
UNIT 3 VOCATIONAL REHABILITATION

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3.0 OBJECTIVES

After reading this unit, you should be able to

- Discuss the concept of vocational rehabilitation.
- Meaning of work and theoretical framework of vocational rehabilitation.
- Process of vocational rehabilitation.
- Vocational rehabilitation team
- Employment opportunities for older adults

3.1 INTRODUCTION

The “grey tsunami” related to elderly population trends contribute to increased concerns about access to healthcare, disability prevention, and rehabilitation needs. In addition, the goal is to fully include and participate in all sectors of society, including productive work and employment. The present chapter reviews ageing as relevant to work, such as how age-related changes in abilities and motivation affect job and present strategies for employment and the process involved in assisting an individual in to, or back to, work. Each of us reading this chapter will be doing so because we want to learn more about vocational rehabilitation. The purpose of this chapter is to extend our existing knowledge about occupation, work and rehabilitation.

Increasing longevity and failing fertility have resulted in a dramatic increase in the population of adults 60 and up, in both absolute and relative terms. According to the population census 2011, there are nearly 104 million elderly persons (aged 60 years or above), and it is expected to grow to 173 million by 2026. However, the consequence of ageing is multiple and include both social and economic aspects. The social results affect family structures, living arrangements, behaviour and attitudes, relations between generations, health and other areas of life. The economic consequences of ageing are associated with the higher cost to society of supporting the elderly population. As a result of this, the financial burden or dependency borne by the community increases. Longer life will also mean higher health costs and the costs of caring for those who can no longer look after themselves. Pensions and health care for the elderly will soon become the largest budget items for government in developing countries, which could cripple economies. Another concern, that the ageing population means an ageing workforce, leading to a conflict of interest between young people and older workers. Although employers do not openly admit it, they still prefer younger employees rather than older ones. Several factors discourage employers from hiring and retaining older workers, including expensive, disability, declining health, especially the most vulnerable. The situation is worse in developing countries where literacy levels are low: illiterate workers have little chance of any employment. In India, the majority of older adults are uneducated, and their main employment is in agriculture. And for the same reason, older women are more likely to be out of employment. Several other factors may cause workers to retire, such as early retirement schemes, the desire to become self-employed or personal reasons.

There is a history of developing activities for older adults that have become collectively known as 'rehabilitation'. First, older adults have the right to "full and active participation in society". Second, society has the ethical and legal obligation to include them in all aspects of life from a societal perspective. Third, from an economic perspective, society is interested in persons with disabilities or the elderly contributing to the community either in tangible or intangible productivity. Moreover, making financial independent is an important phase of rehabilitation, and it ensures longer and healthier lives.

The overarching conclusion of this chapter is to explore the broad-based approach regarding the employability of older workers by creating job opportunities, providing more flexible work options and ageing friendly workplace. This chapter also makes an effort to emphasise the employment implications of ageing, i.e. the older worker problem, and reviews the vocational rehabilitation process.

Did you know?

When any type of disability affects a person, work disability may occur and contribute to negative consequences not just on the individual but for the society as well.

Check Your Progress 1

Write down the factors that are responsible for delay in rehabilitation

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3.2 VOCATIONAL REHABILITATION

As per World Health Organisation (WHO), the core objective of rehabilitation is restoring function. When individuals become ill or develop a health condition or disease because of ageing, work disability may prevent the individual from continuing to work. In addition, work disability may lead to diminished productivity for older adults as members of society. Vocational rehabilitation (VR) is made of a series of services designed to facilitate the entrance into or return to work by people with disabilities or the elderly for maintaining functional abilities or capacity. These services include a comprehensive vocational assessment and evaluation, training, up-gradation of general skills, refresher courses, on-the-job training, career counselling, employment searches, and consulting with potential or existing employers for job accommodations and modifications. The structure of services may vary depending on the target populations and undertake those currently out of work. The other terminologies used for this kind of service are work rehabilitation, occupational rehabilitation, vocational practice, work practice etc.

The two most widely accepted definitions of 'Vocational Rehabilitation' are from UK context. The Department of Work and Pensions (DWP), put forward the first, describes it as follows: *Vocational rehabilitation is a process to overcome the barriers an individual faces when accessing, remaining, or returning to work following injury, illness, or impairment.* In addition, VR includes a wide range of interventions to help individuals with a health condition and/or impairment overcome barriers to work and so remain in, return to, or access employment. The second is from the British Society of Rehabilitation Medicine (BSRM), which

described it as *a process whereby those disadvantaged by illness or disability can be enabled to access, return to, or remain in, employment or other useful occupation*. In both definitions, a common perspective of VR is a process that is designed to assist in work or occupation. The general description is based on the International Classification of Functioning, Disability, and Health (ICF). It defines VR as *"a multi-professional evidence-based approach that is provided in different settings, services, and activities to working-age individuals with health-related impairments, limitations, or restrictions with work functioning, and whose primary aim is to optimise work participation."* As per the Ministry of Labour & Employment, Govt. of India, *"Vocational rehabilitation is a process which enables a disabled person to secure suitable employment which he could retain and advance a permanent base with an ultimate aim of integrating or re-integrating him in the society"*. Unfortunately, VR is not limited to the person with a disability or handicapped in the present situation. It is a help or any kind of assistance to someone with a health problem to stay at, return to and remain in work. There are many definitions of vocational rehabilitation, and analysis of these definitions reveals some key ideas about vocational rehabilitation in the elderly:

- Vocational rehabilitation is goal-directed, with the core objective of restoring the capacity for work and translating that into participation.
- Vocational rehabilitation is an active process that depends on the individual's participation, motivation, and effort, supported by the workplace and healthcare.

Points to Ponder

What are the benefits of Vocational Rehabilitation?

Answer

Vocational rehabilitation helps persons with a health condition to return to

work and stay on the job by optimizing the person's skills and resources

required for vocational reintegration and community life.

Vocational rehabilitation, also called occupational rehabilitation or work rehabilitation, is directed to an employment outcome. Therefore, in large VR, the managed process provides an appropriate level of assistance, based on assessed needs, necessary to achieve a meaningful and sustainable employment outcome. In a person with a disease, the primary goal is, treating pathology and relieving symptoms. In contrast, in VR the primary goal is, improving capability for work and translating that into actual working. There is a wide spectrum of vocational rehabilitation approaches that vary by type and intensity. Most people, including older adults with common health problems, do not need a specialised multidisciplinary team. They require a much simpler level of help to stay at, return to, and remain in work. However, older adults with chronic disease or impairment have more complex needs and require a specialised team approach.

In order to gain an understanding of the occupation context for effective practice of VR, a brief description called 'occupation-focused practice' is represented in **Fig. 3.1**. Especially for the elderly population, this kind of practice is more important to support them to engage in the occupation of work in a meaningful and purposeful way.

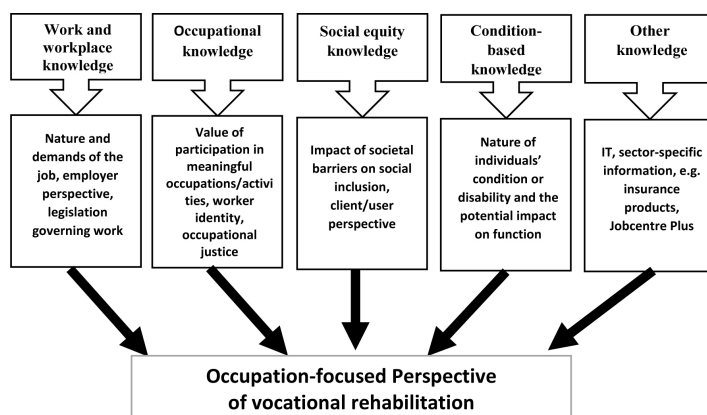


Fig. 3.1: Occupation focused practice

Check Your Progress 2

Provide an ICF based definition of vocational rehabilitation.

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3.2.1 Vocational Rehabilitation and Elderly

Each of us strives, throughout our life, to achieve a balance of meaningful and purposeful work, rest, self-care and leisure activities. Work provides us with a significant life role that accounts for up to a third of the life of an average adult. As the importance of work, people, even painful, degrading or dangerous work is a necessary evil, just in order to survive. Furthermore, the links between work and health, well-being and longevity, have already been well-argued. If any disability or dependency affects a person, work disability may occur and contribute to negative consequences on the individuals and society. Longer working lives can only be delivered if people are in good health and fit to work at an older age. The relationship between employment status and re-employment are positively associated with health. There is also strong evidence that unemployment is generally harmful to health and that re-employment leads to improved self-esteem, general and mental health, and reduced psychological distress. Health problems among unemployed older adults are common and associated with reduced community participation, isolation and financial dependency. In communities and families, long-term unemployment leads to social exclusion. When health conditions permit, older adults should be encouraged and supported to remain in or re-enter work as soon as possible because it:

- is therapeutic;
- helps promote recovery and rehabilitation;
- leads to better health outcomes;
- minimises the harmful physical, mental and social effects of long term sickness absence;

- reduces the risk of long-term capacity;
- promotes full participation in society, independence and human rights;
- reduces poverty; and
- improves the quality of life and well-being.

As India's ageing population grows, the shift towards an ageing workforce has placed greater emphasis on the need for vocational rehabilitation. In the next section, we will be looking at the range of VR processes and their importance in the elderly's lives when returning to work following a retirement period.

3.2.2 Needs of Vocational Rehabilitation in Elderly

Vocational rehabilitation for the elderly population has gained a lot of importance due to chronic illness, degenerative disease or other comorbidities. For older people beyond retirement age, leisure activities and interests, or perhaps voluntary work, may replace employment. However, since the population as a whole is living longer, in years to come, individuals may well be expected to extend their working life.

3.2.2.1 The Meaning and Value of Work

According to occupational therapy science, daily occupation is organised into three categories: *self-care*, *work* and *leisure*. Most of the activities are fit nearly into these boxes. For example, shopping work can be considered leisure for some individuals and may be an essential daily routine task for others. However, the purpose behind an activity is an important factor in determining whether we consider it to work or not. With another example, let us illustrate this point. Preparing a meal could be categorised as work, leisure or even an activity of daily living depending on time, place and purpose for a given task. Sandwich preparation at lunchtime, for hunger satisfaction, may well be seen as an activity of daily living. In contrast, a carefully planned and prepared special meal for friends at the weekend could perhaps fall into leisure. As a trained chef preparing meals in a restaurant, then this type of activity clearly would work.

3.2.2.2 Classification of Work

In order to understand work with the prospect of the ageing population, it is necessary to examine it from multiple perspectives. There are four different forms of work: 1. paid work 2. unpaid work 3. hidden work 4. substitute work. This first category paid work, is the most common form of activity associated with work which may include some form of employment or a job. This type of work takes place mainly under contractual obligations in return for a specified material reward, usually financial. Paid work can be sub-divided according to the functions of the work undertaken, for example, professional, managerial, skilled manual, unskilled, etc. The second category is unpaid work that is not associated with financial remuneration and is often carried out by ageing individuals in our society, such as volunteer work, caring for grandchildren or other household work. For example, the successful individuals who unexpectedly choose early retirement schemes for family or the person who campaigns tirelessly on behalf of a charity. The next category is hidden work that generally involves activities of an illegal nature, some of which may be morally questionable. Possible

examples of this type of work are a person having a trip abroad and comes back to buy cheap alcohol and resale in the country, where the prices are much higher. Although there is no status attached to these forms of work in society, they may become a normal and accepted part of life within certain communities. The final type of work is substitute work has traditionally been reserved for disabled people. Examples of this work can be found in community welfare projects, often run by a voluntary organisation. The professional needs to understand the nature of the work and the work tasks which the person performs since the components and requirements of any given type of work will differ. The following questions need to ask before decision making

- What are the main work tasks?
- What are the demands of the work?
- Where, when, and for how long are they performed?
- What is the skill level of the tasks?

In the Indian scenario, work is commonly associated with paid employment, and money is one of the main motives for working. For most people, even painful, degrading, or dangerous work is necessary to survive. The value of money in motivating individuals to work has given the importance of employment. In modern society, it was asserted that work was 'an essential part of a person's life, which gives him status and binds him to society'. This relationship between work with money and status may help explain the high value attached to being occupied in work for the elderly who are excluded from the workplace, possibly because of health conditions or a disability. Participation in the meaningful occupation, i.e., productive activities, provides a sense of satisfaction and purpose and is considered an essential pre-requisite for health.

Did you know?
The main principle for successful vocational rehabilitation depends on work-focused healthcare and accommodating workplaces.

3.3 THEORETICAL FRAMEWORKS IN VOCATIONAL REHABILITATION

Theoretical frameworks provide an important structure for clinical practice, judgment and decision making. The concepts within a framework help us understand and explain an event or individual's capabilities and social situation. Therefore, this can provide important justification for a particular intervention or approach related to vocational rehabilitation. In general, VR services have been divided into two distinct categories. The first deals with the collection of services directed towards those who have a disability and are unemployed. They may never have secured a job, or they may have been out of any form of employment for a long time. The second category is the VR services available to people who are already in employment. The person may not be attending work because of an illness or injury, but they have a job to return to.

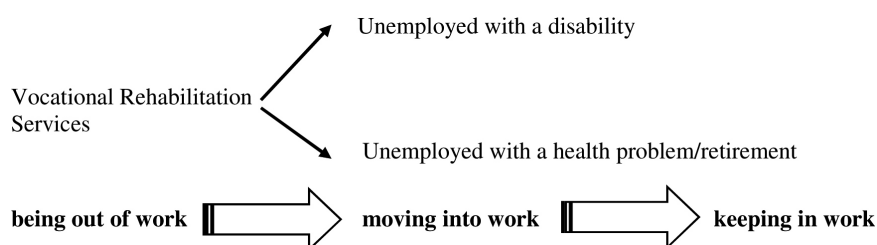


Fig. 3.2: Theoretical phases of VR process

Person-centred perspectives have been used in the elderly population who have been out of work because of ageing. VR services have been grouped based on a continuum, where an individual may move along or between three distinct phases, as seen in **Fig. 3.2**. This continuum begins with the notion of being out of work and what this means to individuals and society at large. Being out of work may be short-term and temporary, or it may be long-term in nature. Short-term interruptions may result when someone sustains an injury or illness, and the long term may be physically and mentally in capabilities because of ageing. Following on, the second section is based on the theme of moving into work. There are well-established benefits to being in work: financial gain and positive influences on self-identity, health, and well-being. The third element of the VR continuum identifies the current range of services that may help people keep in work and prevent them from losing their worker role. The main focus is to provide comprehensive occupational health support for their employee.

Functioning capacity evaluation or functioning assessments are core elements of disability evaluation that provide important information on the ability to perform activities relevant to executing physical or cognitive work tasks. The assessment of functional limitations or abilities and influencing contextual factors, such as the client living conditions or the job market situation, is the basis for selecting the appropriate return to work programs to enhance the claimant's potential to perform work tasks and subsequent work participation.

It is the systematic process of assessing an individual's physical capacities and functional abilities and matching human performance levels to the demands of a specific job or work activity or occupation.

With the increase of chronic disease and degenerative disease, an elderly individual can develop a work disability that prevents the individual from continuing to work. This work disability may lead to diminished productivity and loss of income for individuals as members of society.

Points to Ponder

Who is an “Older Worker”

Answer

The United Nation and Indian Government recommends 60+ years as the age or post retirement is considered as older worker.

3.4 VOCATIONAL REHABILITATION PROCESS

The vocational rehabilitation process includes assessment, planning, intervention and evaluation regardless of the setting in which it is practised. An essential element of the VR process is to help the client with a disability or health condition because of ageing and understand and manage how it impacts their occupational participation in work. The details of the VR process illustrated in **Fig. 3.3** guide professionals to assist clients back to work.

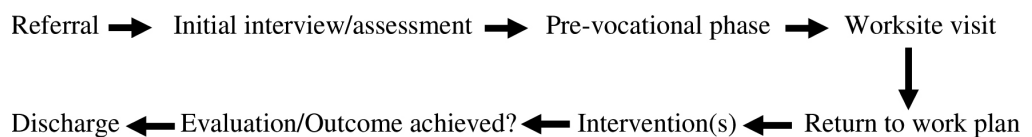


Fig. 3.3: Vocational Rehabilitation Process

From beginning to end, this process takes days, or it may take place across several months. The same VR process pattern is followed regardless of whether the person is currently unemployed and seeking to move into work or whether they have a job that is still open for them to return to. We now look at each of these eight stages to help you understand what is involved in each process step.

Stage 1: Referral

The VR process begins with the receipt of a referral. After all, without referrals, there is no service to provide! This referral may potentially come from a broader range of sources, likely come from medical practitioner sources. To some extent, the referral source determines the outcome you will aim to achieve with your client.

Stage 2: The initial Assessment

This stage includes a comprehensive assessment of the clients by an occupational therapist. The first step is to select the most appropriate venue for the initial assessment. This initial contact may occur at clients own home, their proposed place of work, a community venue, or a primary care centre. Then they explain the purpose of the meeting and gaining consent for the assessment. The assessment meeting is a two-way information sharing procedure, and it is most likely to take the form of a semi-structured interview. The quantity of information needed to gather during this meeting are categorised into three areas:

a. *Health or Medical information:* It is noted that changes in vision, hearing and physical abilities can affect job performance. These changes can usually be easily corrected and accommodated. Following pieces of information are important during an assessment.

- Details of clients illness or health issues
- Relevant past medical and social history
- Intervention received by the clients so far
- Client's physical, cognitive, psychological status

Example: Physical Information

- Is there any present physical impairment?
- If the client is disabled, then for how long?
- Has the client received or is currently receiving any intervention for their present impairment?
- Has the client's disabling condition become worse over the last year?
- How does the client's physical disability impact their daily functioning?

Example: Psychological Information

- Are there any issues related to personal adjustment?
- Has the client ever received any psychological treatment?
- Does the client have a social life?

Example: Cognitive Information:

Age-related cognitive changes typically point to a loss of mental speed, memory and reasoning abilities, which are offset by stability or gains in knowledge acquired through life experiences. There is also evidence that mature workers

develop strategies to maintain performance in the face of declining cognitive abilities. Even for jobs high in processing speed and reasoning abilities (abilities that are expected to decline with age), experience and knowledge matter.

Did you know?

The initial assessment provided key information on the relationship between impairment and functional limitations and thus ascertains a claimant's work disability.

b. *Occupational Performance Information:*

- Client's present functional abilities?
- Client's ADL status?
- Client's outdoor mobility status?
- Client's recreational and leisure interest?
- Client's previous occupational role and experiences?
- Client's thought about entering, or returning to, work?

c. *Work information*

- Employment history?
- Potential barriers to returning to work?

The final part of the initial meeting is often achieved by setting goals or creating an action plan. The formality and the specific details of this plan will vary from individual to individual and from setting to setting. Regardless of these differences, goals should be client-centred and based on SMART principles. That is, the goals should be specific, measurable, achievable, realistic and time-limited since they will lay the foundations for the next stage of the VR process. Onward referral to others may be part of the action plan, such as home adaptations or assistive equipment. Readiness to return to work assessment is also important, and it assists in formulating the plans. The interest to return to work could depend on the client's motivation, satisfaction, value & belief, ongoing complication or disease, etc. In case when a person may not yet be work-ready, we still respect their choice and validate this decision by ensuring that the door is left open for them in the future. On completion of the initial assessment, in most instances, you will need to complete an assessment report and documentation, which outlines your findings, recommendations and any goals you may have set with your client.

Stage 3: The Pre-Vocational Phase

If the person wants to return to work but is currently unable, a pre-vocational programme may be indicated. The pre-vocational training takes place in light and heavy workshops, often situated in the hospital rehabilitation department and will help develop and improve the work skills, behaviours, habits, and routines related to occupation. During the phase, the potential level of risk involved in the person's entering or returning to work can also be assessed. For example, driving simulators are used by an occupational therapist and are appropriate to assess functional capacity, assist in the determination of fitness to drive. In light of this, an additional assessment is sometimes required for greater standardisation and generalisability. Before your client is ready to resume work, it ensures to minimise the risk of harm to them or others. This is a thorough risk management process that involves hazard identification, risk assessment, and risk elimination. Currently, as worker expectations and job demands continue

to increase, the work opportunities for people seeking are becoming scarcer. In order to overcome this barrier, some form of career matching programme and vocational exploration with a client may be helpful. As it is costly and advanced technology involved, it is not often practised in our communities.

Stage 4: The Worksite Visit

After a basic understanding of the client, both as workers and their occupational demands, further understanding their actual worksite and work environment is important in facilitating the return to work process. During the worksite visit, you should be gathering information about the types of jobs, work environment. Worldwide, well-established job categories are available that will help understand the actual work tasks of a particular position or form of work. Some of these categories are:

- Professional, technical, and managerial occupations
- Sales and customer service occupations
- Agriculture, fishery, forestry and related occupations
- Machine and benchwork occupations
- Administrative and secretarial occupations

Each of these categories is further subdivided into several tasks according to social needs and requirements. Occupational professionals have an interest in the roles, functions and skills required to perform a specific job. The workplace environment tells about the actual functional performance skills need to carry out the job tasks. Workplace assessment is an important step to facilitate the VR process and help in selecting suitable duties and tasks. It could also be modified to meet the needs and limitations of the worker.

Stage 5: The Return to Work Plan

This stage is planned in collaboration with the client and the employer and enable the worker for vocational duties. The therapist may outline few recommendations regarding modifications of the workplace environment, a list of tasks that should be avoided at the worksite, indicated activity that needs supervision and provision, or any additional training and support required during a job. A return to work plan contains the precise details of the employee and employer's timing and tasks.

Stage 6: Intervention

In this stage, we will examine a selection of potential interventions that experts may use, such as developing a coping mechanism, providing mentoring, peer support groups, etc. Many occupational therapists use an ergonomics approach such as using the latest equipment, proper lighting, and computers to make work easier, use correct working posture and ease the body's load, thus reducing work-related musculoskeletal disorder. All-inclusive, the intervention is planned to ensure that workers are well-matched with their job and ensure a positive and healthy workplace. A healthy workplace is associated with improved productivity and performance, reduced absenteeism, reduced injuries, improved employee morale, and more.

Stage 7: Evaluation/Outcome

The success of the VR process may often be measured by outcomes, such as whether or not the person enters or returns to work. These outcomes include achieving a better quality of work and greater job satisfaction through surveys and qualitative interviews.

Stage 8: Discharge

This is the final stage of VR process that ideally take place about three weeks after an employee has resumed their full hours and duties. The right time to discharge a client often requires sound judgement. Ideally, this should be when the client's goals have been met and no longer need additional assistance from different stakeholders. Interestingly, ongoing long-term support may be required for older adults who have entered work after a long absence. Discharge, for this subpopulation, should be gradual and over an extended period, ensuring the alternative supports are in place, as necessary.

Check Your Progress 3

What is vocational assessment?

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3.5 VOCATIONAL REHABILITATION TEAM

This section introduces you to some of the different professions, roles, and perspectives of the potential members of a multidisciplinary team in vocational rehabilitation. The VR team is a working group of people who will engage in a planned, shared effort to overcome the barriers and enable the particular individual concerned to successfully achieve their goal to enter, return to, or remain in work. The purpose of a VR team is to give the individual the optimum chance of successfully achieving their work goal. Because older workers typically suffer from chronic health conditions and have multiple health risks, they often require more multidisciplinary care. This means involving those professionals – who are most likely to help facilitate this objective. The approach should be client-centred, coordinated, and collaboratively worked with other key agencies and service providers as part of the VR team. The most basic VR teams will consist of the client, the employer or employee representative and health and vocational professionals. Health and vocational professionals included rehabilitation case managers, geriatricians, nurses, VR consultants, occupational hygienists, and rehabilitation experts. The physiotherapists (PT), occupational therapists (OT), psychologists, and kinesiologists are generally considered rehabilitation professionals. Other stakeholders included family members, friends, union representatives and supervisors. Many professionals involved in teams often have conflicts around who is finally responsible for what aspects of the return to work plan. Some organisations provide training and guidelines to support staff to understand responsibilities.

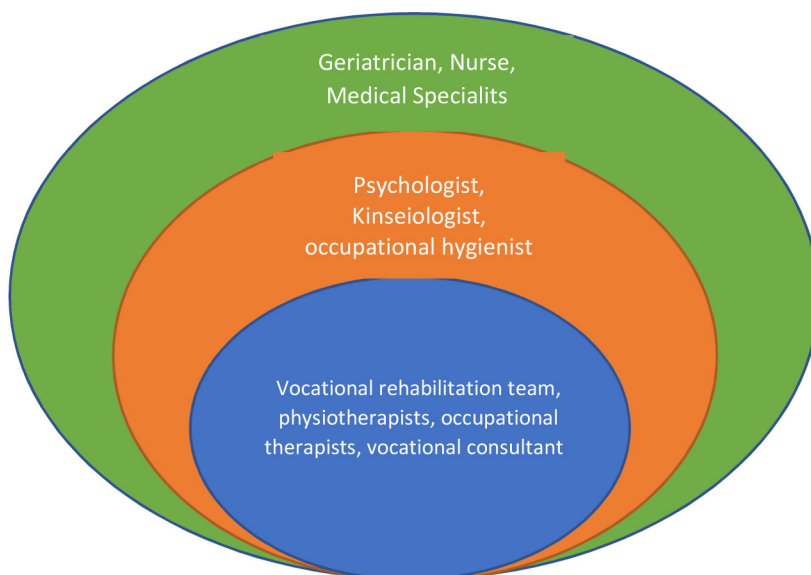


Fig. 3.4: Team diagram

As shown in **Fig. 3.4**, the team structures are like “layers of an onion” in which geriatricians or clinicians, nurses and other specialists are on the outer layer. Their assessment is based on subjective information and had limited knowledge about work or the availability of RTW options. The next layer of the team were people who worked with the team but may not be directly involved, such as a psychologist. The rehabilitation experts directly work with the client and have an idea about the work modification and pre-vocational training.

The **clinician** or occupational physician is medically qualified as a doctor. At present, since there is no formal obligation to gain additional qualifications in occupational medicine, the person may or may not have undertaken specific training in occupational health matters. Apart from their role in medical management, they also coordinate and evaluate and monitors intervention programs.

The occupational oriented health **nurse** is responsible for the health and well-being of employees in the workplace. They are a registered general nurse, sometimes with an additional qualification in occupational health nursing.

The **occupational hygienist** is most likely to be found in the manufacturing sector work as a safety practitioner, often comes from a background in a profession such as chemistry or engineering. They are responsible for assessing risks in the workplace, such as the level of fumes, noise and dust. These hazards may also be biological, for example, bacterial or viral, or psychosocial, such as stress, violence or bullying. The role of the occupational hygienist is, therefore, to understand how these hazards may affect the health of employees, measuring how significant the effects may be, and then finding practical and cost-effective ways of controlling the identified risks to health. They need an understanding of hazard control principles, such as how a process may be modified, ventilation, the use of personal protective equipment, and associated administrative measures that may be introduced.

Psychologists provide full psychological evaluation, including clients' psychological strengths and weaknesses and cognitive behavioural treatment according to their needs.

Did you know?

An inter-professional VR team are essential for successful client-oriented vocational rehabilitation management.

Occupational therapists provide practical support in recovering from injury and illness and overcoming barriers that prevent the pursuit of activities (“occupations”) that matter to the client. These occupations belong to three life areas: self-care, work and leisure. The therapists address these life areas, involving practical and purposeful interventions that promote recovery and overcome barriers to participation in work. These may include:

- Conducting an in-depth assessment of client abilities concerning job requirements, i.e. functional capacity evaluation.
- Conducting a work visit to assess the environments and job requirements at client premises. They are experts in evaluating environmental barriers such as adverse lighting, noise level, enclosed spaces, transport arrangement faced by the client at work and identifying realistic and cost-effective ways for these to be overcome.
- Communicate employer to allow client for a gradual return to work and provide recommendations and reasonable accommodation for client ability for return to work.
- Undertaking a detailed analysis of job tasks in the work settings to recommend reasonable adjustments to the job, including tasks carried out in the workplace and elsewhere.
- Monitoring the return to work process and providing ongoing advice and support to employees and employers for as long as required.

The unique knowledge base on occupation and specific skills make occupational therapists have a pivotal role in vocational rehabilitation and enabling employees to remain at work by improving their work capabilities.

The **physiotherapist** focuses on improving the client’s physical strength, endurance and coordination to help that person return to work. Their approaches include recommended exercise and work ergonomics. Providing access to musculoskeletal disease treatment through the workplace can prevent and reduce absence from work, which is good for individual, save money for the employer and boosts the economy.

In some organisations, **kinesiologist** gives their inputs often to physiotherapists during vocational rehabilitation. They study the mechanics and anatomy of the human body and use scientific approaches to rehabilitate, prevent, and manage the disorder.

Check Your Progress 4

What is the purpose of the multidisciplinary team in vocational rehabilitation?

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3.6 PROCESS AND PRACTICES FOR RETAINING OLDER WORKERS

Retention of an ageing worker is sometimes an interest for employers as they are experienced and skilled by decades of employment. They hold a wealth of institutionalisation knowledge, having important connections in employee networks. Another advantages of older workers were more mature/professional, had stronger work ethics, served as mentors to young workers, and was more reliable. For the same reasons, private companies or institutions often hire ageing workers in leadership, administrative and managerial positions. A productive ageing mindset also supports economic ideas for the society that will suit many manufacturing companies.

Keeping in mind that ageing, by itself, is not an impairment, but a person who has a medical condition often associated with age has an impairment based on the medical condition. If that impairment substantially limits a major life activity, the person may be entitled to accommodations. Workers who become disabled due to age or health conditions may need accommodation at the workplace and modification in working patterns to continue in the job. There are several discrete practices available in the literature for retaining older workers. These include accommodation, updating job descriptions, maintaining and enhancing benefits, wellness and safety programs, effective disability management, etc.

3.6.1 Accommodation

It's a sincere effort to explore and offer reasonable accommodations. There are several accommodative strategies, adjusting work schedule, including job redesign, flexible work hours, telework, providing leave from work, modifying equipment. Employers can make workstations more accessible with more lights, larger fonts, avoiding prolonged periods in one position, designing work to avoid repetitive motion, and ensuring that tools are easy to use for older workers. The following are examples of some of the accommodations that might be useful for workers having age-related limitations.

- When considering accommodation for ageing employees with motor-related impairments, motorised cart tools and stairlifts could be options for carrying heavy items.
- Older workers can use notebooks, planners, or sticky notes to accommodate memory deficits to be effective reminders.
- To accommodate deficits in an organisation, older workers might: allow the use of daily, weekly, and monthly task lists, as well as divide large assignments into smaller; or use the colour coding scheme to prioritise tasks.
- To accommodate deficits in managing time and completing tasks, an employer might: arrange materials in the order of use, with a numerical or colour-coded task list; provide verbal and written prompts and reminders as needed.
- To accommodate hearing and vision deficits, an employer might arrange assistive technology such as assistive listening devices, hearing aids and computer glasses.

- To accommodate deficits in managing stress and emotions, an employer might: allow workplace accommodations, such as flexible work schedules or modified job duties.

3.6.2 Flexible Work Arrangements:

Older adults have additional personal obligations (such as the need to care for spouses or help with grandchildren), worsening health, declining physical energy or stamina, etc. They prefer flexible work arrangements and no longer wish to work traditional full-time schedules. Access to flexibility predicts greater employee engagement, better physical and mental health, and greater satisfaction with the degree of balance achievable between work and family life. Flexible work arrangements include work schedule flexibility, work hour flexibility, place flexibility (e.g., work from home), part-time employment, telework, contract work, and job sharing. An important benefit of flexible work arrangements is that they allow employees to extend their careers with the same employer or in the same occupation or industry instead of moving to self-employment or different fields or sectors.

3.6.3 Part-Time Employment

Part-time employment is a form of work hours flexibility and helps employees balance work and personal life demands. It is very important for many older workers because it allows them to set their own hours, take time off to care for relatives, enjoy more free time, or attend to other life priorities, and work a reduced schedule before completely retiring.

3.6.4 Work from Home

Arrangements allow the employees to work from home or teleworking centres closer to home than their normal workplace. Work from home could have a positive knock-on effect for employees and lower sickness absence rates.

3.6.5 Inter-Generational Learning

Intergenerational learning (IGL) is a learned process in family life, through which the elders share their values, beliefs and tacit knowledge with the youngsters. Activities in IGL are purposefully planning, so that younger people and older adults interact, support, and provide care for one another. The United Nations has advocated for intergenerational learning as a mechanism to promote intergenerational solidarity. The learning could take place in a formal, non-formal, or informal setting. It takes place in the workplace, in educational settings, and in community settings. IGL can be informal in the workplace, such as transferring knowledge on job tasks between older and younger workers and formal through apprenticeship schemes. IGL can be considered a social vehicle that generates a purposeful exchange of knowledge among older and younger generations that are important for older adults' occupational engagement. IGL is not commonly mainstreamed in educational institutions but often involves mentoring students from school or university. Intergenerational learning in community settings involves cooperative community-based activities, such as clubs for hobbies, community building management and public spaces for better use.

Points to Ponder

Advantage of older workers

Answer

Teamwork, loyalty, dedication, service, and sincere regard for their organizations are benefits that come from ageing individuals.

3.8 LET US SUM UP

Helping older adults get employability and be productive members of society can be regarded as one of the most important tasks of vocational rehabilitation. There are many strategies for assessment and monitoring of the return to work process. Importantly, the VR team mobilise the person's strength and abilities rather than focusing on their limitation and weakness. As far as VR interventions are concerned, there is some support for the idea that workplace accommodation, skill training and counselling have a certain effect on the RTW.

3.9 GLOSSARY

Client	: One who has applied for rehabilitation services
Employment	: Work in the competitive labour market the practice of a profession, self-employment, homemaking, farm or family work.
Job Placement	: The finding of employment; the goal of matching a given pattern of job knowledge and skills which a client has with the requirements of identifiable occupations.
Functional limitation	: The resulting restriction in functioning i.e., limitation in the activity of daily living
Retirement	: The act of leaving your job and stopping working, usually because you are old
Return-to-Work	: Is a proactive approach, endorsed by many VR team, designed to help restore older workers to their former lifestyle most safely and effectively possible

3.11 ANSWER TO CHECK YOUR PROGRESS

Check Your Progress 1

Multiple factors may delay rehabilitation, including the individual's severity of impairment, access and response to management, age, preexisting environmental and comorbidities.

Check Your Progress 2

VR is a multi-professional evidence-based approach that is provided in different settings, services, and activities to working-age individuals with health-related impairments, limitations, or restrictions with work functioning and whose primary goal is to optimise work participation

Check Your Progress 3

Vocational assessment is a generic term for an information-gathering process used for rehabilitation planning and identification of vocational goals.

Check Your Progress 4

A multidisciplinary team is a working group of people who will engage in planned, shared efforts to overcome the barrier and enable the elderly concerned to successfully achieve their goal to enter, return to, or remain in work

3.12 REFERENCES AND FURTHER READINGS

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