

## SpinalWorks and Vocational Rehabilitation for People with Recent Spinal Injuries Project

### Information for Teacher Consultants - Physical

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This information kit contains:

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### Introduction

SpinalWorks was an early intervention approach to vocational education and training after traumatic spinal cord injury. It expanded on earlier projects which have delivered training and support to people who are in spinal acute and rehabilitation units after spinal cord injury.

In 2006, the Board of Vocational Education and Training (BVET) has provided funding for a project officer to do the following:

- 1) Maintenance of service and coordination to existing and new Community Participation Project (CPP) clients
- 2) Dissemination of information about the SpinalWorks project
- 3) Research into:
  - ✳ project improvements to maximise client integration into vocational education and training (VET)
  - ✳ implications of the Lifetime care package
- 4) Education based on research findings

The underlying objective is to ensure that TAFE is strategically placed to be a frontrunner in the new environment for the provision of early intervention VET to people with spinal cord injury.

**To continue improving our service we need your help.**

**From late May and continuing into April the project officer will be contacting TAFE Teacher Consultants (Physical) to gain insights into current practice and need.**

This research is particularly interested in:

- ✳ the referral process
- ✳ co enrolments
- ✳ skills availability and shortfalls
- ✳ potential areas of collaboration
- ✳ attitudes and experiences related to distance learning and e learning
- ✳ highlighting and utilising best practice.

## General information on traumatic spinal cord injury

Each year in Australia, there are about 300–400 new cases of SCI to an estimated prevalent SCI population of about 8,500 cases. Based on 1988 cost estimates<sup>1</sup>, the ongoing costs associated with the long-term care of the prevalent population of about 8,500 is estimated to be about A\$285 million per year.

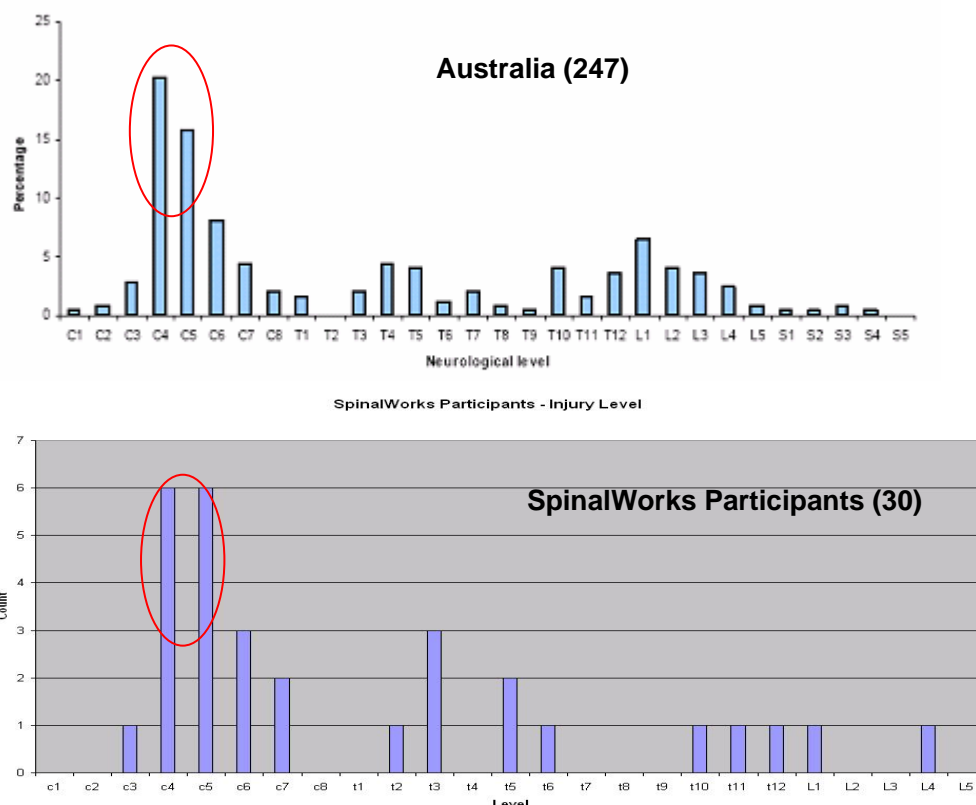
About 60 – 65% (>230) of new SCIs cases are acquired from traumatic causes.

The main causes are approximately:

- 50% Motor vehicle accident or road use
- 30% Falls
- 10% Water and sports injuries
- 10% Other causes

The following graph shows the distribution of spinal injury from traumatic causes in Australia in 2003-2004<sup>2</sup>. The national distribution closely mirrors that of the SpinalWorks group. This is significant considering that the high number of higher level injuries, as seen in both graphs, has greater needs in terms of technology and assistance.

**Figure 1**



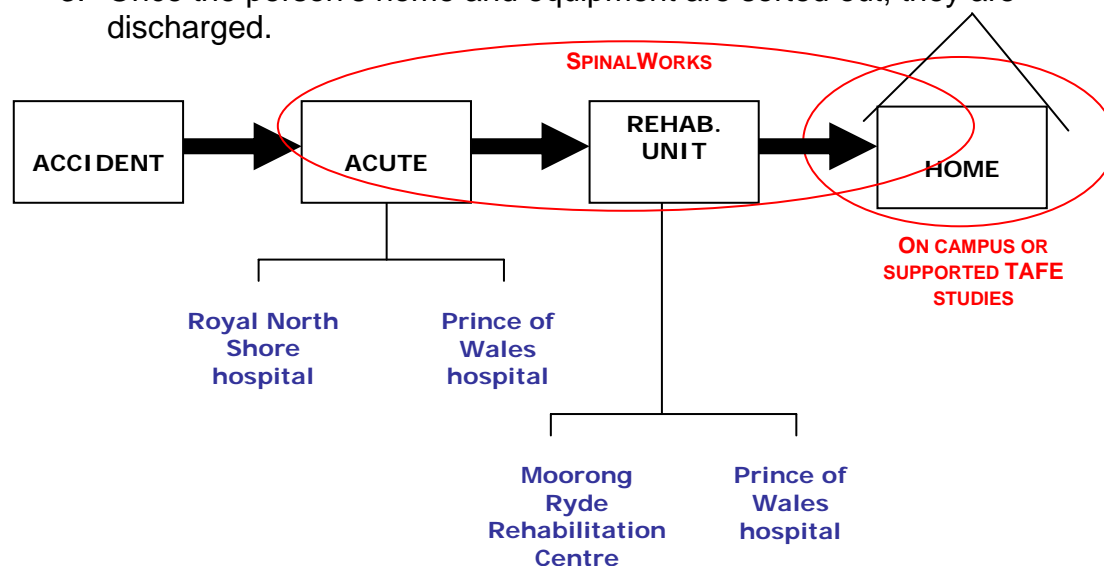
<sup>1</sup> Walsh J 1988. 'Costs of spinal cord injury in Australia'. *Paraplegia* 26 (6):380–8.

Walsh J & De Ravin J 1995. 'Long term care – disability and ageing. Sydney', The Institute of Actuaries of Australia.

<sup>2</sup> Cripps, R. 2006, Spinal cord injury, Australia 2003–04, Injury Research and Statistics Series. No. 25

## Traumatic SCI in NSW – treatment after injury

1. In NSW when someone has an accident affecting their spinal cord, they are first placed in one of the two spinal acute care units in NSW; either Royal North Shore hospital or Prince of Wales (POW) hospital.
2. Once the person has stabilised, they are then transferred to a rehabilitation unit (Moorong or POW) where physiotherapy and occupational therapy occur. In addition it is during this time that discharge planning occurs. Necessary home modifications, home care and equipment are also organised at this point.
3. Once the person's home and equipment are sorted out, they are discharged.



## TAFE involvement in the spinal units and the SpinalWorks project

The spinal unit based teaching initiatives have been in operation for several years. Since 2000 these projects have utilised Australians Working Together and BVET funding to provide vocational education and training opportunities and intensive learning support to over 200 people with spinal injuries.

The goal of SpinalWorks was to assist participants in the transition through VET programs, commencing in the acute rehabilitation phase through to community placement; including career planning and employment transition planning.

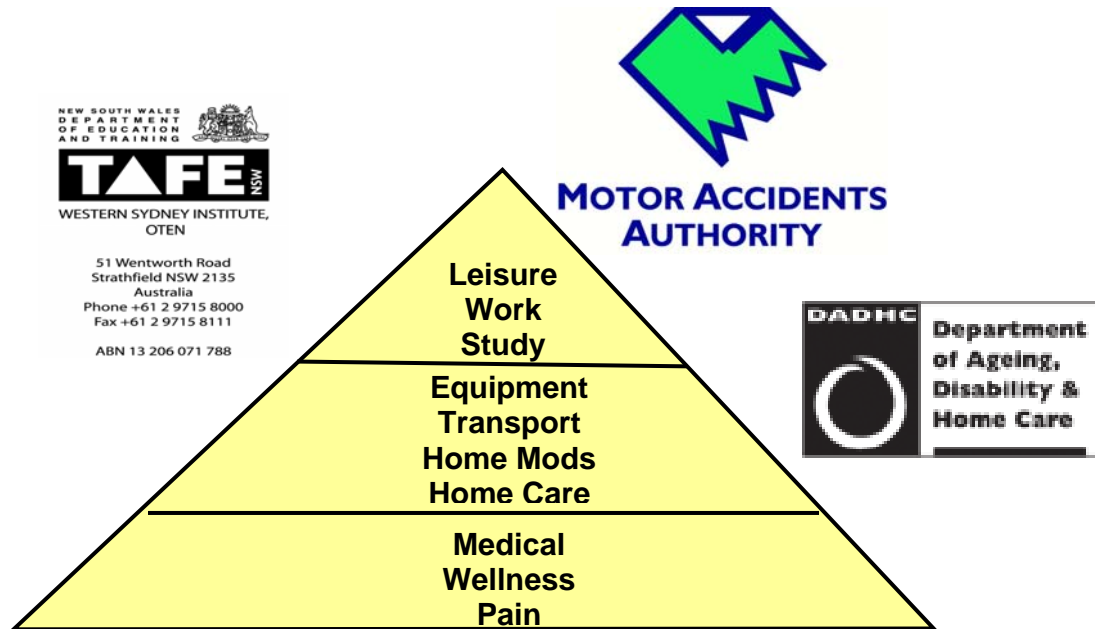
### The Community Participation Program (CPP)

SpinalWorks is closely linked to the CPP which is a joint initiative between the Motor Accidents Authority (MAA) and the Department of Ageing, Disability and Home Care. The overarching goal of the Community Participation Project is to improve rehabilitation through early intervention and efficient coordination



among interagency services working with people with recently acquired spinal cord injuries.

The CPP is also a pilot and precursor to the LifeTime Care and Support Authority which has recently been legislated into existence by NSW State Parliament.



### Teaching and learning

Training is delivered through three TAFE NSW institutes: WSI-OTEN, Sydney and Northern Sydney. Approximately 25 to 30 clients are receiving support and training each week. Over 30 hours face-to-face teaching is delivered each week.

Many of the project participants chose to enrol in distance education courses which means they can work at their own pace regardless of their location or mobility. A number also co-enrolled at face-to-face colleges.

### Coordination

Effective coordination of VET provision to this client group was identified early in the Vocational Rehabilitation Project as an important factor in providing the integrated support which can be critical in successfully readjusting to life after injury.



In 2004 BVET funding allowed the commencement of the SpinalWorks program. A full-time coordinator commenced in December 2004 and was responsible for performing the following duties:

- ✦ coordinating the delivery of vocational courses across the three spinal units in Sydney
- ✦ working closely with coordinators from the MAA
- ✦ facilitating interagency partnerships
- ✦ visiting the rehabilitation units to provide vocational counselling and course advice
- ✦ enrolling students in flexible and appropriate learning programs
- ✦ liaising with TAFE NSW vocational teachers and teacher consultants
- ✦ providing advocacy to ensure students receive equitable treatment and reasonable adjustment
- ✦ dispatching learning materials to participants
- ✦ procuring and distributing adaptive technology and other project equipment
- ✦ supporting clients after discharge from rehabilitation units.

The project also fulfilled formal milestones including:

- ✦ A literature review into the issues impacting the participation in VET training of people experiencing spinal cord injury
- ✦ Development of a designated project website: [www.spinalworks.net.au](http://www.spinalworks.net.au)
- ✦ Production of an information pack for clients who are to be discharged from the rehabilitation units

## Case Studies

### Case Study One

Student X had an accident resulting in complete T9 quadriplegia. He was contacted by an OTEN teacher while he was in an acute spinal hospital unit. He began training in adaptive technologies and computer operation which he had little experience with prior to his accident. During his time in rehabilitation he became competent in both areas and began to explore his vocational retraining options with the coordinator. He made a decision that he would like to retrain but stay in the automotive industry where he had previously been employed. The coordinator made contact with the Teacher Consultant from his nearest campus and after discussion, it was agreed that a co enrolment would be the most appropriate way of enabling a graduated return to face to face study. In practice this meant that in the first semester the student studied 2 subjects by distance through OTEN and one subject face to face on campus at his nearest TAFE.

The teacher consultant's flexibility and use of co enrolment meant that the client is nearly finished a Diploma, after which he hopes to start looking for work in his new field.

### **Case Study Two**

Another client from the farming sector had an L1 injury after a work related accident. After meeting the SpinalWorks coordinator in the rehabilitation unit and discussing training options, he received training in computer operations and office applications useful to running a small business. On return home he was referred to the local Teacher/Consultant Disability and Welding teaching section. He was enrolled and supported in an on-campus Statement of Attainment course in Farm Welding, and has successfully completed a semester. In addition, the coordinator organised a loan computer and Internet account, as well as ongoing computer tuition through the local TAFE Business teaching section.

These computer and welding courses will enable him to broaden his skill-base for working on and managing his farm. Coordination, referral and the involvement of all teaching and support sections when working as part of a team can maximise opportunities for the transition into vocational planning and training after injury.

### **Case Study Three**

When he had his accident, the client was studying at university and was into the fourth year of a five-year double degree in Commerce and Law. He finished the Commerce component, in Human Resources and Marketing. He was just about to do his fourth year exams when he had his accident, which resulted in C 5-6 complete tetraplegia.

To finish the Law component, he needed to do another one and a half years of study. He re-enrolled in his degree but owing to the demands of his rehabilitation had to wait until the second semester of the year to restart. Using the Employment Skills 9422 course he enrolled in a MYOB subject to augment his Commerce degree.

This client had a lot of existing computer expertise but during his time in rehabilitation had to adapt to his changed circumstances, which he did through tuition and use of the project's adaptive technologies and software. In addition, with the assistance of the SpinalWorks coordinator and his teacher, the client successfully applied for a \$5000 scholarship, which allowed him to buy adaptive technologies and study materials for use when he returned home and to his university studies.

The use of the 9422 Employment Skills course meant that a highly motivated student did not lose contact with the study process while waiting to resume his tertiary studies.

### Case Study Four

Another client had a high-level SCI as the result of a sport-related accident. Due to unconsciousness at the time of injury it is likely he sustained a brain injury in addition to C6 Quadriplegia. He is not fluent in English, his academic achievement was not to a high level and he appears to have some learning difficulties. Furthermore, he has a young family and struggles financially, which although not directly related to his studies, can have a major impact on both motivation and ability to study.

After consultation with the teacher consultant from his nearest TAFE, it was decided to place him in a supported class. This has provided an environment, where specialist educators are aware of, and able to cater for, his particular needs.

Multiple disabilities and complex needs require a coordinated team-based approach.

## Conclusion

### 1. The right time for intervention

Throughout the project and in the literature the need for allowing for individual differences in the timing of VET interventions has emerged as a key issue. The time frames required to support these clients require long-term relationship building between agencies and flexibility in the practices of the enrolling organisations.

### 2. Provision of support services across TAFE Institutes

There is a need for a consistent approach across institutes and colleges to ensure equitable access for all. A degree of flexibility and proactivity are also required when accommodating the reasonable adjustments necessary to ensure students with physical disabilities have an equal chance of success in the TAFE system.

### 3. Co-enrolments

It is recommended that the use of co-enrolments between OTEN and face-to-face TAFE colleges be further developed and utilised as a means of providing flexibility and maximum support for clients during integration into training after injury.

