

Workplace rehabilitation makes sense for both employee and employer

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Rehabilitation is a multidisciplinary team intervention designed to optimise functioning and reduce disability of an individual with a health condition. While rehabilitation cannot reverse or undo the damage caused by trauma, it does restore the individual to optimal health, functioning, and wellbeing.

Rand Mutual Assurance (RMA) is a social assurer that has been compensating injured mine and metal workers for almost 130 years. The company has also come face to face with the eventual social outcomes of its beneficiaries, which are not encouraging for either the disabled workers or their families, despite adequate compensation.

Some of the psycho-social outcomes following compensation are:

- Isolation of the newly disabled worker is common because our societies tend not to 'include' people living with disabilities.
- Anger and depression in the disabled worker can lead to substance abuse (drugs and alcohol).
- Dysfunctional family relationships and high divorce rates are the result of inadequately prepared wives, husbands, or partners.
- Reduced chances of re-entry into the job market result in the deterioration of socio-economic status of the household, with resultant perpetuation of poverty and no chance of educating children of the affected family.
- The ultimate demise of an injured ex-miner is seldom a direct result of the injury; the deterioration of health, poor socio-economics, and neglect are known to be major contributors.

When the total ecosystem of rehabilitation fails to anticipate the psycho-social effects of living with a disability or impairment, families and communities are left with the burden of caregiving with little training, and no capacity to contain the anger or depression of the disabled worker.

Even though rehabilitation makes sense for all individuals concerned, 50% of known disabled workers never receive the rehabilitation they require.¹

IMPLICATIONS OF DISRUPTED REHABILITATION FOR THE EMPLOYER, EMPLOYEE, AND FUNDER

The employer: some employers have been known to terminate injured workers without allowing an opportunity for rehabilitation or accommodation in work. The experience of carrying long-term absenteeism, with no progress or positive outcomes, tends to frustrate both the employer and employee.

The employee: most employees come into big towns or to the mines to seek job opportunities. When they get injured, their rehabilitation is disrupted when they are discharged to go home to their villages. No access to rehabilitation and loss of contact with the employer result, ultimately, in loss of benefits of early intervention mechanisms. Some employees who have access to intensive rehabilitation refuse it, driven by either ignorance of the benefits or mistrust in the compensation system.

The funder: claims administered tend to utilise most resources while the claimant is in hospital only. There is a population that tends to be lost to follow-up once they are discharged, or if they are lucky to reach a rehabilitation professional, they only receive a portion of the rehabilitation benefit. The funder, in most cases, is given no comfort as to whether medical benefits are in line with rehabilitation standards or not.

THE REGULATORY ENVIRONMENT

Albeit fragmented, there is sufficient legal framework in South Africa to support the maturation of the existing rehabilitation ecosystem. Chapter VIIA in the Compensation for Occupational Injuries and Diseases (COID) Amendment Act, covering rehabilitation, re-integration and return to work (RTW), informs an approach to rehabilitation and drives return to work of employees.

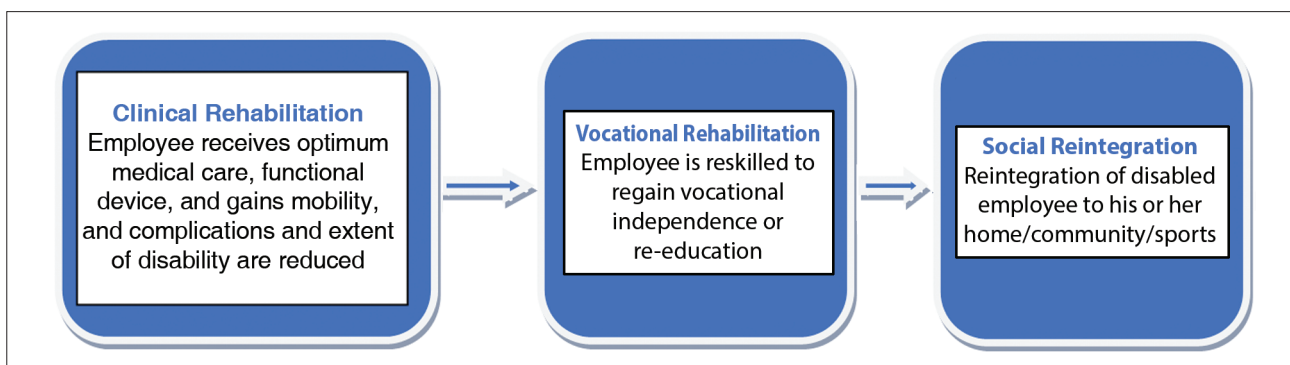


Figure 1. Rehabilitation pillars model

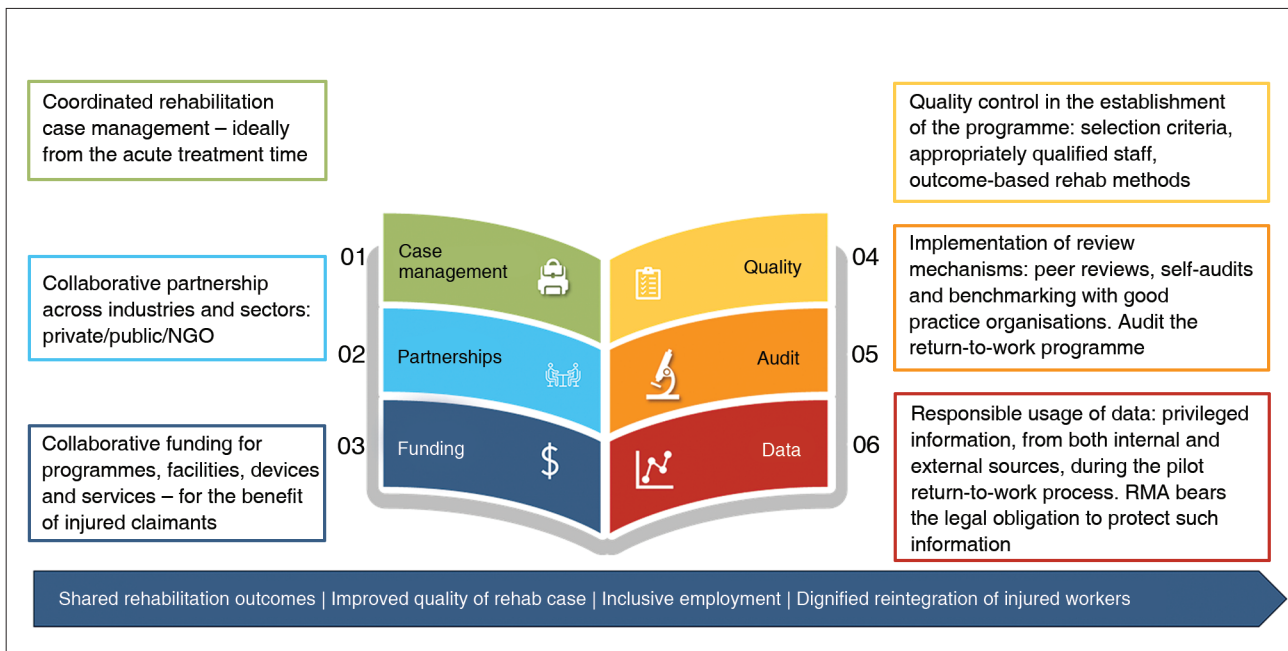


Figure 2. Coordinated case management

The regulation is complemented by many other regulatory frameworks:

- The South African Constitution (recognises specific rights for people living with disabilities)
- The Labour Relations Act
- Employment Equity Act (Code of Good Practice on Employment of Persons with Disabilities)
- National Health Insurance (pending)

RMA PILOT REHABILITATION PROGRAMME

As a social insurer, RMA has committed to rolling out a pilot rehabilitation programme ahead of the promulgation of the COID Amendment Act of 2020. The programme is anchored by the ‘three pillars’ of rehabilitation model, as depicted in Figure 1.

RTW and workplace rehabilitation remain contentious matters for many employers, because the art and expertise of rehabilitation does not reside inside a mine or a factory. Most employers do not have the training or capacity to extend or explore ‘inclusion’ mechanisms for a disabled employee.

RMA has launched its pilot rehabilitation programme to address these capacity limitations, by implementing the three rehabilitation pillars model with mining members. Figure 2 shows how case management will be coordinated in the programme.

Coordinated rehabilitation models are employed and applied in both developed and developing countries. Most of them require an inclusive and creative approach from the stakeholders. It has been found in most cases that pooling of resources matures the rehabilitation ecosystem, with little or no monetary investment.

SUMMARY: KEY FACTORS IN WORKPLACE REHABILITATION AND RE-INTEGRATION

- Rehabilitation is a multidisciplinary team intervention designed to optimise functioning.
- Coordinated rehabilitation case management reduces frustration and eventual perceived ‘neglect’.

- Timely access to appropriate medical treatment and vocational rehabilitation is critical to self-sustainability of the injured, ill, or disabled worker.
- For the employer, it is necessary to shift the focus from deficits and incapacity towards ability.
- The benefits are compelling when focused stakeholders are committed to RTW.
- Worker commitment to wellness is the fulcrum of rehabilitation.
- Pooled resources, that make both vocational rehabilitation and social reintegration possible, tend to yield the best outcomes. Models exist in which intergovernmental collaborations, with NGOs and insurance funders, have created collaborative funding tools and resources focused on vocational reskilling of injured workers. Such collaborations create easy access to services/jobs/tools for reintegration.

CONCLUSION

RMA’s pilot rehabilitation programme aims to inspire discussion and motivate action towards collaborative rehabilitation and reintegration of injured workers. Rehabilitation is not just the right thing to do; it also restores a moral right of the injured worker to dignity.

REFERENCE

1 South Africa. 2023. Draft Rehabilitation, Reintegration and Return to Work Regulations. Compensation of Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993). Available from: <https://gpwonline.sharepoint.com/sites/gpw-web/Shared%20Documents/Forms/AllItems.aspx?ga=1&id=%2Fsites%2Fgpw%2Dweb%2FShared%20Documents%2FGovernment%2F48787%2015%2D6%20NationalRegulation%2Epdf&parent=%2Fsites%2Fgpw%2Dweb%2FShared%20Documents%2FGovernment.>