

★ New Zealand Occupational Rehabilitation Conference 2016

It was attended by career development professionals, physiotherapists, occupational therapists, nurses, psychologists, GPs, social workers, and more. National Development Manager Lauren Hughes coordinated the inaugural Occupational Rehabilitation conference and reports that there is plenty of appetite for another event next year.



In April CDANZ produced the inaugural New Zealand Occupational Rehabilitation Conference in partnership with the Auckland University of Technology (AUT) School of Clinical Sciences, and Senior Event Sponsors Active+ and Independent Living Service Trust (ILS) NZ. Over 120 people attended this one day event including 21 speakers and panellists.

One of the goals of the event was to create a forum to promote cross disciplinary networking and collaboration between all stakeholders in the occupational rehabilitation process. We were delighted to achieve this aim, attracting a broad cross section of the industry to the event.

- 50% career development professionals
- 10% physiotherapists
- 10% occupational therapists
- 15% other medical e.g. occupational nurses, psychologists, GPs
- 10% other non-medical e.g. social workers, sponsors



Icebreaker - Getting to know one another

The Accident Compensation Corporation (ACC) endorsed the event and sent Category Managers Nic Johnson and Gillian Anderson to present an overview of Obtain Employment Services and an update on Work Ready and Job Brokerage Services. Slides for these presentations are available on the CDANZ website.

With panellists Paula Rewi, David Broomhead, Paul Fennessy, Dr Anthony Burgess and Sam Hack, ACC's Brent Habgood facilitated a panel discussion on Initial Occupational Assessment / Initial Medical Assessment (IOA/IMA) and also Vocational Independence Occupational Assessment / Vocational Independence Assessment (VIOA/VIMA).

Real Jobs for Real People

The panel emphasised the importance of the vocational consultant's role in identifying realistic work types for clients. Getting this wrong can compromise the whole process. For example a self-employed tradesperson may disguise their lack of literacy or numeracy, with their spouse taking care of that part of the business. If their post injury work type option is identified as "small business or accounts clerk" in an IOA, this will fall over when picked up later in the process, i.e. at VIOA. It is important that literacy, numeracy, computing skills, criminal convictions and type of drivers licences are correctly identified and recorded at the IOA stage, including expiry dates for Forklift Operator's Certificates. Helping a client identify pre-injury transferable skills, interests and networks is also critically important in identifying realistic types of work.

The question was asked about where career counselling fits within the ACC Obtain Employment Service stream. Career counselling is often necessary to achieve a quality outcome for the client and case managers don't know where to refer for it. For example; some serious Injury clients require career counselling to identify 'realistic' work type options, for which they will require vocational training, as their pre-injury skills, experience, and qualifications do not lead to the identification of options which the client has the physical capacity to sustain. Whilst some Case Managers have been accessing career counselling, as part of a client specific Work Readiness Programme, there are no clear guidelines for Case Managers and providers on the provision of career counselling, and how a Case Manager can refer for this service. This is an area we would like ACC to explore and clarify how this fits into the obtain employment suite.

Complexities within cases that pose particular challenges for all the professionals involved in the process include a client's language skills, their attitude and agreeableness to the process, whether they are affected by drug or alcohol dependence, serious injury or sensitive claims, pain issues and mental health. If it is clear that the client's issues are significantly impairing their ability to participate in the service (for example crying throughout an IOA, fixation on their pre-injury role, and inability to respond to questions) it is recommended to immediately cease the appointment, and contact the Case Manager; who may decide to refer to Psychological Services.

Independent Medical Assessor Dr Anthony Burgess advised that his only concern is "can the client physically do this job?" It is not helpful to have too many possible work types to assess. Eight to 12 is ideal. Again he pointed out the importance of the right work types having been identified by the vocational consultant. If he clears an individual for an identified work type and a non-medical reason prevents them from pursuing that work type, the system then falls down.

The panel discussed the differences between an urban and a rural environment. A client who has relocated from the city to countryside to be with family may then be faced with fewer job opportunities. They may also have fewer resources to enable them to find or maintain work, for instance no computer or internet access. A client that has relocated from the country to the city may find it more difficult to transfer their skills into an urban environment.

A vocational consultant asked how assessors are supported to keep up to date with the job market. Advice was that ACC provide detail sheet updates but if an assessor identifies a new job that is not currently listed by ACC please tell them. Courts require standardisation, so provide ACC with the job information and they will update the database; which is located on the ACC website.



Our panellists

Opportunities for Occupational Rehabilitation Professionals

Two options for professionals to enter this area of practice are the ACC Internship Programme and the Post Graduate Certificate in Vocational Rehabilitation. Information about these two options was presented by Joanna Heymel, Active+ and Joanna Fadyl, AUT. Slides for these presentations are available on the CDANZ website.

Vocational rehabilitation is inherently interdisciplinary and inescapably situated in 'real life'.

Joanna Fadyl, who has also written for this Ezine, presented a thought provoking exploration into inter-disciplinary vocational rehabilitation: challenges and opportunities. This included a history of vocational rehabilitation in New Zealand and the context today. Slides are available on the CDANZ website.

Dr Fadyl then led one of the five concurrent workshops on the afternoon of the conference. In her workshop she continued cross disciplinary conversations.

Next door, Helen Robertshaw of Framework Trust and Sarah Halliday of Geneva Elevator introduced Supported Employment and facilitated a conversation around different approaches to vocational rehabilitation, beyond ACC. Workshop participants included practitioners working for insurance companies, MSD, the disability and mental health sector, occupational health nursing and the NZ Spinal Trust. Some thoughts posed by this group included:

What's the definition of work? When will government agencies start recognising several part times roles as work?

There are real challenges in finding work trials. Incentives for employers are not the answer. Employers are as vital as our clients and they are not seeking money but recognition as a good employer. Many big employers now have a Diversity Policy.

The New Zealand Disability Support Network (NZDSN) have workshops and resources to help "demystify" employers around employing people with disabilities and create confident employers.

Does the structure of contracts we deliver drive Best Practice? What needs to change?

Many workshop participants agreed that there was a need to start the conversation around vocational rehabilitation as early as possible, including hospital intervention.

WorkSafe NZ presented information about new Health and Safety Legislation. Gillian Anderson and Dr Robin Griffiths led a workshop on Vocational Medical Assessments and Karen Came from APM Workcare facilitated a discussion around Work Trials. Available notes and/or resources from all workshops are available on the CDANZ website.

Closing Key Notes

The afternoon concluded with two excellent Key Notes from Sam Hack, ACCs Legal Advisor and Dr Duncan Babbage who offered tips, tools and strategies for working with clients with TBI (Traumatic Brain Injury). Post event feedback indicated that these speakers were highlights for many in attendance. They offered practical, humorous insight into very important subjects. Slides and links to Dr Babbage's podcasts are available on the CDANZ website.

Next Steps

There was overwhelming support for the value of this event. 100 per cent of survey respondents supported holding the event again and 62 per cent of respondents would like it to be an annual event. CDANZ will explore this possibility under our National PD Strategy. We were delighted to establish so many new relationships in the staging of this inaugural conference including AUT's School of Clinical Sciences, NZ Association of Musculoskeletal Medicine (NZAMM), Active+ and ILS NZ. We were also pleased to work once again with our friends at NZDSN, ACC and MYOB. Special thanks to CDANZ Member and Director of Accomplish Vocational Services, Paula Rewi, for her vision for, and extraordinary contribution to this event. Thanks also to all our presenters and everyone who attended.

★ [Lauren Hughes – CDANZ National Development Manager.](#)

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Notes:

- Location of all resources mentioned: <http://www.cdanz.org.nz/resources/presentations/>