Community Based Vocational Rehabilitation Opportunities For People With A Severe Disability In Rural Communities

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3rd National Rural Health Conference
Mt Beauty, 3-5 February 1995
Proceedings
A major challenge in re-entering the community for people with a severe disability may well be to re-engage in purposeful and productive employment. This presentation is about community based, workplace-based rehabilitation, and I believe that our CRS model is a good one. For the purpose of this presentation, spinal cord injury and acquired brain impairment are addressed as severe disability.

Australia-wide, the Commonwealth Rehabilitation Service provides a comprehensive tertiary rehabilitation service. It is community-based, in metropolitan and rural areas. Clients in the working age group refer to the service on completion of their acute medical treatment and early rehabilitation, or following a failed attempt to return to work after injury, and sometimes up to twenty years post injury.

A network of experienced health professionals, employed as Severe Disability Case Workers, by the Commonwealth Rehabilitation Service in New South Wales, assists severely disabled clients to meet the challenges posed by community re-entry and to develop opportunities to re-enter the workforce.

Clients work with their Case Manager to develop a comprehensive program plan, based on each client’s individual needs and goals, and to take effect within the client’s local community. Every plan is regularly reviewed and modified to accommodate the client’s needs, and to ensure that the program is cost-effective. Clients are encouraged to identify - and achieve - “mini” goals as “stepping stones” through the duration of the program. While the program is provided at no cost to the client, the Australian taxpayer supports the program of clients with a non-compensible disability; while the program of clients with a compensable disability are subject to the approval of Insurers.

In addition to the challenges imposed by a severe disability, rural areas in Northern NSW are themselves a challenge, and have a significant effect on each client’s rehabilitation program. Currently experiencing a higher rate of unemployment than urban areas, opportunities are limited and competition for any available jobs is strong.

As the Severe Disability Case Worker in a rural, agricultural and tourist area, my role is to work with each client individually towards an achievable and realistic vocational goal. A flexible, creative and optimistic approach is necessary, in the involvement of local community resources - which in some areas can be very limited.

A large proportion of the population live in very small townships. Others live on isolated properties or farms and may be dependent on tank water and/or generator power, and some with bush toilet only. Some clients live up to two, three or more hours driving distance from the Regional Unit in Lismore. Public transport is very
infrequent, inadequate, and - in some instances - non-existent. Compensible clients have to travel to Brisbane or Sydney to keep periodic appointments with medical specialists as required by their Insurer.

Well intentioned Solicitors often organise up to three such appointments in one day, and expect, for example, a severely cognitively impaired client to travel three or four hours drive to Brisbane and be sufficiently alert and orientated to cope with the questions of three different specialists during the day, in order for each specialist to make an informed medical report to the Insurer. A client with a C5/6 quadriplegia was flown from Lismore to Sydney for such a medical appointment and, on arrival at the medical specialist’s rooms, was confronted by a flight of steps from street level to the first floor rooms, with no-one available to assist him until he hailed a passer-by. More careful planning, and some consideration of clients’ special needs, would leave a more pleasant taste in the mouth of clients from rural areas who are reviewed by city-based specialists.

Another challenge is posed when people who have been involved in a motor accident are admitted to a country hospital after a motor vehicle accident, where their more obvious bodily injuries are recognised and treated, but all too frequently a head injury goes undetected and unrecorded. The client may ultimately refer to the CRS, having failed an attempt to return to work due to post injury behaviour and/or cognitive problems. The challenge of convincing the Insurer that these clients have an acquired brain impairment can be monumental. The client is already devastated by an inability to resume pre-accident activities, and then further devastated by the implication that because the head injury/impairment was not noted/recorded at the time of accident, “it did not happen”. This tug of war may last for months, and impacts very significantly on the client’s attitude, confidence and self-esteem and frequently completely disrupts family life.

Following referral to the Commonwealth Rehabilitation Service, an initial interview with the client and an elected family member or friend is carried out. Specific assessments may - or may not - be indicated. If an appropriate range of assessments has been carried out within the previous months it is not usual to request reassessment. Formal assessments provide “clues” to a client’s abilities and limitations, and are not regarded as the “be all and end all”.

While the client’s ultimate goal may be vocational, the steps towards reaching that goal may include a range of services. For example, a C5/6 quadriplegic with a strong desire to drive himself to and from any future work, may first undergo further physiotherapy, and training and practice to become independent in transferring in and out of a vehicle, followed by driver retraining on a modified motor vehicle. Similarly, the program of a client with a traumatic head injury, presenting with cognitive and behaviour problems and pain, may include cognitive re-training, counselling, and pain management. As the client’s Case Manager, it is my responsibility to involve other professional disciplines appropriately in client programs.

Regular contact is also maintained with significant others such as the client’s family, treating doctor, solicitor, employer and other community agencies. The expertise of other necessary people such as a driving instructor, or personal home-based tutor, for example, can be “bought in” when necessary, on a fee-for-service basis.
Most clients indicate a strong desire to return to some form of employment, and so **VOLUNTARY WORK** experience may be introduced as part of a client’s program for a few hours each week and increased appropriately. Placement is made according to a client’s interest and capabilities with the client assisting to find a placement. In addition to the obvious benefits of enhancing self esteem through purpose, and building up important work habits and skills, it may also serve to increase the client’s awareness of problems which have not been previously acknowledged or highlighted and address these areas accordingly, in a realistic situation.

The location of appropriate people and resources in the client’s local rural community, to participate in the client’s program, can be challenging - but rural communities are - by and large - very co-operative and understanding. Good co-operation has been received from charitable organisations, local businesses, nursing homes, volunteer agencies, churches, the media and educational institutions. Voluntary work experience sometimes results in casual or part-time employment. For some clients, a few hours of voluntary work each week is their ultimate achievable goal.

**A GRADED RETURN TO WORK** can be negotiated with the employer of a client able to return to previous employment - to either full or modified duties. This involves gradual upgrading of hours and duties, while regularly monitoring the work, and involves ongoing education and support to the employer and other workers, regarding the abilities - and any limitations - of the client, as imposed by the disability.

Workplace modifications, or the provisions of aids and special equipment, may be necessary for the use of the returning worker. Strategies to cope with cognitive or behaviour problems are developed in the workplace, monitored regularly, and discussed with all concerned, at the workplace and at the client’s home.

Many clients with a severe disability are NOT able to return to their previous employment. An available range of options can be explored, allowing for creativity in tailoring an individual vocational program. A previous hobby, talent, or expression of interest may be developed into a new career, sometimes assisted by involvement in short courses of study. This may lead to home-based employment, a useful option for the person who is unable to engage in regular working hours and routine. Herb growing, cattle agistment, computer bookkeeping, earth worm farming, art, the Stock Market and varied craft work, are a few activities which have enabled severely disabled people to achieve a vocational outcome, within their capabilities. Short training courses through Skillshare, local Adult Learning classes and local community volunteer groups are used to enhance and develop a client’s knowledge and skills in a variety of vocational pursuits.

Work trials provide an opportunity for fitness upgrading, learning of new skills and experience, as well as the identification of problem areas in the client’s performance which need to be addressed.

Clients can be given the opportunity to increase work skills and tolerance through an on-the-job-training scheme. A client unable to return to his work as a builder’s
labourer following a head injury is currently participating in this scheme, working at a garden nursery for up to twelve weeks full-time. Financial assistance in the form of a small training allowance of up to $92.70 per fortnight, to cover incidental expenses, is paid to clients who are not receiving compensation payments to supplement their government pension. Financial assistance with transport and accommodation costs is also possible. Clients are encouraged to assist in locating a position in their local community for work trials and on-the-job-training.

Vocational assessment and client interest may result in clients undertaking retraining through sponsored study at University, Technical College or other educational facilities (and has ranged from business management to heavy equipment operation, art and drama). The Commonwealth Rehabilitation Service will sponsor whose clients who embark on further study to increase work skills and opportunities.

While it may be assumed that spinal cord injured clients are the most likely people to take advantage of sponsored study, some clients up to several years after a head injury, have successfully - if slowly - completed study and moved into employment. Others have progressed from voluntary work to on-the-job-training, and into an Apprenticeship. Clients are monitored and supported through this whole retraining process.

In attempting to locate appropriate work for clients, we also seek assistance from the Commonwealth Employment Service, and we take advantage of the various labour market programs. Not all clients who are severely disabled cite employment as their main goal, but employment may follow on later from an initial goal of independent living.

For some clients the severity of their disability and/or limited opportunity for employment in a rural areas, prevents them from achieving open employment. The remaining option is Workshop Placement. This is not regarded as permanent. It is pleasing to report that people can progress from a Workshop to employment. A young man was referred to our Service in mid 1992, having spent eighteen years in a local Workshop, after sustaining a very severe head injury at the age of nineteen, with resultant memory and cognitive deficits. Following his referral to CRS, a period of voluntary work was organised with a local equipment hire company, to realistically assess his employment potential. This ultimately resulted in him being employed two days weekly under the Slow Workers Permit, upgraded to five days by mid 1994.

In summary, there are many challenges to be faced in providing effective vocational rehabilitation opportunities for people with severe disabilities in rural communities. Good communication and co-operation is essential between all parties, and we establish informal support groups between clients, families and employers, as the need arises.

The challenges allow us to be creative and innovative in program planning and, in the process, provide us with the opportunity to educate the community about the capabilities of people with a severe disability.