



The Royal Australasian
College of Physicians



Australasian Faculty of
Occupational and Environmental Medicine



Australasian Faculty of
Rehabilitation Medicine



Australasian Faculty of
Public Health Medicine

National Vocational Rehabilitation Policy

The Royal Australasian College of Physicians and our Faculties of Occupational and Environmental Medicine, Rehabilitation Medicine and Public Health Medicine strongly support the development and implementation of a National Vocational Rehabilitation Policy.

Key messages

1. Work is an important determinant of health.
2. Common health problems should get priority but people with serious disability still have potential to return to work, and most people with common health problems can be helped to return to work.
3. Return to work should be a key outcome measure of a vocational rehabilitation program.
4. Return to work should be considered a key outcome measure for any health intervention.
5. Cross sector collaboration is essential to make a vocational rehabilitation program effective, including health sector and workplace sector.
6. Vocational rehabilitation must be coordinated and multidisciplinary.
7. A comprehensive education program is essential.
8. Investment in research, technology and infrastructure is essential to program success.

Background

There is a strong scientific evidence base for many aspects of vocational rehabilitation. There is more evidence of positive cost-benefits for vocational rehabilitation than for most health and social policy areas, which contributes to a sound business case for this approach. Vocational rehabilitation is the concept that work can be therapeutic and have a positive impact on health. It has been defined as “whatever helps someone with a health problem to stay at, return to and remain in work”.¹ Rehabilitation at work is an idea and an approach as much as an intervention or a service. The “barriers are less to do with particular impairments and more to do with the lack of guaranteed access to customised plans of timely support and development”.²

The Australasian Faculty of Occupational and Environmental Medicine’s position statement “Health Benefits of Work”³ clearly sets out the economic and social imperative to ensure that all those capable of working should be supported to do so. Work is now known to be an important social determinant of health. The nature of that work is discussed in the companion position statement “What is Good Work?”.

Vocational rehabilitation principles and interventions are fundamentally the same for work-related and other comparable health conditions, irrespective of whether they are classified as injury or disease. Work is not only the goal. Work is generally therapeutic and an *essential part* of rehabilitation.

Common health problems should get high priority, because they account for about two-thirds of long-term sickness absence and incapacity benefits, and much of this should be preventable.

Every health professional who treats patients with common health problems should take responsibility for rehabilitation and occupational outcomes. Healthcare (for condition optimisation) has a key but not solitary role, as participation in the workforce requires ongoing good health and management of illness, injury and disability. Health management therefore has an important role, alongside vocational rehabilitation programs, as an enabler for workforce participation and productivity. For example, healthy health workers are three times more productive than unhealthy health workers.⁴

There is an urgent need to improve vocational rehabilitation interventions for mental health problems, which are now the largest and fastest growing cause of long-term incapacity. Promising approaches include healthcare that incorporates a focus on return to work, workplaces that are accommodating, and early intervention to support workers to stay in work and thereby prevent long-term incapacity.

The evidence shows that treatment by itself has little impact on work outcomes without employer engagement. There is strong evidence that proactive company approaches to sickness, injury and disability, together with temporarily providing suitable task allocations within operational requirements (meaningful suitable duties), are productive and cost-effective. Effective vocational rehabilitation critically depends on work-centred healthcare that is sensitive to the individual's need, delivered in accommodating workplaces. These features are interdependent and must be coordinated.

There are three broad types of clients, mainly differentiated by duration out of work. They have correspondingly different needs:

- (1) Most newly sick or injured workers, up to the first four to six weeks of absence, who need work-focused healthcare coupled with proactive workplace management.
- (2) A minority of sick or injured workers (possibly five to ten percent⁵) who have difficulty returning to work and would benefit from structured tailored vocational rehabilitation interventions.
- (3) The long-term incapacitated, more than about six months out of work who need interventions that address the substantial personal and social barriers, including help with re-employment.

Elements of A National Vocational Rehabilitation Policy

A National Vocational Rehabilitation Policy should include:

- A person-centred approach;
- A timely intervention matched to case need;
- A coordinated, whole of Government/whole of sector approach including all key stakeholders (both healthcare and workplace elements);
- Return to work as a key outcome measure;
- Equitable available services irrespective of:
 - aetiology of injury or disability i.e. whether or not injury occurred in workplace;
 - geographic access across all regional, rural, metropolitan areas;
 - different sized employers;
- Coordinated multidisciplinary rehabilitation;
- Community-delivered services;
- Expanding and decentralising service delivery with strategies such as tele-rehabilitation;
- Capitalising on the availability and affordability of technology to assist in return to work;
- Acceptance that some will be unable to work even with good vocational rehabilitation;
- A comprehensive education package for all stakeholders.

Successful implementation of a national vocational rehabilitation policy depends on:

1. Identifying and addressing the nationally consistent barriers to access and effectiveness across all jurisdictions;
2. Establishing or strengthening mechanisms for cross-sector collaboration;
3. Supporting coordination and cooperation across rehabilitation providers;
4. Decreasing duplication and improve distribution of services and referral systems;
5. Investment in resources for education at all levels;
6. Investment in research into new models of care e.g. pilot projects;
7. Investment in technology training and infrastructure to provide timely, appropriate services;
8. Investment in research on implementing models of care on a national basis in the Australian context;
9. Conducting education and awareness campaigns for both healthcare workers and the general public.

Project lead: Dr Robin Chase (FAFOEM)

Authors: Dr Kathleen McCarthy (FAFRM), Dr Jennifer Mann (FAFRM), Dr William Stone (FAFRM, FAFOEM), Dr Leena Gupta (FAFPHM)

Brief references

¹ WHO Report on Disability 2011. http://www.who.int/disabilities/world_report/2011/.pdf

² Minister Shorten: comments on the National Disability Insurance Scheme <http://billshorten.com.au/issues/ndis> (accessed June 27 2012)

³ Australasian Faculty of Occupational and Environmental Medicine, Royal Australasian College of Physicians *Realising the Health Benefits of Work Policy*, May 2010.

⁴ Invisible Patients, Summary report of the Working Group on the health of health professionals, UK Department of Health March 2010

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113540

⁵ G Waddell, A Kim Burton, N Kendall for The Vocational Rehabilitation Task Group. *Vocational Rehabilitation: What works, for whom, and when?* 2003 <http://www.dwp.gov.uk/docs/hwwb-vocational-rehabilitation.pdf>

^{vi} G Waddell, A Kim Burton. "Concepts Of Rehabilitation For The Management Of Common Health Problems" Commissioned By The Corporate Medical Group, Department For Work And Pensions, UK © Crown Copyright 2004.