

“You Bring Me a New Life” – Returning Those Injured on the Job to Employment in Thailand

The Challenge

Not long after the Thai Government enacted workers' compensation legislation in 1974, it discovered that thousands of on-the-job injuries occurred each year. Many injuries left young workers disabled in some way. The Government also realized that, once injured workers collected their compensation, almost all returned to their rural villages, which offered little chance for decent work.

Officials in the Social Security Office responsible for workers' compensation believed that people disabled by work-related injuries could still be productive. To their thinking, workers could retain their independence if they were taught new skills appropriate to their new reality. The challenge was how to do it.

Meeting the Challenge

In 1980, the Thai Government sought assistance from the ILO for a feasibility study on building an Industrial Rehabilitation Centre. Two years later, the Japan International Cooperation Agency (JICA) offered Thailand's Social Security Office five years of grant aid for buildings, equipment and technical support for such a centre. For its part, the Thai Government provided funding to buy land, install infrastructure and cover other expenses. Designed to help those facing the trauma of injury, loss of work and the resulting disruption to their lives and families, Thailand's Industrial Rehabilitation Centre (IRC) opened in 1985.

With 90 current staff members serving about 200 individuals each year, the IRC provides comprehensive medical rehabilitation, vocational preparation, job training and psychosocial and independent living services.

The Good Practice: Helping workers injured on the job return to work or find new employment.



• Background •

Thailand's workers' compensation law originally provided for vocational rehabilitation services. Then, in 1974, the Workers' Compensation Office started paying for hospitalization, even though hospitals offered only limited rehabilitation services at that time. As work-related injuries and rehabilitation needs increased, the Government identified the need for a specific organization devoted to rehabilitation and thus, in 1985, established the Industrial Rehabilitation Centre.

The Social Security Office of the Ministry of Labour operates the IRC. The Government provides a budget for the IRC's services from interest earned on the Workmen's Compensation Fund, which covers an injured worker's medical and vocational rehabilitation costs. The IRC dormitories and food are free, although other costs that exceed what is allowed during the rehabilitation process must be covered from another source. To cover the expenses that exceed allowable costs as well as costs associated with additional medical care, assistive devices, artificial limbs, start-up business loans or social activities, the Social Security Office established an NGO to assist the IRC. Known as the Kunakorn Foundation, the NGO has received Royal Patronage recognition from Thailand's monarchy and as a private entity enjoys more flexibility than the Social Security Office in seeking donations. The foundation makes funds available to clients whose vocational training costs are not covered by their workers' compensation.

Located in a suburb of Bangkok, the IRC accepts injured workers aged 15 years and older with job-related injuries or disabilities. However, the centre required workers to manage their daily routines on their own and to make certain that rehabilitation will improve their ability to work. Originally, the IRC opened to 100 people. Now it operates at full capacity with 200 clients, 80 per cent of whom are men.

• The Structure of the IRC •

The IRC runs a comprehensive rehabilitation programme. Its philosophy recognizes that each person seeking help has unique needs. During the admission process, a team of staff members counsels new clients in making decisions about their career path – do they want to return to their previous jobs, or do they want to learn new skills? If they have no idea what they want, they can observe other trainees and talk with staff people about options. An individual rehabilitation plan is developed in accordance with the person's history, physical condition and work intentions. Experience shows that many trainees who originally planned to return to their previous job in fact discover new potentials within themselves and, as a result, train for different careers.

Vocational rehabilitation typically coincides with trainees' medical rehabilitation period, which also takes place in the IRC compound (with visits to a hospital when needed). If the rehabilitation period extends longer than planned, a trainee incurs greater expenses. In such cases, the Kunakorn Foundation or other sources pay for rehabilitation until the trainee completes his or her rehabilitation plan.

Basic procedures. The basic procedure for rehabilitating workers is as follows:

- Admission and planning include an interview, tests and a rehabilitation evaluation for both medical and vocational needs;
- Workers have up to two weeks during the admission process to acquire information about options, to participate in an orientation session and to observe other trainees before making a plan;
- A counsellor is assigned to each trainee; and
- Trainees spend one-half of their IRC day in medical rehabilitation and the other half in job training, plus in recreation or other activities.

Medical rehabilitation. Medical rehabilitation is aimed at helping workers restore physical functions. The multidisciplinary team of 16 medical staff, including two nurses, five physical therapists, three occupational therapists, three prosthesis and orthotic specialists, assistants and other consulting doctors, allows for a full range of rehabilitation interventions according to the needs of injured workers. The team refers to outside services for corrective and reconstructive surgery or for other needs that the IRC is unable to meet.

ICR Services Help Keep Families Together

Six years ago, Aree Wongsam's right arm was snagged by a hook in the meatpacking factory where she worked. She survived the accident but lost her arm. Overcome with depression, she feared the loss of her job and worse, her husband and child. She worried her baby might reject her because of the disability. While Aree went through medical rehabilitation, the IRC helped her obtain a childcare allowance from the Kunakorn Foundation. Aree spent many sessions with a counsellor and a social worker in learning how to cope with the change and how to deal with her family. She took advantage of the education courses available at the IRC and completed ninth grade studies. She was able to maintain her job at the meatpacking factory, and her husband works part time to help take care of their son and the housework. And her son, now seven, has no hesitations about kissing his mother's artificial arm.

Psychosocial services. As part of its holistic approach, the IRC devotes considerable attention to psychological and social rehabilitation. After their accidents, most injured workers lose their self-confidence, experience shame and sometimes suffer from depression. Their injuries are often the result of a severe traumatic event that affects all aspects of their lives, particularly family and community life. Injured workers often believe that their options are limited. The IRC's mission stresses the importance of preparing workers to face the changes in their lives.

The "resort-like" setting of the IRC offers injured workers a sanctuary from the trauma they have experienced. (Most people who take advantage of the IRC's services live at the IRC facility.) The exposure to people who have had similar experiences provides emotional support to the workers, especially new arrivals. By living together, injured workers are likely to share their stories and benefit from peer support. They also discuss their problems in one-to-one counselling sessions.

The other activities available in addition to rehabilitation include sports, music and meditation classes. Some trainees perform so well in athletic activities that they go on to participate in the Far East and South Pacific games for people with disabilities.

Family and financial services. Funded by the Kunakorn Foundation, social workers address issues related to family livelihood. For instance, social workers make home visits to advise families as to how they can adjust their routines and physical space for rehabilitated trainees upon their return.

Though families cannot live with trainees while they are in residence at the centre, the IRC takes a flexible approach for mothers with small children. It arranges a temporary nursery for them during their rehabilitation. In addition, the IRC helps coordinate assistance to cover baby food expenses and provides job guidance to spouses. In some cases, staff members help find jobs for spouses. Ruangrong Deepadung, the IRC director who recently moved to a new position, explains, "It is critical to take a holistic approach in working with people who come to our centre. But the rehabilitation will not be effective if their minds are unsettled from worrying about all the problems and responsibilities coming with them. Who will take care of their children? Where will they get the income? This is why we try to help out as much as we can."

Training of workers able to return to previous employment. A type of training termed "work preparation" helps workers refine the skills needed in their previous place of employment. Work preparation is usually a short course that runs for up to four months. The IRC staff work with employers to arrange suitable training according to a return-to-work plan. In most cases, however, trainees do not return to the same job because of the trauma they experienced and the limitations resulting from their disabilities. In the work preparation unit, skills training focuses on computer work, electronics assembly, bicycle repair, handicrafts and wood, metal and machine work.

A Former Safety Manager Offers Advice about Safety and Rehabilitation

Narong Limprasertporn worked as a safety manager at an auto parts factory until he was electrocuted on the job. The accident caused him to lose both legs. While going through medical rehabilitation, Narong learned to work with computers and to navigate in a wheelchair. As soon as he had regained his mobility, he drove himself to his former place of employment where he fortunately found a different but suitable job.

“You have to have strong determination to go back to work and good discipline in rehabilitation,” he says. “And make sure you keep one foot at your workplace so they don’t forget you.” Narong is now an avid speaker on safety for his company and other organizations. He has made special arrangements with his company and the IRC to return for rehabilitation services and constructive surgery when necessary.

Vocational training for workers needing new employment possibilities. Injured workers who cannot return to their previous job enter the more intensive vocational training process to develop new skills. Courses typically last from six weeks to a year. The staff includes 25 full-time instructors, including two with disabilities – an electronics teacher with an artificial leg and a teaching assistant in dressmaking who works with two artificial arms. Skills cover electronics, clerical work, small-engine repair, machine tooling, work, welding, woodworking, light printing, refrigeration and air conditioning, tailoring and industrial sewing. IRC instructors often organize internships and on-the-job training, especially for those who want to work in an electrical repair shop or in factories.

All skills training takes place in a classroom or an IRC workshop, with 11 workshops available for 15 job-training courses. Even though the IRC offers no sheltered workshop, the trainees who take a handicraft or woodworking course may earn some money from the sale of items produced as part of their assignments.

Entrepreneurship and special short courses. A new addition to the IRC’s menu of vocational training offerings is short courses organized in response to trainees’ requests. Courses range from a half-day to a few days and generally focus on setting up a small business such as hairstyling, farming or selling food or drinks. Specialists from academic institutions, NGOs and government agencies, along with experts in specific fields or successful vendors and shop owners, volunteer as guest trainers for the short courses.

Following a trend toward small and medium enterprise development, the IRC designed a special course called “young entrepreneur”. The course largely focuses on setting up and running a business. The IRC staff teach the course, but guest speakers, such as

successful alumni, frequently participate to share real-life experiences. The course is available three times a year for groups of 20 that express an interest in self-employment. The Kunakorn Foundation provides interest-free loans to graduates who want to start businesses.

Adult education classes. Most of the injured workers who participate in IRC courses have completed only a primary education. Accordingly, the IRC partners with the Ministry of Education and uses its classrooms after hours and on weekends for formal adult education. Classes are open both to IRC trainees and outsiders.

Employment services, discharge planning and follow-up. IRC graduates receive a certificate (nonaccredited) upon completion of their courses. Typically, trainees in the work preparation course are sent by their company. Thus, the company staff and the IRC work together with the trainee to plan training and discharge. Unfortunately, for those in vocational training interested in finding a new job, the IRC lacks a standard job placement service. However, instructors use their personal contacts to help graduates find employment. In addition, graduates are referred to the local Social Security Office and other service providers in their home communities. Job leads also result from media exposure. For example, a Thai television programme invites agencies and businesses to celebrate their anniversaries by talking about their activities and achievements of the previous year. When IRC officials participate, they generate several job offers for IRC graduates. Visitors to the IRC often provide connections to jobs as well.

The IRC does not have the resources to follow up with trainees after they leave the programme. Unless trainees return to the centre for an IRC anniversary event or to meet additional needs, the staff are not aware of their successes or difficulties. Staff members do, however, link clients to community-based organizations for follow-up assistance. The IRC has been coordinating with the Social Security Office and its regional branches to help with follow-up activities. When requested, the IRC will send a staff person to help a former trainee.

The IRC relies on a mailed questionnaire to collect updated data from its graduates. Questions cover family status, problems faced in the workplace, employment status, use of artificial hands or legs and so forth. Unfortunately, this method is not reliable because nearly half of graduates move after leaving the IRC and the questionnaire never reaches them. The development of a more reliable system for updating information and following up with graduates is an IRC priority for the near future.

Accomplishments

More than 2,600 injured workers have reclaimed their work abilities through the IRC. According to IRC estimates, about half of each year's trainees since 1998 have returned to their previous place of employment; about 40 per cent have become self-employed; and the remaining 10 per cent have found new jobs. Given that the IRC has not instituted a formal follow-up procedure, these figures are based on projections or the situation at discharge as well as on estimates returned from answers to mailed questionnaires and other informal sources.

"You bring me a new life," is a rewarding statement staff members frequently hear from the trainees, according to Ruangrong Deepadung.



Lessons Learned

The IRC recognizes that the process of returning seriously injured workers to some form of employment poses significant challenges. The following lessons might provide guidance to other vocational rehabilitation professionals in their rehabilitation efforts:

A holistic approach makes a critical difference. The IRC realizes that an injured body cannot be completely restored with just rehabilitation and skills training. Services must address emotional needs and the injured workers' social situation.

Small business development is an option for many permanently injured workers. Many workers do not return to their former jobs or even to formal employment, especially when a slumping economy means a scarcity of jobs. Training programmes should recognize the various paths to employment and, in the context of rapid economic change, provide courses in small business development, business start-up credit and links to follow-up support.

A rehabilitation centre must engage family members. Engaging family members in the rehabilitation process helps workers gain confidence and acceptance. Family support involves social worker visits to the family home while the injured person is undergoing

rehabilitation. Discussions should focus on how the family can help the disabled worker when he or she returns home without creating dependency.

Links with the former employer/job can be critical. The link between the employer and the injured worker is important, especially if the injured worker plans to return to work with that employer. The injured worker will benefit from the support of his or her employers and co-workers and the knowledge that a possible job is available after rehabilitation.

Programmes must prepare injured workers for the realities of returning home. Many injured workers experience a host of reactions, such as pity and discrimination, when they return home. The barriers and challenges to independent living at home differ from those at the IRC. Realistic preparation for these challenges is necessary to ensure trainees' successful integration in to their home community.

Many assistive devices are simple but can open up tremendous work options. Sometimes an injured worker simply needs a particular device to help him or her accomplish certain tasks. For example, a person with a prosthetic arm who has taken up farming needs an adaptation to handle a sickle. Similarly, a trainee with quadriplegia is unable to get a proper grip or maintain fine movement when using a soldering iron. He or she needs special gripper handles with fingers and a thumb supporter to assist finger movement so that he or she can pick up lead for soldering or adjust the soldering iron handle for ease of gripping.

Jobsite visits can be extremely effective. Many instructors use their connections with business and industry to set up worksite visits, on-the-job training and trainee internships. Trainees can see their options first hand and practice their skills in supportive settings. They gain confidence in their abilities and potential for work. Employers change their attitudes by watching injured workers perform successfully.

Training must keep pace with labour market trends and job opportunities. The IRC staff, some of whom maintain employment in the private sector and thus are aware of the job market, also study job listings. Their insights periodically prompt them to adapt the training programmes according to changing labour market needs so that graduates leave with marketable skills. In Thailand, most new jobs will be created in the informal sector, and the IRC is responding with new programmes in small business development.

An active public outreach programme is important. The IRC invites visitors to the centre, especially visitors from company human resource departments. "It is important that employers see for themselves what our trainees can do and how they do things," says Somsak Kanaprasertkul, an occupational therapist at the IRC. Employer visits not only help build the network of job possibilities but also raise awareness about accessibility. Employers are then more likely to create a disability-friendly environment in their workplaces.

Looking Forward

The IRC plans to expand its course offerings in response to an increase in small business opportunities in the labour market's informal sector. Vocational trainers and rehabilitation staff members are working with university professors to improve entrepreneurship training. The IRC also plans to work with technology-oriented institutions to develop assistive devices, such as new ways to use computer keyboards. In addition, the IRC, with Social Security Office funding, plans to expand and build four facilities in different regions to provide services closer to the homes of many workers. The IRC will also move toward establishing itself as a Southeast Asia regional training centre for rehabilitation staff from other countries. It will accept eight participants in 2004.

Because of the difficulties with graduates moving and thus not receiving the IRC follow-up questionnaire, the IRC is exploring other ways to keep track of the progress and problems of its graduates.

Replication

Creating a centre of the scope and size of the IRC requires a commitment on the part of government, a significant financial outlay, the availability of trained staff, expert consultation and guidance and, often, legislative and policy support. However, even a small rehabilitation or vocational training programme can turn to the IRC model if it plans to serve injured workers. The following considerations should be factored into the development of a service programme:

- Reach out to injured workers. Many vocational and rehabilitation programmes focus on people disabled since birth or by other causes and neglect individuals with industrial injuries.
- Build on their experience. Injured workers need and want recognition of their background and work experience as they undergo rehabilitation and prepare for new job positions. Their workplace knowledge is a strength.
- Advocate for the incorporation of vocational as well as medical rehabilitation provisions into laws covering workers' compensation and social security benefits associated with on-the-job injury and related matters.
- Add vocational training components to medical rehabilitation centres. As injured workers undergo medical rehabilitation, they could also explore and consider vocational options or even participate in vocational training.
- Seek employer input. It is important to work with employers, employer associations and government agencies that provide labour market information to ensure that training programmes are up to date and respond to labour force needs.

- Incorporate psychological consultation, social activities and spiritual elements into existing work or training programmes to create a holistic approach to medical and vocational rehabilitation.
- Identify or create a nonprofit organization (funding foundation) to subsidize services. A comprehensive rehabilitation centre requires a certain budget and considerable flexibility if it is to operate successfully. A government agency such as the IRC, which relies on the private Kunakorn Foundation, does not enjoy the unrestricted use of funds.
- Coordinate with different organizations, both government and private, to expand a programme's capacity in various aspects of rehabilitation, training and employment.

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