



CENTRE FOR  
**PERSON CENTRED RESEARCH**  
HEALTH AND REHABILITATION RESEARCH INSTITUTE

**AUT**

# Inter-disciplinary Vocational Rehabilitation: Challenges and Opportunities

Dr Joanna Fadyl

Senior Lecturer: School of Clinical Sciences, AUT

Deputy Director: Centre for Person Centred Research

<https://pcrc.aut.ac.nz>



The practice of vocational rehabilitation is about lives and selves ... as practitioners we see a diversity of lives and selves in a very unique way

Vocational rehabilitation is inescapably situated in 'real life': what we encounter is never defined in advance ... it will always include what is outside any one person's discipline and professional training



# Challenges and opportunities

1. Vocational rehabilitation is inherently interdisciplinary
2. Vocational rehabilitation is inescapably situated in 'real life' with all the diversity of opportunities and challenges that brings





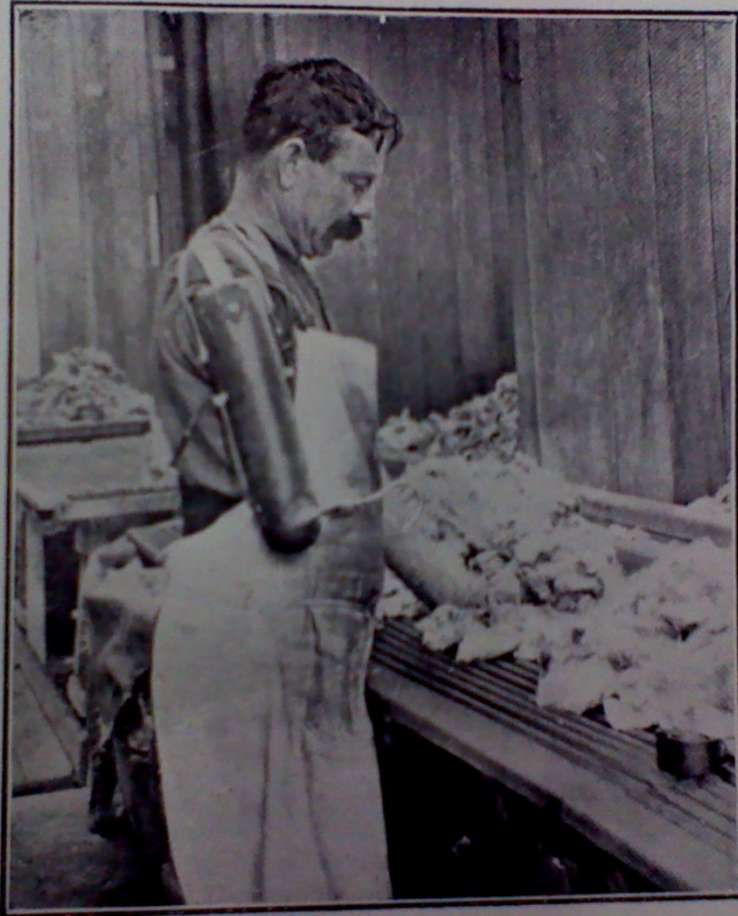
# 1. Vocational rehabilitation is inherently inter-disciplinary

Let's take a trip through time to consider this ...





# 1919



TUITION IN WOOL-CLASSING AT MOSGIEL MILLS.  
(Right arm amputated, &c. Previously farming.)

*“Just as each man was carefully trained and equipped to take his place in the military machine, so must each man, who needs it on account of impairment, be trained and equipped to resume his place in the civil machine.”*

Evans, H. (1919). New nation reconstruction. The state and the soldier (British Empire and reconstruction). *Quick March: Official paper of the New Zealand Returned Soldiers Association*(April), 15-17.





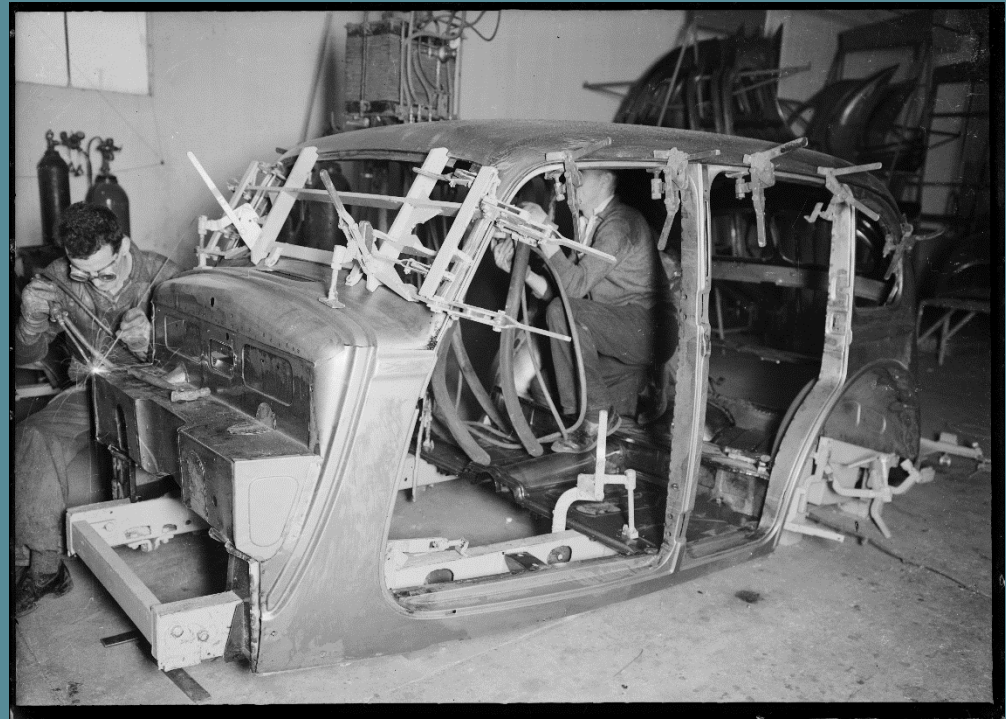
# Vocational rehabilitation post-WWI

- Understood mainly as trade training
- Concerned with recognising rights of those who had fulfilled a duty of **citizenship**
- Offered by the *Disabled Soldiers Civil Re-establishment League*





# 1950s



*“[People experiencing disability] are units of our community, their main requirement being the opportunity to relieve their monotonous shut-in existence on an invalidity pension and the financial strain attached to this, by useful employment”*

Disabled Citizens Society. (1958, 6 September). *Letter to prime minister regarding provision of sheltered workshops* [Letter]. Employment - vocational training of disabled: rehabilitation of disabled civilians (30/2/1/ Part 8, C373078). Archives New Zealand, Wellington.





# Vocational Rehabilitation in the 1950s

- Understood mainly as sheltered employment and vocational training
- Seen as an aspect of **welfare**
- Offered by state-run agencies and private charities





# 1980s



*“There are emerging and new expectations by disabled people in terms of their needs and their place in the marketplace. Rights rather than services are the order of the day for many.”*

Minister of Social Welfare. (1988, 13 July). *Address by Minister of Social Welfare.* presented at the meeting of the Annual General Meeting of the Rehabilitation League New Zealand (Inc),



# Vocational rehabilitation in the 1980s

- Transformation to focus more on work brokerage and employer intervention
- Operating at nexus of **rights** ,**participation** and **contribution**
- Increasing conversations between ‘medical’ services and ‘vocational’ services





# 2010

“Work is generally good for health and wellbeing  
Long term work absence, work disability and  
unemployment have a negative impact on health  
and wellbeing”

Australasian Faculty of Occupational & Environmental Medicine.  
(2010). *Realising the health benefits of work: A position statement*  
Sydney: The Royal Australasian College of Physicians.



# Vocational rehabilitation today

- Widespread understanding of VR as **health practice**, folding contribution and participation within it.
- Some broad categories (Fadyl et al, 2015)
  - 'Barriers to work' interventions in individual and employer settings
  - Supported employment
  - Career counselling-focused rehabilitation focused on re-envisaging jobs and careers
- Occupational therapists, physiotherapists, medical doctors, job coaches, case managers, career counsellors, vocational consultants, psychologists ...







# The point being ....

- Vocational rehabilitation:
  - Always takes a form that reflects the concerns of our time
  - Has never 'belonged' in one discipline or one practice
  - Has always blurred the boundaries –
    - is it health practice?
    - Is it social work?
    - Is it welfare?
    - Is it economic development?
    - Is it .... ?
  - So the practice of VR will always venture outside of the training and professional discipline of any one individual





# Research evidence: Bringing together disciplines

- Systematic reviews support a multidisciplinary approach to facilitate return to work, and identify that good-will and trust are essential components (Hoefsmit et al, 2012; Andersson et al; 2011; MacEachen et al, 2006)
- Recent research from NZ allied health clinician practitioner-researchers about fundamental aspects of successful collaboration
  - Relationships and connections between different practitioners and providers need to be seen as not only legitimate, but an indispensible aspect of (vocational) rehabilitation practice (Bright, 2016, Penney, 2013)





# The opportunities

- As practitioners, you are in a unique position to be surveying the changing landscape of vocational rehabilitation and positioning to lead the next iteration
- A key part of this is embracing the opportunity of truly inter-disciplinary practice.
  - We do it to some extent – but let's consider what's possible





# An exercise

- Think of a 'difficult' vocational rehabilitation situation that sticks in your mind (we all have them).
- Reflecting on this situation, write down:
  - One aspect you did really well – your strength in this situation
  - One aspect that you didn't handle well – that **someone you know** has the scope and expertise to handle better
  - One aspect that didn't go well that **you don't know anyone who has the scope and expertise to handle in a different way**





# An exercise

- Share your stories with the person next to you
- Then ask each other:
  1. What connections would this situation have benefitted from?
  2. What connections do we know we need but don't yet know where to find?
  3. What are the opportunities for connection that exist within the current practice and funding models?
  4. What needs to change structurally in order to utilise these connections to the fullest extent – e.g. organisational structures, funding models, etc.
- Could you start today?







## 2. Back to the complexity of 'real lives'...

Community connections?





# The (often under-utilised) collaborators under our noses ...

Often the differing interests, concerns and motivations are seen as *problems* (Young et al, 2005);

We need to re-conceptualise them as *opportunities* – different reservoirs of knowledge:

- Workers (including whanau, inter-dependents and representatives)
- Employers (including workplace, managers, co-workers, etc)
- Other VR practices and providers
- Payers
- Society





Yes you're great at communicating with clients, Barry, but Polly can *talk*. That's what we're really looking for in a candidate for this senior role



# Key questions to finish on

- What is your role
  - In your team
  - In your practice
  - In your community
- Who will be your next new collaborator to enhance your current practice?
- Who will be your next new collaborator to take your practice beyond what it is now?
- One current structure you would confront to facilitate this – to think about it differently and/or challenge at a policy level?





# References

- Andersson et al (2011). Organizational approaches to collaboration in vocational rehabilitation – an international literature review. *International Journal of Integrated Care*, 11.
- Bright, F, PhD research, see:  
<https://scholar.google.co.nz/citations?user=V34MwYIAAAAJ&hl=en>
- MacEachen et al (2006). Systematic review of the qualitative literature on return to work after injury. *Scandinavian Journal of Work, Environment and Health*, 32.
- Fadyl, J. K., McPherson, K., & Nicholls, D. A. (2015). Re/creating entrepreneurs of the self: Discourses of worker/employee 'value' and current vocational rehabilitation practices. *Sociology of Health and Illness*, 37(4), 506-521. doi:  
[10.1111/1467-9566.12212](https://doi.org/10.1111/1467-9566.12212)
- Fadyl, J. K., & Payne, D. (2016). Socially constructed 'value' and vocational experiences following neurological injury. *Disability and Rehabilitation*. doi:  
[10.3109/09638288.2015.1116620](https://doi.org/10.3109/09638288.2015.1116620)
- Hoefsmit et al (2012). Intervention characteristics that facilitate return to work after sickness absence: a systematic review. *Journal of Occupational Rehabilitation* 22, 462-477
- Penney, P PhD research, see:  
<https://aut.researchgateway.ac.nz/handle/10292/6982>
- Young et al (2005). Return-to-work outcomes following work disability: Stakeholder motivations, interests and concerns. *Journal of Occupational Rehabilitation*, 15, 543-556

