Trustworthiness

Multiple forms and sources of data generation enabled the task team to triangulate the findings in an attempt to produce findings that were trustworthy. Reflexivity was an inherent part of the research process, ensuring the continuous engagement in 'reflexive critique'[20] where the co-researchers probed for the reflexive basis of data generated[20]. Peer debriefing group discussions with impartial colleagues who had knowledge of qualitative research took place intermittently to ensure adequate reflexivity and to gain consensus on the findings in terms of their interpretations.

## Findings

The data construction process that was followed will be discussed under headings, each one represents one cycle in the critical action research process.

### **Cycle 1:** Identifying and evaluating constructs within the current practice model

From the beginning, the researchers discovered that they used vocational rehabilitation terminology differently to describe the same components within this type of rehabilitation for example work preparation and work hardening were used under one umbrella. To gather reliable data about these services required that the researchers formulate uniform terms by studying the literature and having lengthy discussions amongst the members of the Task Team to reach consensus about the terms. Having done this, the services were recorded on a uniform form already being used by the four Work Assessment Units affiliated with WAG. These terms can be viewed in *Addendum 1*.

Every researcher collected the following information from their respective work assessment units: client statistics, staffing, waiting lists and a range of assessment outcomes. The information was then recorded on a form that already in use by the work assessment units. This form can be viewed in *Addendum 2*. This information was described with a specific focus on vocational rehabilitation services being provided; what human resources were being used in the units; what components of vocational rehabilitation were provided; the length of waiting lists; defaults rates and the length of assessment times. All these factors were considered important to achieve the outcome of employment for persons with disabilities. It was also imperative to learn about vocational rehabilitation services outside the Department of Health in which the researchers were not involved. Data were therefore obtained from services situated in Departments of Education, Labour and from SASSA.

After analysis of the data (*Addendum 3*) the following main limitations of the current practice model were identified:-.

- Insufficient vocational rehabilitation services were being provided by the identified government departments. They were, therefore, not fulfilling their role and functions in relation to their legislative mandate to remove barriers that impede the active participation and integration of disabled persons in the employment sector.
- No referral pathway existed between government departments for vocational rehabilitation services.
- Unacceptably long waiting lists for the existing four assessment units - a total of 506 clients waiting for periods between 6 -12 months.
- An average default rate of 30% per WAU was recorded.
- Cost of transport to and from the units was unaffordable and required subsidisation

### **Cycle 2:** Presentation of preliminary findings

A meeting was called to present the findings obtained in the first cycle to key stakeholders. These were stakeholders in strategic positions who could assist in the implementation of the new model for vocational rehabilitation in the Western Cape. The aim was to relate the need for accessible and efficient inter-sectoral services. These stakeholders comprised representatives of the Provincial Office on the Status of Disabled Persons and the Department of Health. As a result of this meeting, a new Vocational Rehabilitation Task Team was established to develop a proposal for re-structured Vocational Rehabilitation Services in the Western Cape Province. The new Vocational Rehabilitation Task Team consisted of the

researchers, key stakeholders and other occupational therapists working in this domain.

### **Cycle 3:** A model is developed

Various possible frameworks for improving access to vocational rehabilitation were considered. After revisiting legislation and reviewing the role of the different government departments, a proposed model was drafted. The focus of this model was to improve access to vocational rehabilitation services within the core government departments as identified by the National Rehabilitation Policy[22]. In this model, the Department of Labour functions as the lead department for vocational development and vocational rehabilitation services would be centralised within it. The Departments of Health and Education, together with SASSA would provide only support vocational rehabilitation services. The Task Team proposed strategies to improve vocational rehabilitation services which should be expanded to include:

- Career Centres for assessment and career guidance and SETAS[b] that provide skills training.
- A vocational rehabilitation focus, with specific staff, should be developed at the fourteen existing labour centres situated at Bellville, Cape Town, Mitchells Plain and Wynberg as well as in the surrounding areas of the Western Cape namely, Beaufort West, George, Knysna, Mossel Bay, Oudtshoorn, Paarl, Somerset West, Vredenburg and Worcester[23]. The existing labour centres are already equally distributed to serve the needs of the Western Cape population.

In this proposed model the Department of Labour could be assisted by Departments of Education and Health as well as SASSA:

- 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, such as work placement and support.
- Vocational rehabilitation services based in the health sector would be orientated towards pre-vocational assessments only.
- The Department of Education's twelve specialised school clinics and Learners with Special Education Needs (LSEN) Schools would be responsible for providing pre-vocational assessments, work habilitation and work hardening programs for their learners in addition to disability grant and work readiness screenings which they already offer.
- SASSA has nine existing social services offices within the Metropole region and more within the surrounding areas. They are based at Athlone, Atlantis, Beaufort West, Bellville, Cape Town, Eersterivier, George, Khayelitsha, Mitchells Plain, Oudtshoorn, Paarl, Vredendal, Worcester and Wynberg. At these social services offices consumers could be screened for disability grant eligibility and work readiness by occupational therapists.
- NGOs and NPOs could provide screenings for work readiness, offer work hardening programs and activity groups.

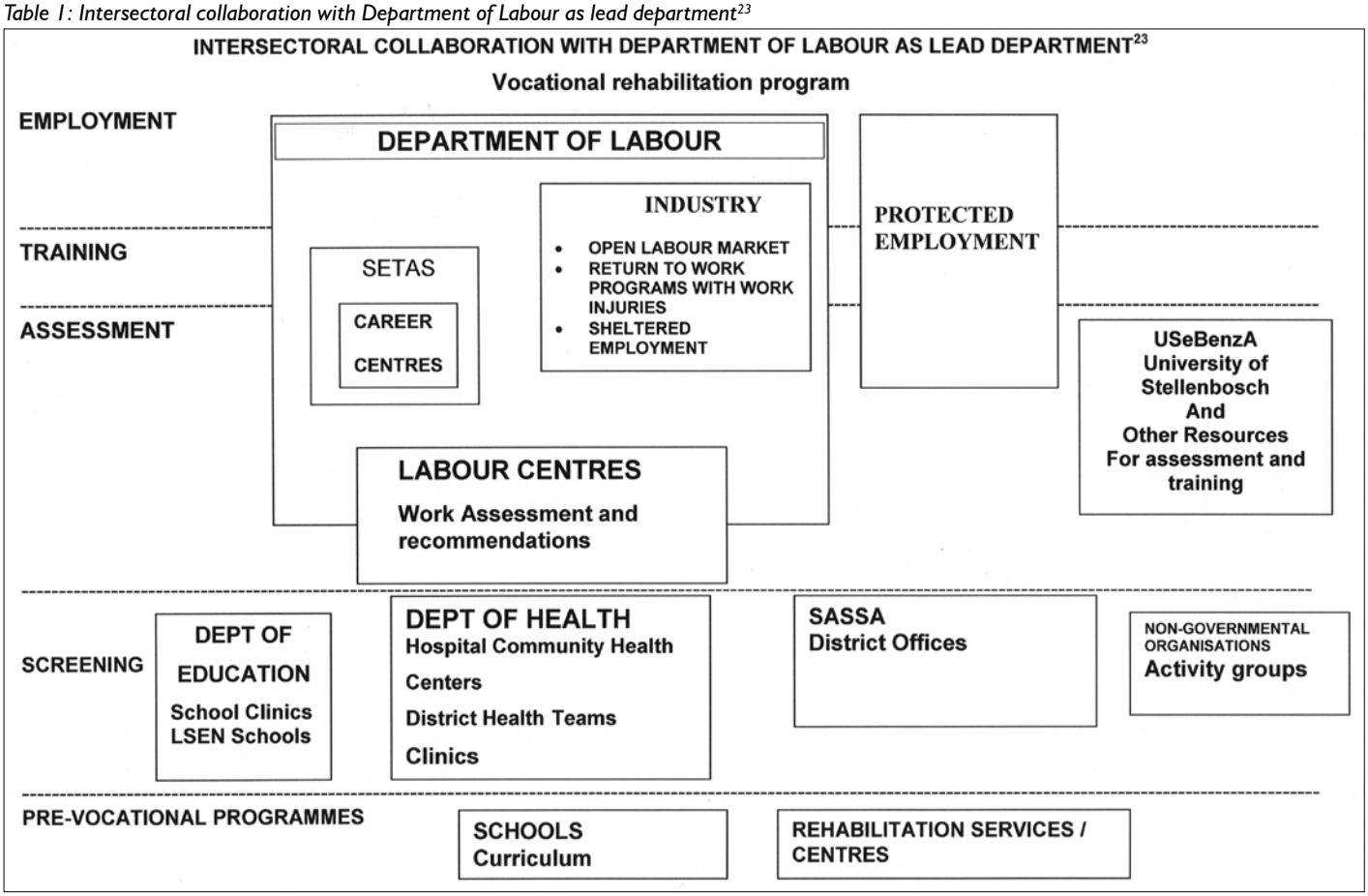
The proposal therefore, re-conceptualised current vocational rehabilitation services from a sectoral, to an inter-sectoral service as illustrated in *Table 1*.

## Conclusions and Recommendations

The National Rehabilitation Policy[22] is informed by the principles of development, empowerment and the social integration of persons with disabilities. The recognition of these principles and their inclusion in policy and service provision can contribute to opportunities being made available to persons with disabilities to reach their optimum potential as productive members of society. The research process undertaken in this study identified critical participation barriers to the employment of persons with disabilities within the current practice model that impeded the successful implementation of this national rehabilitation policy. A new integrated, intersectoral vocational rehabilitation services model was developed which aligns practice with policy guidelines. The implementation of the re-conceptualised model was started by inviting the main



*Table 1: Intersectoral collaboration with Department of Labour as lead department[23]*




[b] SETA refers to Services Sector & Training Authority

stakeholders to a workshop where the findings of the study were presented[24,25]. This was met with significant resistance mostly due to cost implications. Whether or not the model is accepted and implemented will depend on the willingness of stakeholders to take these research findings seriously. The intention of this paper is not to describe an implementation process but to propose a model that is deemed ideal for a situation such as the one in the Western Cape. A consultation process with stakeholders and main role-players to introduce the proposed intersectoral model is recommended.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## ADDENDUM 1

**DEFINITION OF TERMS** (Developed and defined by the WAG and the Vocational Rehabilitation Task Team, 2004).

**Work Screening**

A screening interview is used to assess the employability of individuals and their eligibility for a disability grant. It involves evaluating the medical status and assessing the baseline functioning of a client in relation to their employability.

**Work Assessment**

This is a specialist assessment that involves a planned process of obtaining, interpreting and documenting data about the functional status of the individual. The purpose of the assessment is to identify the individual's abilities and limitations and to match or adapt these to the requirements of a job.

**Work Preparation and Work Hardening**

These processes enable individuals to identify and assess their abilities, to understand the effects of their health problem on work-related activities, to increase the individual's confidence to pursue work opportunities effectively and to establish realistic employment aims. It includes work programs that develop the capacity for physical and psychological endurance because this enables individuals to sustain their employment.

**Work Placement**

This includes programs in which reasonable accommodations are put into place to enable individuals to perform their former work or to prepare them for alternative work. It may also include attendance at programs for skills training or retraining.

## ADDENDUM 2

**Recording form used by all four Work Assessment Units**

| | GROOTE SCHUUR HOSPITAL | TYGERBERG HOSPITAL | LENTEGEUR HOSPITAL | STIKLAND HOSPITAL |
|---|---|---|---|---|
| Human resources | | | | |
| Percentage type of component of VR service<br>Provided: screening, assessment, work preparation, work hardening, work placement | | | | |
| No of booking per 12 months | | | | |
| No of assessments | | | | |
| No of defaults | | | | |
| No of clients booked per month | | | | |
| No of clients on the waiting list per month | | | | |
| Referrals made to | | | | |
| Staff-client profile(norm 1:6) | | | | |

## ADDENDUM 3

**Data generated for analysis of current vocational rehabilitation practice 2004**

| COMPONENTS | DEPARTMENT Of HEALTH | | | Department of Labour | SASSA | Department of Education |
|---|---|---|---|---|---|---|
| | Primary level | Secondary level | Tertiary level | | | |
| **1. HUMAN RESOURCES** | 6 OT's covering 44 CHC | 1 OT per institution | 4 Work Assessment Units (WAU) 7 OT's<br>**(a)** 5,5 OTA's<br>**(b)** 2 Technicians | **(c)** NIL OT'S | **(d)** An outsourced service provided to Appeal Panel by OT's<br>**(e)** 2001 – June 2004 | **(f)** 1-2 OT per specialist training facility |
| **(g) 2. SCREENING** For DG eligibility | 60 –65% of OT clientele | Referred to specialist level | 90% of OT clientele | Nil | Nil | Nil |
| **3. OT WORK ABILITY ASSESSMENTS** | Nil | Nil | 100% of OT clientele | Nil | Nil | Nil |
| No of Assessments Jan 2003 – Dec 2003 | Nil | Nil | 1,635 | Nil | Nil | Nil |
| No Defaults | Nil | Nil | 490 (30%) | Nil | Nil | Nil |
| Total no waiting list June 2004 | Nil | Nil | 506 | Nil | Nil | Nil |
| **4. WORK PREPARATION & WORK HARDENING** | Nil | Nil | Comprises 30% of clientel at one WAU | Nil | Nil | Nil |
| **5. WORK PLACEMENT** | Nil | Nil | 10% at two OT Departments | Nil | Nil | Nil |
| **6. PRE-VOCATIONAL TRAINING JOB COACHING SKILLS TRAINING** | Nil | Nil | Limited programs offered at three WAU | SETAS | Protective Workshops | Pre-vocational training |

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