



He Kaupare. He Manaaki. He Whakaora.  
Prevention. Care. Recovery.

# Vocational Rehabilitation Services

## Operational Guidelines

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March 2025

This is a living document and will be updated as and when required.



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## Useful Contacts and Telephone Numbers

Service Name	Contact Details
Contracts Administrator and Procurement Partners	0800 400 503 <a href="mailto:health.procurement@acc.co.nz">health.procurement@acc.co.nz</a>
Client/patient helpline	0800 101 996
Digital Operations eBusiness help	0800 222 994 (option 1) <a href="mailto:ebusinessinfo@acc.co.nz">ebusinessinfo@acc.co.nz</a>
Engagement and Performance Managers	Engagement and Performance Managers can help the Supplier to provide the services outlined in your contract; contact Provider Contact Centre or go to the ACC website - <a href="#">contact our provider relationship team</a> for details of the Engagement and Performance Manager in your region.
Provider Contact Centre	0800 222 070 <a href="mailto:providerhelp@acc.co.nz">providerhelp@acc.co.nz</a>
Provider Registration	04 560 5211 <a href="mailto:registrations@acc.co.nz">registrations@acc.co.nz</a>
ACC Portfolio Manager or Advisor	<a href="mailto:vrs@acc.co.nz">vrs@acc.co.nz</a>

The ACC website can provide you with a lot of information, especially our 'Health and service Providers' section. Please visit [www.acc.co.nz](http://www.acc.co.nz)

Please report all health, safety and security risks or incidents in writing using the procedure on our website [www.acc.co.nz/for-providers/report-health-safety-incidents](http://www.acc.co.nz/for-providers/report-health-safety-incidents)



## Introduction

Welcome to the Vocational Rehabilitation Services Operational Guidelines. This document is intended as both a guideline for those working to deliver Vocational Rehabilitation Services and as a framework document for ACC.

These guidelines apply to all professions delivering services under the Vocational Rehabilitation Services contract across all geographic regions.

These Operational Guidelines should be read in conjunction with the:

- [Standard Terms and Conditions document](#); and
- Service Schedule for Vocational Rehabilitation Services [VOC].

Services must comply with the Vocational Rehabilitation Service Schedule. Where there are inconsistencies between the Operational Guidelines and the Vocational Rehabilitation Service Schedules, the Service Schedule will take precedence.

These guidelines are a living document and will be updated in response to Supplier, Provider and Client feedback, Provider service delivery issues, and as part of ACC's continuous improvement process. The current version of the Vocational Rehabilitation Services Operational Guidelines will be available on the ACC website at [www.acc.co.nz](http://www.acc.co.nz).

## Vocational Rehabilitation Services Overview

### Purpose

The purpose of the Vocational Rehabilitation Service (VOC) is to help a Client remain at work, return to work, find new work or become work ready. Outsourced vocational rehabilitation can be provided to a Client who has suffered a personal injury for which they have cover and is entitled to weekly compensation.

VOC is a service which involves identifying and addressing the factors impacting on the Client's ability to return-to-work through liaison with the Client, their whānau/supports, local community services, employer, other treating Providers and ACC. Clients who need the service usually present with a range of barriers to a return-to-work and tailored support is required.



VOC is delivered by a interdisciplinary team of health professionals and non-health providers. The type of services provided include:

- facilitating the Client's recovery within the workplace and return to work;
- identifying and designing duties for the Client to allow an early return to work;
- identifying and providing rehabilitation that ensures the Client can safely perform their duties;
- enabling the Client to achieve self-management of their return-to-work where appropriate;
- forging the link between the Client's employer, whānau, treatment Providers and ACC;
- arranging appropriate retraining and placement in alternative employment;
- providing work specific functional rehabilitation to address functional barriers that are preventing a return to work.

When referring for VOC, ACC will state which of the following outcomes it wishes to purchase.



Or where none of the above are practicable, whichever following options that best meets the Client's circumstances.





## Service principles

The following service principles are a set of common ideas that form the foundation for the delivery of the VOC for both ACC and Suppliers. The principles aim to deliver a coherent, consistent and quality experience for ACC Clients.



The service provided should be person-centred and pro-active. One that recognises that different people have different needs and may require different approaches and resources to achieve an outcome.

The Stay at Work (SAW), Back to Work (BTW), Pathways to Employment (PTE) are provided in stages. Each stage has minimum service requirements and a minimum duration of service delivery. While Service Providers must deliver the minimum service requirements of each stage, they should recognise that different people will require different approaches and a different level of input. Service Providers must ensure all services are tailored to the individual Client.

Service Providers are required to achieve equitable outcomes for Māori and understand the cultural norms and realities of living (and receiving support) as Māori. This may include but not limited to incorporating the role of the broader whānau, belief systems, communication styles and support mechanisms such as Kaiatawhai, Whānau, Kaumātua, Māori practitioners, Rongoā treatment practitioners and other specialist service providers into the delivery of vocational rehabilitation services. The Supplier will retain the responsibility for ensuring that the vocational programme is specific to client needs and that progress is being monitored.





Stages are funded in line with Client complexity and expected return-to-work timeframes and each stage is purchased at a fixed payment rate. This fixed payment rate will provide for the expected average level of service activity required to meet the Client's needs.

Suppliers must ensure Service Providers are not restricted in providing a tailored service to those with more complex needs. Suppliers must also ensure the more complex the Client, the more skilled and qualified Service Providers should be used by the Supplier to deliver services.

**Rehabilitation is ideally achieved at work: the employer plays a key role.**

Returning to work following an injury is recognised as an important first step in a return to normal life.

Returning to work may involve working alternative duties or reduced hours. Employers play a key role in supporting their employee throughout this process. The Service Provider should educate the employer on their role in the return-to-work process, with a focus on ensuring the employer and Client connect and work together to solve any barriers preventing that arise.

Employers should be educated on the following responsibilities:

- understanding how the injury has impacted the Client;
- consulting with the Client to help them set their return-to-work goals;
- finding other work for the Client to perform if needed;
- offering the Client flexibility to allow them to return to work;
- ensuring the Client has the appropriate support as they return to work;
- regularly following up with the Client and amending their work tasks as required;
- keeping ACC informed of the Client's progress.
- ongoing management of the Clients return-to-work programme once the Supplier has exited the Service.

Performance management processes or difficult employer Client relationships can often make an early return-to-work difficult. It is important the employers are encouraged to clearly differentiate return-to-work from any performance management process.



## **Self-management: empowering the Client and employer with self-management strategies**

The Service Provider should educate the Client, their employer, treating Providers and ACC about the tailored return-to-work plan and managing the return-to-work process independently as this process does not end once the Supplier exits the Service. This can be achieved through education that promotes problem-solving, decision making and developing a cooperative partnership. This could include:

- Assisting the Client and employer to understand the various persons in the 'system' and their respective roles and who can assist them during their recovery.
- Setting communication expectations between the Client and employer to promote them to problem solve and work cooperatively.
- Educating the Client and employer to promote effective self-management of the full return-to-work once the Supplier has exited form the Service.
- Assisting in developing processes for the Client if their symptoms become aggravated.
- Educating the Client and employer on safe work practices and modifying the workplace.
- Ensuring the Client's treating Providers such as GP and Physiotherapist are working together and supporting the Client.
- Providing advice to the ACC recovery team member to ensure follow up and support from ACC is provided at the right time.

When a Client can manage their own return-to-work with the support of their employer, treating Providers and ACC, the Service Provider should discharge the Client from the service.

Suppliers must not continue to provide 'monitoring' type services unless there is uncertainty in the Client, their employer, treating Providers or ACC's inability to manage or address barriers that may arise.

Service Providers shall deliver services to the Client as though the Client will only receive the current service level, e.g. when completing SAW 1 services, the Service Provider must attempt to educate the Client, their employer, treating Providers and ACC to manage the return-to-work process. No expectations should be set that the Service Provider will be providing further services under SAW 2. This is the same for each service level approved by ACC.



**Effective communication: engaging with the external team (whānau, employer, treating Providers and ACC) to deliver an integrated service.**

Service Providers are required to identify and address factors impacting on the Client's ability to return-to-work through liaison and coordination with the Client, their whānau, employer, treating Providers and ACC. Effective communication is key to ensure that the Client is supported and the return-to-work is successful.

When developing a return-to-work plan, it is important that the Client has the support and involvement from their whānau, employer and other treating Providers. Service Providers should liaise with all treating Providers involved in the Client's recovery around the return-to-work plan. Once the return-to-work plan has been developed, the Service Provider should seek agreement and sign-off from all treating Providers.

If the Client, their whānau, employer, treating Providers and ACC are all in agreement, this will foster the environment needed for the external team to manage the return-to-work process independently.

**Right service, right time: responsive to the Clients' needs and level of complexity.**

Vocational rehabilitation is a clinical service provided to Clients for a limited period. It is expected that services are only provided when there is a need. Client's should receive prompt attention and intervention appropriate to their needs. This includes:

- Barriers, risks and strengths are identified, and strategies promptly implemented.
- Service is actively coordinated and integrated with other treatment, rehabilitation and return-to-work activities.
- Service levels match the Client and employer needs.

This requires effective communication, decision-making, financial accountability and informed purchasing of services and resources.

Stage 2, 3 or Exceptional Services should start when the Client will most benefit from vocational rehabilitation. Services pause between Stages when there is no current need for Vocational Rehabilitation. Services should not progress from Stage to Stage while there is no need for vocational rehabilitation. For example, when a referral for SAW 1 is received, but the Client is still awaiting elective surgery, SAW 2 should not start until after surgery and the Client has recovered to a point they can actively participate in the rehabilitation.



Suppliers or ACC may place a service on hold for up to 3 months. When progression onto the next stage is longer than 3 months, a decision on whether a new referral is required should be made based on how relevant the initial return-to-work plan remains. Service Providers should not progress onto the next stage to undertake 'follow up' or other tasks which can be completed by the Client, employer, ACC or members of the external team.

## **Roles and responsibilities**

### **Expectations for Suppliers**

- Suppliers are experts in the rehabilitation of injured Clients and are responsible for achieving the Service outcome for the Client within the context of VOC (as defined in the service schedule).
- Suppliers will ensure cost-effective and efficient use of funding.
- Service Providers shall work together with other members of the Client's team.
- Ensure that services are delivered in a coordinated, timely and efficient manner.
- Contact ACC in a timely manner if there is any change to the agreed plan.
- Ensure all services are carried out in accordance with the service schedule and operational guidelines.
- Contact ACC as soon as possible to advise of any appointments a client has missed.

### **Expectations for ACC**

- ACC is responsible for managing the Client's entitlements.
- ACC will review and acknowledge receipt of reports within the specified timeframes.
- ACC is responsible for the cost-effective and efficient funding of VOC.
- ACC will arrange any additional support, e.g. transport assistance that is agreed as necessary to support an early return to work.
- ACC will be actively involved in a Client's return-to-work plan, contacting the Supplier to discuss and negotiate changes to the plan where appropriate and following up with the Client on their progress.
- ACC will support the client to address any barriers to attendance and participation with the vocational programme.



## Interdisciplinary team

VOC Suppliers are required to maintain, at a minimum, a core team as specified:

### Health Professional Suppliers:

- Occupational Therapist
- Physiotherapist
- Psychologist
- Optional: Social Worker, Registered Nurse, Medical Practitioner

### Non-health Suppliers:

- Career Practitioner or Vocational Counsellor
- Optional: Recruitment Consultant, Māori Practitioner

Suppliers are not required to deliver Services using an internal interdisciplinary team (more than one health or non-health professional from the VOC Supplier working directly with the Client) unless it is appropriate. However, the Service Provider should have access to internal clinical advice from the relevant health and non-health professionals to ensure appropriate Service provision.

Suppliers must ensure the more complex the Client, the more skilled and qualified Service Providers should be used by the Supplier to deliver services. For example, Services for a Client with a mental injury should be delivered by an appropriate experienced or trained Occupational Therapist or Psychologist.

The Service Provider plays a vital role in linking and coordinating with the Client's external team, including the Client's whānau, employer, treating Providers and ACC.

## Service Types

VOC consists of the following services:

### **Standalone Workplace Assessment**

The Standalone Workplace assessment is an on-site workplace assessment that provides ACC with a document on the employment tasks and the functional requirements of the specified role.



### **Stay at Work (SAW) Service**

The Stay at Work (SAW) service helps Clients to achieve an early return-to-work with their existing employer.

### **Back to Work (BTW) Service**

The Back to Work (BTW) service supports Clients to regain capacity for their pre-injury work type, obtain employment, become vocationally independent, or achieve maximum employment participation. These Clients have either lost their pre-injury job or need to move to a different work type because of their injury.

### **Pathways to Employment Service**

The Pathways to Employment (PTE) service is for Clients with complex needs who are expected to achieve one or more of the outcomes under section 2.1. Complex is referenced as a claim being managed by the Partnered Recovery Team. Usually only Clients managed by ACC's Partnered Recovery team will be referred into this service.

### **Work Specific Functional Rehabilitation**

Work Specific Functional Rehabilitation is to provide Clients with timely access to specialist functional assessment, rehabilitation and treatment services to address work specific barriers preventing a sustainable return to work. Work Specific Functional Rehabilitation is now identified and priced as a separate service item but must be delivered alongside a SAW, BTW or PTE Service. A client must be receiving one of these services to be eligible for Functional Rehabilitation. Work specific rehabilitation is not general orthopaedic rehabilitation. It is specifically related to work tasks as opposed to tasks of daily living or recreation.

### **Obtain Work Trial**

Obtain Work Trials can be used as a component of the Back to Work (BTW) or Pathways to Employment (PTE) service to help a Client achieve one or more of the Return-to-work goals referred for under the BTW or PTE service

Obtain Work Trials test a Client's capacity for work in an actual workplace and can also lead to permanent employment options. They also provide useful information for any subsequent medical assessments to determine capacity for work and further rehabilitation.



## Job Search Service

The Job Search service is offered to Clients who are considered Vocationally Independent and provides additional support in helping them seek and secure employment prior to their weekly compensation entitlement stopping.



The Suppliers' focus is on helping the client achieve the desired outcome. The service schedule and these guidelines set out the key requirements of each service. However, the service is not prescriptive in terms of programme content. ACC trusts Suppliers to determine the right rehabilitation input for each client.

## Returning to Working Life

In most cases, a Client is in receipt of weekly compensation and vocational rehabilitation support because they are unable to engage in the work type or role they held when they sustained their injury. A Client will typically continue to receive this support until their injury no longer prevents them from being able to engage in that work type or they are supported towards, and then assessed as fit for, an alternative work type (what is referred to as vocational independence).

### ACC Act 2001 Section 103: Ability to engage in Pre-Injury Employment

ACC may ask for an assessment from a suitably qualified vocational medical assessor to determine a Client's ability to return to their pre-injury employment role. This may happen at any time during the Client's rehabilitation and regardless of whether they have lost their job or remain with their pre-injury employer.

ACC asks the medical assessor to conduct a specific assessment to consider if the Client has sufficiently recovered from their injury to be able to substantially engage in their pre-injury role. In this context, the definition of 'substantially engage in' usually means performing all essential tasks of the role and most day-to-day tasks.

To provide the medical assessor with the information they need, ACC relies on a detailed assessment of the pre-injury role tasks and an assessment of the Client's functional ability to undertake those tasks. If the Client still has their job to return to, the Stay at Work Programme is used. For Clients who no longer remain in their employment, the Back to Work programme is used.



A provider of ACC-funded services should always consider the opportunity for a Client to be medically assessed as fit to return to their pre-injury role. When this is unclear, it may be useful to engage with a vocational medical assessor via the ACC-funded Vocational Medical Assistance (VMA) or the Vocational Rehabilitation Review (VRR) services to gain advice and insights on the next steps required. These services can be accessed without prior approval from ACC by Vocational Rehabilitation Providers and GP's.

If a Client is assessed as being able to safely and sustainably engage in their pre-injury employment role, whether they still hold that employment or not, then weekly compensation support will cease.

### **The Vocational Independence Journey**

When a Client is unable to work due to their injury, the initial focus is usually on supporting them to return to, or regain fitness for, their current or pre-injury employment role.

For some Clients, a more appropriate outcome is to help prepare them to be 'work ready' for alternative employment. This rehabilitation outcome is known as Vocational Independence (VI).

VI is defined as the ability for a Client to return-to-work suitable to them based on their skills gained through education, training or experience and having the ability to perform this work at least 30 hours per week.

This rehabilitation outcome is used with a Client who has not been able to regain work fitness for their pre-injury employment role or where it is no longer reasonably practical to assist them to do so.

When it is indicated that, because of their injury, the Client might not regain fitness for the pre-injury employment role, consideration is given to the VI pathway or journey. ACC will arrange two assessments to understand what types of alternative employment is suitable for the Client and are likely to be medically sustainable. These assessments also help determine the Client's ongoing vocational rehabilitation needs –

1. **Initial Occupational Assessment (IOA)** is undertaken by an occupational assessor (vocational or career's consultant) who will identify the types of work that may be appropriate for the Client based on their skills, education, and experience. The assessor will also identify any vocational needs and/or barriers to becoming vocationally ready





for each work type. This is not a medical assessment and effects of the Client's injury are not taken into account.

2. **Initial Medical Assessment (IMA)** is undertaken by a vocational medical assessor to determine whether the types of work identified in the IOA are, or are likely to be, medically sustainable for a Client taking into account the effects of their injuries. The assessor will also identify any rehabilitation required that may help the Client return-to-work or achieve work readiness.

Once these assessments have been completed, ACC will agree with the Client what vocational rehabilitation will be provided, record this on their Recovery Plan and refer for the appropriate rehabilitation services.

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***Vocational Rehabilitation via Back to Work Services takes place here***

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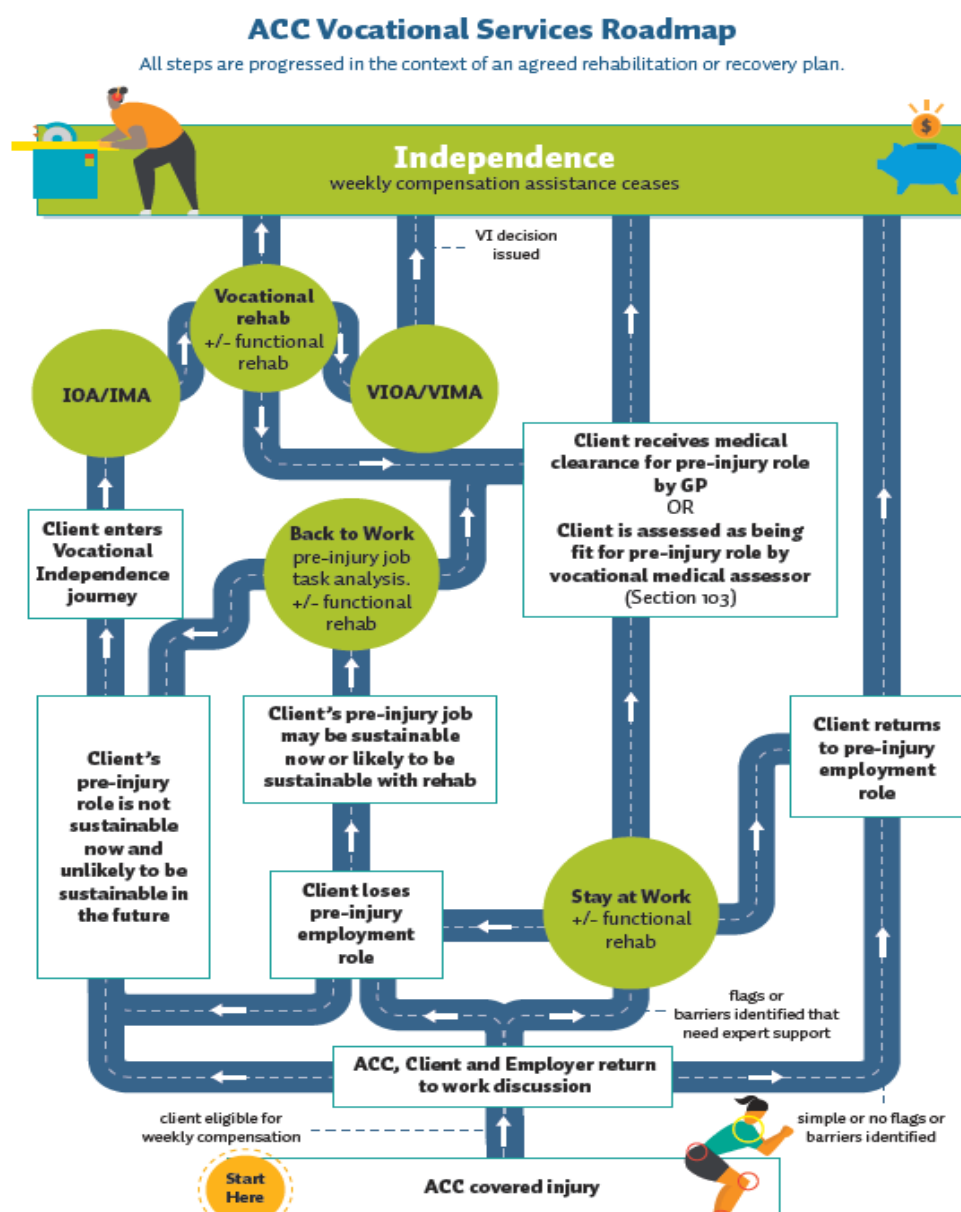
If the Client remains unfit for the pre-injury employment role when all the agreed vocational rehabilitation has been completed, and there is sufficient information to support that the Client is likely to achieve VI, ACC will arrange two assessments to formally assess the Client's VI –

3. **Vocational Independence Occupational Assessment (VIOA)** is undertaken by an occupational assessor who recommends work types that are suitable based on the skills the Client has gained through education, training, or experience. The assessor will consider the progress and outcomes of the vocational rehabilitation and whether the types of work identified in the initial assessment or any new work types are suitable.
4. **Vocational Independence Medical Assessment (VIMA)** is undertaken by a medical assessor who will assess how the Client's injury affects their current ability to work and provide an opinion whether the Client is able to work for 30 or more hours a week in any of the work types recommended in the VIOA. They will also consider whether the Client's vocational rehabilitation is complete.

If, after these assessments, the client is determined to be vocationally independent, ACC will issue a decision and the Client's weekly compensation support will cease after three months. The Client will still be eligible to receive other entitlements aside from weekly compensation and vocational rehabilitation (e.g. treatment, social rehabilitation etc).

It is important to note the Vocational Independence journey for a Client can begin while ACC is still supporting them to return to their pre-injury employment role.

It is also important the Client is fully informed during the Vocational Independence journey and that critical conversations happen between ACC and the Client at key points in the journey to ensure the Client understands this journey and has the opportunity to ask questions.



## Service Objectives

### Outcomes Framework

Measuring the success and outcomes of the Service is important and allows ACC to understand the value of the Service and whether it is delivering benefits for our Clients. An intervention logic and outcomes framework underpin the way in which ACC will evaluate the performance of the Service and will enable ACC and the Suppliers of the Service to:

- Measure success
- Improve service delivery where necessary
- Plan for the future



#### What is an intervention logic?

A diagram that shows in simple terms what is being provided under the Service and how this is expected to lead to the outcomes intended.

#### What is an outcomes framework?

A tool that links what ACC want to achieve and how ACC will measure success.

### Intervention logic model

The logic model of ACC's VOC is a representation of how the Service is supposed to work. It explains how the principles and delivery of the Service bring about change and what ACC expects to see from its Suppliers. It provides a common language and a common point of reference for the people involved in the Service.

- **Principles** are the values or approach to the Service and should guide the behaviour of the Supplier and influence the Service Providers actions.
- **Inputs** are the resources that the Supplier provides to the Client. These are listed as service components in the service schedule, but may also be the people, knowledge, facilities, equipment and time.
- The **activity** is what the Service Provider does. It is the process that transforms the inputs into something else.
- **Outputs** are the results of the activities or Service.
- **Outcomes** are the changes that happen as a result of the Service provided.



On the page below is the logic model of ACC’s Vocational Rehabilitation Service. This logic model supports the outcomes framework (Table 5 – Performance Measurement in the service schedule).



Service principles	Inputs Service principles outworked	Activities Service components	Outputs The results of the service	Outcomes What changes have occurred				Impacts Long-term effects
Self-management: empowering the Client and employer with self-management strategies.	Educating the Client, employer and certifying Provider on appropriate and effective self-management strategies.	The Service Provider meets with the Client, employer and certifying practitioner to obtain approval for the return-to-work plan and educate them on how to manage the return-to-work process themselves.	The Client can manage their return-to-work with limited intervention from the Service Provider and remain engaged and in control. The Service Provider is only involved in the service for a short amount of time.	That Clients achieve a sustainable and meaningful return-to-work as set out in clause 1.1.	The service is efficient and effective in supporting the Client to return to work.	The Client, their whānau, employer, treating Providers and ACC are respected, listened to and engaged. Leading to a positive experience for those involved.	Equitable outcomes are achieved for Māori and all population groups.	Reducing the medical, social and economic impact a delay in return-to-work after an injury has on the Client, whānau, employer and ACC.
Rehabilitation is ideally achieved at work: the employer plays a key role.	A worksite assessment which actively engages the employer in planning and supporting the Client quickly back to work (or into a work trial).	The Service Provider engages with the employer at their worksite, identifying a way for the Client to return to work. The employer is included in case conferences and problem solving.	Clients maintain their relationship with the employer, helping them to return to their pre-injury role or obtain new employment. The employer realises the benefits of an early return-to-work and the Client has a sense of worth.					
Effective communication: engaging with the external team (whānau, employer, treating Providers and ACC) to deliver an integrated service.	Time and contact with all parties, including the Client, their whānau, employer, certifying Provider and treating Providers.	The Service Provider engages with the external team to obtain agreement and sign-off for the return-to-work plan and to ensure barriers to work are addressed appropriately.	Clients get the right type of help from the right person during their return-to-work and this empowers them to self-manage.					
Person-centred: a pro-active service that recognises that different people have different needs and may require different approaches and resources to achieve an outcome.	The service is flexible, based on Clients need (e.g. te whare tapa whā) and preference, and does not vary in quality because of culture, gender, ethnicity, location and socioeconomic status.	The Service Provider ensures consistent and tailored support is provided to each Client to meet their needs, including the support from Māori navigators and cultural Providers.	All barriers preventing a Client from returning to work are identified and addressed and effectively.					
Right service, right time: responsive to the Clients' needs and level of complexity.	The right type of service for the Client is provided by the right Service Provider when a required.	Service Providers are able to choose the type and amount of assistance a Client requires and are encouraged to think outside of the box to address barriers.	The barriers preventing a Client from returning to work are addressed efficiently and the Client does not require further service levels.					

## Outcome framework

This logic model above supports the outcomes framework (Table 6 – Performance Measurement in the service schedule). The outcome framework outlines the key performance measures which will be used to measure the success of the Service of the Service. Other indicators of the success of the Service will be reported on as outlined in Table 7 – Reporting Requirements in the service schedule.



**What is an indicator?** Something ACC can measure or demonstrate that reasonably shows a change that the Service has influenced.

**What is a Key Performance Indicator (KPI)?** The most important of a list of potential indicators, that provide the elements of what is needed to measure the success of the Service.

Each performance measure has been chosen based on the availability of data and the contribution the Supplier has in achieving the outcome. Refer to Table 6 – Performance Measurement in the Service Schedule

## Measurement of Outcomes

### Definition of a Successful Vocational Outcome

Vocational Outcome	Successful Outcome
Same job, same employer	A Client has worked no less than one day in their pre-injury role at their pre-injury hours. The Client must have been completing their pre-injury duties in an unrestricted manner and no longer be in receipt of weekly compensation. Although not a requirement, it is expected that the Client would have received a full medical clearance.
Modified job, same employer	A Client's pre-injury duties or hours have been modified on an ongoing basis and the Client has worked no less than one day. The Client is no longer in receipt of weekly compensation.
New job, same employer	A Client has worked no less than one day in a new role, with their pre-injury employer. The Client is no longer in receipt of weekly compensation.



Vocational Outcome	Successful Outcome
Similar job, new employer	A Client has worked no less than one day in their pre-injury role with a new employer. The Client is no longer in receipt of weekly compensation. Although not a requirement, it is expected that the Client would have received a full medical clearance.
Modified job, new employer	A Client has worked no less than one day in their pre-injury role which is modified in terms of duties and hours, with a new employer. The Client is no longer in receipt of weekly compensation.
New job, new employer	The Client has worked no less than one day in a new role, with a new employer. The Client is no longer in receipt of weekly compensation.
Work ready and vocationally independent	The Client has completed the vocational rehabilitation requirements in the Client's Individual Rehabilitation Plan that require the support of the Back to Work Provider. The completion of rehabilitation has been confirmed by ACC. The Client can still be in receipt of weekly compensation.
Maximum employment participation.	The Client has increased their hours or duties with an existing employer as specified in the referral to the service. The Client can still in receipt of weekly compensation.

## Referral Process

### Eligibility criteria

Not all Clients require vocational rehabilitation assistance to return-to-work following an injury. However, ACC will consider providing vocational rehabilitation to help a Client achieve a specific vocational outcome provided they have a covered personal injury and is either:

- entitled to weekly compensation or Loss of Potential Earnings (LOPE);
- likely to be entitled to weekly compensation if we don't provide vocational assistance;
- on parental leave and incapacitated as the result of a covered injury;
- no longer entitled to weekly compensation because they've reached the NZ Superannuation Qualifying Age (NZSQA).



ACC will consider vocational rehabilitation as soon as a Client is likely to be eligible. If a Client needs the support, ACC can provide vocational rehabilitation until the Client achieves their vocational outcome e.g. returns to their same job, same employer.

### Prior to making a referral

Every ACC Client is different, and ACC will take into consideration their individual circumstances and injury related needs when deciding on when to refer for Vocational Rehabilitation. ACC will gather information by talking with the Client, their employer and their treating medical practitioners. ACC will consider the following:

- the preferred and realistic vocational outcome for the Client
- the Client's injury and their current symptoms
- upcoming treatment such as surgery
- the Client employment e.g. size of employer, environment, Client's job security etc.
- psychosocial factors e.g. motivation to return to work, fear avoidance etc.
- whether there is a preferred Vocational Service Provider by the client or employer in agreement with the client.

Where ACC decides that vocational rehabilitation is required to achieve the desired outcome, ACC will determine the type of service (SAW, BTW or PTE) that is required to achieve the outcome.

### Supplier acceptance of the referral

When a Supplier receives a referral, they must:

- Determine their capacity to provide a quality service in the required timeframe.
- Check that the referral information is complete and contains all relevant information. If it doesn't, the referral **MUST** be returned to the referrer or ACC with a request for further details.
- Notify ACC if they need to decline the referral or if they need additional information to assess the referral.

### Supplier decline of referral

Suppliers are expected to accept all referrals. Suppliers may decline a referral when there is a:





- Conflict of Interest
- Lack of Supplier capacity at the time of referral
- Insufficient information to accept the referral

ACC acknowledges that from time to time due to fluctuating referral volumes and Supplier availability, Suppliers may reach maximum capacity in local areas. Where the Supplier is unable to meet demand, they should immediately discuss this with ACC, stating the services affected, reasons, and date they anticipate accepting referrals once again. Suppliers should discuss with their local Engagement and Performance Manager any capacity issues.

A referral must not be returned due to the outcome referred for being difficult or the Client being considered as complex.

### Target outcome date

The target outcome date is the date by which the Client is expected to achieve the overall outcome of the service. The target outcome date should be realistic and obtainable and specific to the Client. ACC sets a target date at the time of referral considering the following factors:

- Expected Claim Outcome (ECO) date
- Co-morbidities
- Relevant psychosocial factors
- Surgery (or other planned treatments which may delay rehabilitation)

If the Provider believes the overall outcome is not achievable by the target date, they should contact ACC to discuss their recommended outcome date and the clinical rationale that supports their opinion. Initial requests to amend the target outcome date should occur at programme commencement and no later than one week after the date of referral. A new target outcome date should be agreed to and included in the initial report. Where the Provider and ACC cannot agree, ACC will have two working days to seek clinical advice before making the final decision. If the Provider disagrees with ACC's decision, they may escalate the request further.

Throughout the delivery of the service, the Provider and ACC must work towards the target outcome date. If at any stage the date becomes unachievable, the Provider and ACC should discuss and agree to a new target outcome date as outlined above.



## Service Delivery

### Standalone Workplace Assessment

A Standalone Workplace Assessment is requested when a Client is unlikely to return to their pre-injury job OR the client has simple equipment requirements to be able to remain at or start work. It is not necessary for the client to be present if they are unlikely to return to that place of work. The Standalone Workplace Assessment involves conducting an on-site workplace evaluation in order to document the range of employment tasks and activities. The assessment is to be conducted using objective assessment tools and processes and must be carried out in a safe manner. In most instances, a SAW or BTW service is expected to suffice in documenting the range of employment tasks and activities required in that particular role via client assessment, work type details sheets and/or previous vocational rehabilitation reports.

There may be occasions on a BTW service where, due to the complexity of pre-injury work tasks or barriers in gathering information, and where a workplace evaluation is critical to achieving an outcome, a Standalone Workplace Assessment referral is appropriate to allow the provider to visit the workplace in question to document the points listed in 4.1.1.

*For example: A provider is working with client under a BTW service. The client is currently employed as a Building Foreman with a different employer than at the date of injury. The client alerts the provider that the generic job description contained in the work type details sheet does not match the tasks that the client completed at the time of injury. An onsite assessment of the client's pre-injury workplace is conducted via a standalone workplace assessment.*

The Client is not required to be present at the assessment but will have been advised by ACC that the assessment is to take place. The Client can request to be present, but as an observer only.

A Standalone Workplace Assessment is not used to determine vocational rehabilitation requirements. However, the report should detail any modifications that can be made to the Client's pre-injury role on both a temporary and ongoing basis. It should also provide an overview of the employer, including the size, other roles, locations etc.

If a Client is likely to require a SAW service, then a functional job description will be provided through this service and a Standalone Workplace Assessment is not to be used. Where a SAW service is required following a Standalone Workplace Assessment it should be made to the same Supplier.



## Assessment

The Supplier will send ACC a report which includes:

- The nature and type of the business, including the size, other roles, locations etc.
- A description of the Client's job tasks and the corresponding physical demands for those tasks.
- The frequency of those physical demands.
- Equipment required to be used or worn.
- Details of the workplace environment e.g.: indoor, outdoor, noisy, chemical exposure.
- Psychological factors such as working alone and/or in isolated or rural area.
- Cultural factors, such as language barriers.
- Other activities that may be relevant, for example:
  - Driving - whether it is long distance, public responsibility driving, type of license, day or night work etc.
  - Cognitive activities - whether the role requires an ability to remember, focus and sustain attention, concentrate, undertake structured work activities, undertake mentally demanding tasks, multi-task, divide one's attention, solve problems, control emotions, work autonomously, handle pressure of work or public demands, etc.
  - Sensory activities - whether the role requires manually operating equipment at speed, fine hand/eye co-ordination, balance, etc.
  - Modifications that can be made to the Client's pre-injury role on a temporary and ongoing basis.

ACC will review the report to ensure that it is complete and informative. If further information is required, ACC will contact the Supplier within two working days of receiving the report.

ACC is responsible for forwarding the assessment to the Client and obtaining confirmation that it is an accurate record of their workplace and job tasks.

## Stay at Work (SAW) Services

The SAW service is for Clients who are trying to achieve one or more of the following return-to-work outcomes:



Clients will likely not be working due to their injury or have restrictions preventing them from undertaking their usual employment tasks. The aim of the SAW service is to assist Clients to achieve the desired outcome. The SAW service is delivered on a service continuum of assessment of need, planning, active implementation, review and evaluation. The Service will be provided in the Client's workplace, home or other appropriate community location. Workplace-based rehabilitation is preferred where appropriate.

Most Clients will still be employed in their pre-injury role. However, some Clients may have lost their pre-injury role, but their injuries and current symptoms are such that the realistic vocational outcome remains a medical clearance for the Client to return to the '**same job, different employer**'. A BTW service should be used in these circumstances. In the circumstances the client has the '**Same job, same employer.**' A SAW service should be used.

### SAW Stage 1

All Clients enter the SAW service at stage 1. No prior approval is required from ACC for the Supplier to initiate Stay at Work Stage 1 provided the client meets the eligibility criteria for Vocational Rehabilitation Services. If the Supplier is unsure if the client meets eligibility, they must contact ACC for gain approval for the service.

Stage 1 provides the Supplier with the resources to complete a worksite assessment, develop a plan, establish agreement/sign off and educate the Client and employer on how to self-manage the full recovery at work once the Supplier has exited the service. The stage 1 service should be conducted over a minimum of 10 business days from the start date of the Service. It is expected that Providers will deliver the right vocational rehabilitation service at the right time in each individual case.

The Provider must complete the following components under the stage 1 package:



### Worksite assessment

A workplace assessment is an on-site assessment of a Client in their place of work with the view to:

- identify tasks that are within a Client's current work capacity;
- design a return-to-work plan that is matched to the Client's current capacity in negotiation with the employer;
- develop a plan for the safe upgrading of tasks as the Client's capacity improves.

A workplace assessment can range from a brief to a more comprehensive assessment depending on the needs of a worker and employer. Where appropriate, the worksite assessment should also:

- identify all potential pre-injury and other available work tasks, and the associated critical physical, psychological, social, environmental and organisational demands and risks;
- assess a Client performing pre-injury duties and any other available tasks that may be within their current work capacity;
- identify methods of temporarily or permanently modifying/mitigating work demands to maximise work capacity and facilitate recovery at, or return to work;
- match a Client's assessed work capacity with compatible work tasks;
- identify tasks that can be utilised as part of a graduated return-to-work plan;
- collaborate with the employer to finalise recommendations regarding suitable work options;
- communicate assessment findings and recommendations.

### Initial report and plan

The Provider will send an initial SAW plan using the report template, within two working days of the initial assessment. The plan should include:

- A return-to-work plan (containing dates, days, hours, work tasks and restrictions).
- Summary of return-to-work factors e.g. psychosocial factors that have been considered.
- Outcome target date, Client goals and other activities to reach the desired outcome.

- Communication plan of how often the Supplier and ACC will engage.
- Where required, a description of the Client's work tasks and environment



The SAW report contains the graduated return to work plan and key supporting information. It should take the Provider no more than 60 minutes to complete. It is not a record of the notes taken by the Provider during the worksite assessment. A record of worksite visit, the subjective and objective findings, observations etc. should be kept as per the regulatory requirements of the Providers profession. ACC will request these notes when required using the COPY service item code.

After receiving the initial SAW plan ACC will:

- Contact the Supplier to discuss any suggested changes to the plan within two days of receipt where ACC wishes to discuss the plan
- Agree in collaboration with the Supplier of the frequency and best method of keeping them informed of progress, in addition to the formal reporting at the midpoint and programme completion.
- Arrange any additional support that is agreed as necessary to support the Client's return to work, e.g. transport.

### **Establish agreement/sign off**

The Provider should submit the proposed return-to-work plan to the treating medical practitioners involved in the Client's recovery e.g. GP and treating physiotherapist. The Provider should liaise with the medical practitioners to obtain their agreement and where necessary make adjustments. The Provider can contact the medical practitioners by phone, email or in person. The Provider should obtain an updated medical certificate to evidence their approval of the plan.

### **Educate Client and employer**

Once the return-to-work plan has been agreed to, the Supplier should provide the Client and employer with a copy of the Client's return-to-work plan. The Supplier should educate the Client and employer about the return-to-work plan and where appropriate teach them appropriate and effective self-management strategies, so they can manage their own rehabilitation and return-to-work with the support of their primary care team and ACC recovery team member.

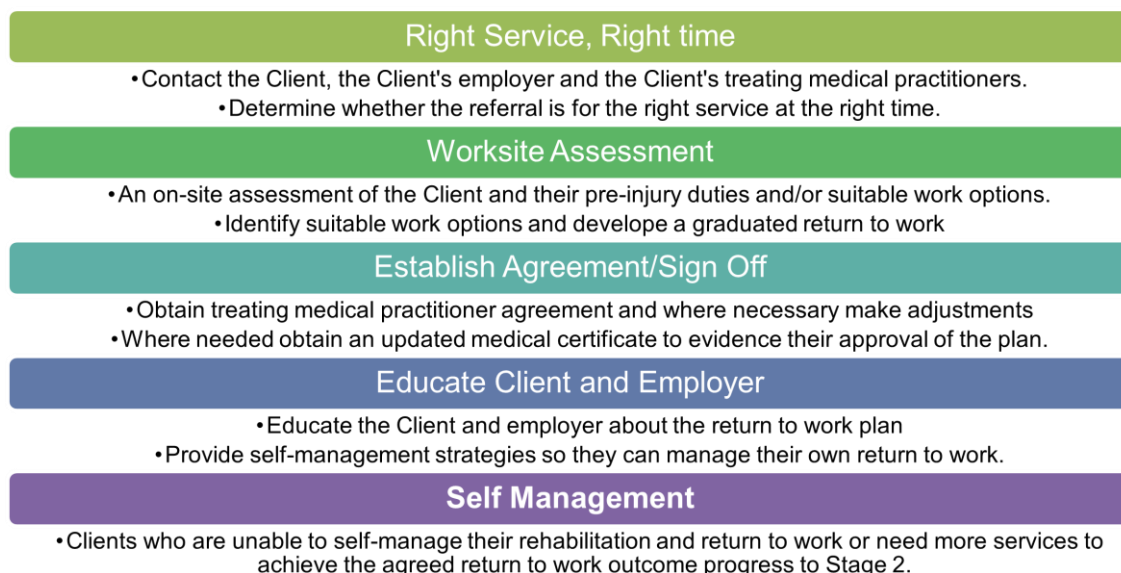


This can be achieved through education that promotes problem-solving, decision making and developing a cooperative partnership. For example, this could include:

- Assisting the Client and employer to understand the various persons in the 'system' and their respective roles and who can assist them during their recovery.
- Setting communication expectations between the Client and employer to promote them to problem solve and work cooperatively.
- Educating and supporting the client and employer to be able to complete the full return-to-work programme once the Supplier has withdrawn from the service.
- Assist in developing processes for the Client if their symptoms become aggravated.
- Educating the Client and employer on safe work practices and modifying the workplace.
- Ensuring the Client's primary care Providers such as GP and treating Physiotherapist are working together and supporting the Client.
- Providing advice to the ACC recovery team member to ensure follow up and support from ACC is provided at the right time.

Service Providers should ensure the above service components are completed within the stage 1 funding as a minimum. In addition, services under Stage 1 may include any of the service components found in Stage 2.

### SAW Stage 1 Overview





## SAW Stage 2

SAW Stage 2 are for those Clients who are unable to self-manage their rehabilitation and return-to-work or need more services to achieve the agreed return-to-work outcome. Stage 2 services build on services provided in Stage 1 and focuses on complex issues, or any barriers to rehabilitation.

SAW Stage 2 services do not require prior approval from ACC and the provider can progress to Stage 2 services once the relevant components of Stage One services have been completed. Following the completion of Stage One services, the Provider sends a progress report to ACC containing the following information:

- a summary of the communications with the treating medical practitioners
- an update on any changes to the return-to-work plan or goal
- the progress the Client has made towards goals to date
- whether these goals are still reasonable or need updating
- and a clinical rationale as to what further interventions are needed.

Stage 2 activities may include:

- Rehabilitation services to address injury related or psychosocial barriers to return-to-work such as low-level pain issues and related fatigue, and contact with other treatment Providers, e.g. physiotherapists to ensure treatment aligns with the return-to-work plan.
- Additional vocational rehabilitation may include further workplace visits and progression of the return-to-work plan modification of the workplace or job tasks, fitting or trialing equipment
- Job maintenance activities, where the Client is not fit for selected duties or there are no other duties available, and the Client is at risk of disengaging from their employment. For example, supporting the maintenance of contact with their employer and colleagues, engaging in alternative work tasks such as working alongside colleagues, attending staff meetings and staff social activities.
- Educating and supporting the client and employer to be able to complete the full return-to-work programme once the Supplier has withdrawn from the service



No prior approval is required for the Initial Functional Rehabilitation service code under a SAW program, ACC must approve the follow up functional rehab service code and the purchase order must be updated to reflect this.

When the Client achieves their expected outcome, a Completion report is submitted. If the Client has not achieved their expected outcome, the Supplier sends an ACC7430 as early as possible but no less than two weeks before completion of stage 2.

### SAW Stage 3

Stay at Work stage 3 is for more complex Clients who require more resources than are available in Stages 1 and 2. For example, Clients who have:

- complex psycho-social situations;
- complications in their recovery from their injury;
- require intensive multidisciplinary input from all members of the vocational rehabilitation team.



Vocational Medical Services are available to support providers and clients during vocational rehabilitation. Prior to Stage 3 funding being requested, the VOC Provider may arrange for Vocational Medical Assistance or a Vocational Rehabilitation Review to assist with problem solving, overcoming barriers and planning rehabilitation.

Stage 3 SAW services build on services provided in Stages 1 and 2. If clinically appropriate, a multidisciplinary team should be used to provide Stage 3 services. Stage 3 services require prior approval from ACC. To request Stage 3 services, the Provider must:

- Send ACC an updated ACC7430 report detailing:
  - The Client's progress towards the expected outcome;
  - Rationale why further services are required;
  - What services the Supplier will deliver under Stage 3;
  - Which members of the MDT, if applicable, will be working with the Client, number of hours etc.;
  - The target date to achieve the goals.
- A copy of the advice obtained from the Vocational Medical Services Provider.



- A copy of the clinical notes from the initial worksite assessment.

If it is agreed, ACC advises the Supplier via email of the revised target date and the Purchase Order number for the specific services which have been approved.

### SAW Exceptional Services

Where additional funding is required, the Supplier must provide an updated ACC7430 report with rationale as to why further services are required.

Providers are instructed to request Exceptional Services at least two weeks prior to the completion of stage 3. Up to three Exceptional packages may be approved by ACC. If return-to-work or vocational independence is not achieved after three exceptional packages, then ACC must refer for a new Vocational Medical Assessment to assess the Client's need and update the Rehabilitation goals. ACC will discuss further services with the VOC provider if the Vocational Medical Assessment recommends further vocational rehabilitation.

### Completion of the SAW Service

Closure of the SAW service should occur once the Client either is able to self-manage the rest of their return-to-work journey or achieves the expected return-to-work outcome.

If the provider discharges the client to self-manage their return to work, the provider must set clear expectations on the actual date for future return-to-work and agree to this date with the client.

Suppliers will need to follow up with clients on how their progressing to ascertain whether the client has achieved the expected outcome date.

In cases where the Client has resumed employment but is still participating in a functional rehabilitation programme, the functional rehabilitation programme may continue past the completion of the SAW programme. A new functional rehabilitation programme cannot be started after a Client has completed a SAW programme.

A completion report [ACC7983] is sent to ACC. The Completion Report should state the:

- services provided
- goals and outcomes achieved
- activities completed by the Provider and/or Client
- whether the Client has achieved a partial or full return-to-work

- if the Client has not achieved a full return-to-work or independence, then the reasons why and any recommendations for ongoing support
- general comments and whether there are any follow-up actions required of ACC

If during the delivery of the SAW Service, the Provider (or medical practitioner, or other treating Providers) determines that the Client is probably not likely to return to their pre-injury role, the Provider should advise ACC immediately. ACC will instruct the Provider to close the service if appropriate.

### Back to Work (BTW) Services

The BTW service is for Clients who are trying to achieve one or more of the following return-to-work outcomes:



In most cases the Client's covered injury will prevent them from returning to their pre-injury job and assistance is needed to regain capacity to engage in new work or become work ready. They may or may not be employed with their pre-injury employer at the time of referral.

The BTW Provider must establish with ACC which of the referred outcomes to prioritise. The aim of the BTW service is to assist the Client in achieving the desired outcome. Suppliers need to have excellent linkages with local employers and should promote employment opportunities even when the Client's primary outcome is to become work ready and vocationally independent.

The return-to-work outcome, maximise employment participation is referred when Clients are already in new employment or have sourced new employment and need assistance to safely upgrade their hours or duties to maximise their employment participation.

The BTW service is delivered on a service continuum of assessment of need, planning, active implementation, review and evaluation. The Service will be provided at the Supplier's facility, Client's home, workplace or other appropriate community locations.

## BTW Stage 1

All Clients enter the BTW service at stage 1. Stage 1 provides the Supplier with the resources to develop an action plan with the Client, their treating medical practitioners and ACC. The BTW Supplier must establish agreement/sign off from ACC and certifying medical practitioner. Under stage 1 resources, the Supplier should educate the Client on self-managing their rehabilitation and arrange any outsourcing of training to help support the Client to be as independent as possible during the plan.

The stage 1 service should be conducted over a minimum of 10 business days from the start date of the Service. It is expected that Providers will deliver the right vocational rehabilitation service at the right time in each individual case. The Provider must complete the following components under the stage 1 package:

### Initial Assessment

The initial assessment should be completed at the Supplier's local facility, with the view to:

- identify the activities required to achieve the return-to-work outcome;
- design a return-to-work plan that is matched to the Client's current capacity;
- the plan will include goals, activities and incremental steps to support the outcome within the expected target date.



When Vocational Independence is the rehab outcome, then an IOA/IMA is required. The Provider needs to notify ACC that an IOA /IMA will be required to give ACC time to arrange these assessments. If a Section 103 will be the outcome, then no IOA/IMA is required

The plan needs to be consistent with referral information including the Individual Rehabilitation Plan, Initial Occupational Assessment (IOA) and Initial Medical Assessment (IMA) and any other assessment information is provided.

### Initial report and plan

The Provider will send an initial BTW plan using the ACC7431 report template, within two working days following the initial assessment. The plan should include:

- A return-to-work plan (outcome target date, Client goals and other activities to reach the desired outcome).



- Summary of return-to-work factors e.g. psychosocial factors that have been considered.
- Communication plan of how often the Supplier and ACC will engage.
- Where required, a description of the Client's work tasks and environment.

The BTW report contains the graduated return-to-work plan and key supporting information. It should take the Provider no more than 60 minutes to complete. It is not a record of the notes taken by the Provider during the initial assessment. A record of initial visit, the subjective and objective findings, observations etc. should be kept as per the regulatory requirements of the Providers profession. ACC will request these notes when required using the COPY service item code.

After receiving the initial BTW plan ACC will:

- Contact the Supplier to discuss any suggested changes to the plan within two days of receipt
- Agree in collaboration with the Supplier of the frequency and best method of keeping them informed of progress, in addition to the formal reporting at the midpoint and programme completion.
- Arrange any additional support that is agreed as necessary to support the Client's return to work, e.g.: transport.

#### Establish agreement/sign off

The Provider should submit the proposed return-to-work plan to the treating medical practitioners involved in the Client's recovery e.g. GP and treating physiotherapist. The Provider should liaise with the medical practitioners to obtain their agreement and where necessary make adjustments. The provider can contact the medical practitioners by phone, email or in person.

#### Educate Client

Once the plan has been agreed to, the Provider should provide the Client with a copy of their plan. The Provider should educate the Client about the plan and where appropriate teach them appropriate and effective self-management strategies so they can manage their own rehabilitation.



This can be achieved through education that promotes problem-solving, decision making and developing a cooperative partnership. For example, this could include:

- Assisting the Client to arrange training themselves directly with the training provider
- Assisting the Client to understand the various persons in the 'system' and their respective roles and who can assist them during their recovery.
- Setting communication expectations to promote them to problem solve and work cooperatively with those involved.
- Assist in developing processes for the Client if their symptoms become aggravated.

Service Providers should ensure the above service components are completed within the stage 1 funding as a minimum. In addition, services under Stage 1 may include any of the service components found in Stage 2.

### BTW Stage 2

BTW Stage 2 is for those Clients who are unable to self-manage their rehabilitation and return-to-work after Stage 1 or need more services to achieve self-management and/or the agreed return-to-work outcome. Stage 2 services build on services provided in Stage 1 and focuses on complex issues, or any barriers to rehabilitation.

BTW Stage 2 services do not require prior approval from ACC and the provider can progress to Stage 2 services once the relevant components of Stage One have been completed. Following the completion of Stage One services, the Provider sends a progress report [ACC7431] to ACC containing the following information:

- an update on any changes to the return-to-work plan or goal
- the progress the Client has made towards goals to date
- whether these goals are still reasonable or need updating
- if not already underway, the provider must notify ACC that IOA and IMA referrals should be initiated and a clinical rationale as to what further interventions are needed.

Stage 2 activities may include:

- Rehabilitation services to address injury-related or psychosocial barriers to return-to-work such as low-level pain issues and related fatigue and contact with other treatment providers, e.g. physiotherapists to ensure treatment aligns with the return-to-work plan.



- Training or skill development specific to identified employment options (including literacy development, communication skills); outsourcing these if necessary (NB upon ACC approval, training can be funded outside the BTW programme using a Vocational Training code).
- Consideration of Obtain Work Trial
- Initiate or attend case conferences
- Simple psychological techniques to improve the Client's:
  - Coping strategies, promote adaptation to injury and its consequences, anxiety management
  - Management of low-level pain which may be preventing the Client from undertaking work
  - Motivation and an ability to set realistic personal goals
- Curriculum vitae preparation
- Interview preparation and techniques
- Teaching job search strategies and skills, including accessing the labour market, managing how the Client discusses their injury with prospective employers, and supporting the Client to maintain their work ethic.

### BTW Stage 3

Back to Work stage 3 services are for Clients who require more resources than are available in stages 1 and 2 due to the complexity of the Client's needs. For example, Clients who have complex psycho-social situations; complications in their recovery from their injury; who require intensive multidisciplinary input from all members of the vocational rehabilitation team.

To request Stage 3 services, the Provider must send ACC an updated ACC7431 report to ACC detailing:

- The Client's progress towards the expected outcome;
- Rationale why further services are required;
- What services the Supplier will deliver under Stage 3;
- Which members of the MDT, if applicable, will be working with the Client, number of hours etc;
- The target date to achieve the goals.



If it is agreed, ACC advises the Supplier via email of the revised target date and the Purchase Order number for the specific services which have been approved.

### BTW Exceptional Services

Where additional funding is required, the Supplier must provide an updated ACC7431 report, with rationale as to why further services are required.

Providers are instructed to request Exceptional services at least two weeks prior to the completion of stage 3. Up to three Exceptional packages may be approved by ACC. If return-to-work or vocational independence is not achieved after three exceptional packages, then ACC must refer for a new Vocational Medical Assessment to assess the Client's need and update the Rehabilitation goals. ACC will discuss further services with the VOC provider if the Vocational Medical Assessment recommends further vocational rehabilitation.

### Completion of the BTW Service

Closure of the BTW services should occur once the Client either is able to self-manage the rest of their return-to-work journey or achieves the expected return-to-work outcome.

In cases where the Client has resumed employment but is still participating in a functional rehabilitation programme, the functional rehabilitation programme may continue past the completion of the BTW programme. A new functional rehabilitation programme cannot be started after a Client has completed a BTW programme.

The Completion Report [ACC7980] should state:

- Services provided
- Goals and outcomes achieved
- Any activities completed by the provider and/or Client
- Whether the Client has achieved a partial or full return-to-work
- Whether the Client has demonstrated an ability to be work ready and suitable jobs identified
- If the Client has not achieved the outcome of work readiness, the reasons why and any recommendations

General comments and whether there are any follow-up actions required of ACC.





## Pathways to Employment [PTE] Services

Pathways to Employment Services are for Clients with complex needs who are usually managed by ACC's Partnered Recovery team. The service requires the same return-to-work practices to be provided as with SAW and BTW but allows for an increased level of provider input our Clients are most likely to require.

If the expected outcome is one or more of the following;

- Same job, same employer;
- Modified job, same employer;
- New job, same employer.

The minimum service criteria for the SAW service applies.

If the expected outcome to be achieved is one or more of the following;

- Similar job, new employer;
- Modified job, new employer;
- New job, new employer;
- Work ready and vocationally independent;
- Maximum employment participation.

The minimum service criteria for the BTW service applies.

### PTE Stage 1

All Clients enter the PTE service at stage 1. Stage 1 provides the Supplier with the resources to complete a worksite assessment, develop a plan, establish agreement/sign off and educate the Client and employer on self-management.

Stage 1 service should be conducted over a minimum of 10 business days from the service start date. It is expected that Providers will deliver the right vocational rehabilitation service at the right time in each case. The Provider must complete the following components under the stage 1 package:

#### Worksite assessment

A workplace assessment is an on-site assessment of a Client in their place of work with the view to:

- identify tasks that are within a Client's current work capacity;



- design a return-to-work plan that is matched to the Client's current capacity;
- develop a plan for the safe upgrading of tasks as the Client's capacity improves.

A workplace assessment can range from a brief to a more comprehensive assessment depending on the needs of a worker and employer. Where appropriate, the worksite assessment should also:

- identify all potential pre-injury and other available work tasks, and the associated critical physical, psychological, social, environmental and organisational demands and risks;
- assess a Client performing pre-injury duties and any other available tasks that may be within their current work capacity;
- identify methods of temporarily or permanently modifying/mitigating work demands to maximise work capacity and facilitate recovery at, or return to work;
- match a Client's assessed work capacity with compatible work tasks;
- identify tasks that can be utilised as part of a graduated return-to-work plan;
- collaborate with the employer to finalise recommendations regarding suitable work options;
- communicate assessment findings and recommendations.

### Initial report and plan

The provider will send an initial PTE plan using the ACC7982 report template, within ten working days of the initial assessment. The plan should include:

- A return-to-work plan (containing dates, days, hours, work tasks and restrictions).
- Summary of return-to-work factors e.g. psychosocial factors that have been considered.
- Outcome target date, Client goals and other activities to reach the desired outcome.
- Communication plan of how often the Supplier and ACC will engage.
- Where required, a description of the Client's work tasks and environment.

After receiving the initial PTE plan ACC will:



- Contact the Supplier to discuss any suggested changes to the plan within two days of receipt
- Agree in collaboration with the Supplier of the frequency and best method of keeping them informed of progress, in addition to the formal reporting at the midpoint and programme completion
- Arrange any additional support that is agreed as necessary to support the Client's return to work, e.g. transport.

### **Establish agreement/sign off**

The Provider should submit the proposed return-to-work plan to the treating medical practitioners involved in the Client's recovery e.g. GP and treating physiotherapist. The Provider should liaise with the medical practitioners to obtain their agreement and where necessary make adjustments. The provider can contact the medical practitioners by phone, email or in person. The Provider should obtain an updated medical certificate to evidence their approval of the plan.

### **Educate Client and employer**

Once the return-to-work plan has been agreed to, the Supplier should provide the Client and employer with a copy of the Client's return-to-work plan. The Supplier should educate the Client and employer about the return-to-work plan and where appropriate teach them appropriate and effective self-management strategies, so they can manage their own rehabilitation and return-to-work with the support of their primary care team and ACC recovery team member.

This can be achieved through education that promotes problem-solving, decision making and developing a cooperative partnership. For example, this could include:

- Assisting the Client and employer to understand the various persons in the 'system' and their respective roles and who can assist them during their recovery.
- Setting communication expectations between the Client and employer to promote them to problem solve and work cooperatively.
- Assist in developing processes for the Client if their symptoms become aggravated.
- Educating the Client and employer on safe work practices and modifying the workplace.
- Ensuring the Client's primary care providers such as GP and treating Physiotherapist are working together and supporting the Client.



- Providing advice to the ACC recovery team member to ensure follow up and support from ACC is provided at the right time.

Service Providers should ensure the above service components are completed within the stage 1 funding as a minimum. In addition, services under Stage 1 may include any of the service components found in Stage 2.

### PTE Stage 2

PTE Stage 2 is for those Clients who are unable to self-manage their rehabilitation and return-to-work after Stage 1 or need more services to achieve the agreed return-to-work outcome. Stage 2 services build on services provided in Stage 1 and focuses on complex issues, or any barriers to rehabilitation.

PTE Stage 2 services do not require prior approval from ACC and the provider can progress to Stage 2 services once the relevant components of Stage One have been completed. Following the completion of Stage 1 Services, the Provider sends a progress report [ACC7982] to ACC containing the following information:

- a summary of the communications with the treating medical practitioners
- an update on any changes to the return-to-work plan or goal
- the progress the Client has made towards goals to date
- whether these goals are still reasonable or need updating
- and a clinical rationale as to what further interventions are needed.

Stage 2 activities may include:

- Rehabilitation services to address functional or psychosocial barriers to return-to-work such as low-level pain issues and related fatigue and contact with other treatment providers, e.g. physiotherapists to ensure treatment aligns with the return-to-work plan.
- Additional vocational rehabilitation may include further workplace visits and more extensive monitoring, modification of the workplace or job tasks, fitting or trialing equipment
- Job maintenance activities, where the Client is not fit for selected duties or there are no other duties available and the Client is at risk of disengaging from their employment. For example, supporting the maintenance of contact with their employer and colleagues,



engaging in alternative work tasks such as working alongside colleagues, attending staff meetings and staff social activities.

### PTE Stage 3

PTE stage 3 is for complex Clients who require more resources than are available in Stages 1 and 2. For example, Clients who have:

- complex psycho-social situations;
- complications in their recovery from their injury;
- require intensive multidisciplinary input from all members of the vocational rehabilitation team.

Stage 3 PTE services build on services provided in Stages 1 and 2. If clinically appropriate, a multidisciplinary team should be used to provide Stage 3 Services. Stage 3 services require prior approval from ACC. To request Stage 3 services, the Provider must send ACC an updated ACC7982 report detailing:

- The Client's progress towards the expected outcome;
- Rationale why further services are required;
- What services the Supplier will deliver under Stage 3;
- Which members of the MDT, if applicable, will be working with the Client, number of hours etc;
- The target date to achieve the goals.

If it is agreed, ACC advises the Supplier via email of the revised target date and the Purchase Order number for the specific services which have been approved.

### PTE Exceptional Services

Where additional funding is required, the Supplier must provide an updated ACC7982 report, with rationale as to why further services are required.

Providers are instructed to request Exceptional services at least two weeks prior to the completion of stage 3. Up to three Exceptional packages may be approved by ACC. If return-to-work or vocational independence is not achieved after three exceptional packages, then ACC must refer for a new Vocational Medical Assessment to assess the Client's need and update



the Rehabilitation goals. ACC will discuss further services with the VOC provider if the Vocational Medical Assessment recommends further vocational rehabilitation.

### Completion of the PTE Service

Closure of the PTE service should occur once the Client either achieves the expected return-to-work outcome or is able to self-manage the rest of their return-to-work journey.

In cases where the Client has resumed employment but is still participating in a functional rehabilitation programme, the functional rehabilitation programme may continue past the completion of the PTE programme. A new functional rehabilitation programme cannot be started after a Client has completed a PTE programme.

A completion report [ACC7981] is sent to ACC. The Completion Report should state the:

- services provided
- goals and outcomes achieved
- activities completed by the provider and/or Client
- whether the Client has achieved a partial or full return-to-work
- if the Client has not achieved an outcome of a full return-to-work or independence, then the reasons why and any recommendations for ongoing support
- general comments and whether there are any follow-up action required by ACC

If during the delivery of the PTE Service, the provider (or medical practitioner, or other treating providers) determines that the Client is probably not likely to return to their pre-injury role, the provider should advise ACC immediately.

### Functional Rehabilitation

#### What is functional rehabilitation?

Under the Stay at Work (SAW), Back to Work (BTW) and Pathways to Employment (PTE) services, Suppliers may arrange functional rehabilitation when a Client's recovery cannot be managed through a graduated return to work, work trial or treatment by either a Physiotherapist, Occupational Therapist or Psychologist. Functional rehabilitation is a exercise programme that:



- incorporate task and context specific practice in areas meaningful to the Client's job role, and
- where applicable, incorporate exercises that mimic what the Client does at work.
- Functional rehabilitation programmes may also be called functional strengthening, functional exercise or cardiovascular programmes.

### **Who is entitled to a functional rehabilitation?**

Functional rehabilitation should only be used when the Client's job tasks have been assessed and there is a need for task specific practice or exercises to help them achieve and sustain the return-to-work outcome and this need cannot be met through a graduated return to work, work trial or treatment by either a Physiotherapist, Occupational Therapist or Psychologist.

Following an injury, most Clients require stretching, strengthening and functional exercise to regain their normal everyday function. Client's should receive this support from a treating physiotherapist outside of Vocational Rehabilitation Services.

Prior to arranging functional rehabilitation, the SAW, BTW or PTE Provider must have spoken with the Client's treating therapist. The Provider must discuss the need for functional rehabilitation and determine whether the need can be met through treating physiotherapy alone. The SAW, BTW or PTE Provider should support the treating physiotherapist to modify their treatment plan to include work specific goals and treatment. Where the Client has no treating physiotherapist, but requires physiotherapy support, the Provider should refer the Client to a treating physiotherapist.

A functional programme must not be used to:

- provide more intensive physiotherapy services,
- assist a Client in returning to sport, recreation or other non-work activities,
- assist a Client who has financial difficulties with paying a co-payment for physiotherapy, or
- to manage compliance and attendance to treatment.

A functional rehabilitation programme may be provided alongside physiotherapy services provided under the Physiotherapy Service Contract or Cost of Treatment Regulations physiotherapy; however, the VOC Supplier must assess the need in collaboration with the treating physiotherapist.



### Who can provide functional rehabilitation?

Functional Rehabilitation must be delivered by a Physiotherapist, Occupational Therapist or Psychologist who is registered with the relevant professional body and holds a current annual practicing certificate as noted in the Service Schedule, Part B, Clause 19.1.

This physiotherapist may also utilise support personnel such as physical trainers, gym instructors, pool attendants and coaches to support the programme, but the programme must be led by the physiotherapist. Where this is the case, Suppliers will ensure the programme is delivered consistently and the Physiotherapist retains responsibility for ensuring safe practice by all support personnel.

### Where is functional rehabilitation provided?

It is expected that functional rehabilitation is delivered at the Client's workplace, in the community or home where possible. When required, it is possible to deliver functional rehabilitation at a local gym, pool or recreational facility. It is important that the Client has access to the facility and can complete the programme independently. No gym, pool or recreational facility costs or memberships can be paid through vocational rehabilitation services. It is expected that these costs are covered by the Client. In exceptional circumstances, Recovery Team Member's may consider funding a pool or gym pass outside of the Vocational Rehabilitation service.

### Functional rehabilitation programme service components:

The physiotherapist must complete an **initial assessment**, which is expected to take approximately 40 minutes. Following the assessment of the Client, the physiotherapist should focus on educating the Client to enable them to complete the programme independently. The functional rehabilitation programme should be documented, including specific goals, timeframes, clinical records and outcomes.

A **follow up treatment or assessment** is expected to take 30 minutes and involves assessment of the Client and their current function, modification of the functional rehabilitation programme and further education to enable the Client to complete the programme independently.

The physiotherapist delivering the functional rehabilitation programme must also:

- Arrange the necessary appointments with the Client; and





- Communicate with other members of the VOC team when the Client fails to attend; and
- Maintain on a clinical record of the functional rehabilitation, including the date of services and sufficient detail to enable verification.

### How much functional rehabilitation can a Client receive?

Functional Rehabilitation can be provided only once per service (SAW, BTW or PTE) and should be invoiced as per the following table:

Description	Stay at Work	Back to Work	Pathways to Employment
Initial Functional Rehab	VRS25	VRB15	VRP05
Follow Up Functional Rehab	VRS26	VRB16	VRP06

The SAW, BTW or PTE Provider must determine how much functional rehabilitation a Client needs based on their individual circumstances. The programme should enable the Client to self-manage and complete the programme independently.

### Can the SAW, BTW or PTE Provider also provide the functional rehabilitation?

Where the same Provider is providing Functional Rehabilitation and the other components of the vocational rehabilitation service, the Provider must maintain a clear record of when they are providing the functional rehabilitation, including the date and time of those services.

The Provider may provide both the Functional Rehabilitation and other components on the same day and immediately following each other. Travel must only be charged once and in line with the travel requirements of the vocational rehabilitation service.

### Can a Client be referred for a ‘functional only’ SAW, BTW or PTE service?

ACC cannot refer a Client for a ‘functional only’ programme, a provider cannot provide a Functional Rehabilitation programme without ACC approval for BTW and PTE Services and the Client is only eligible for a Functional Rehabilitation programme if currently receiving SAW, BTW and PTE services.

It is the responsibility of the SAW, BTW or PTE Provider to decide whether the Client meets the criteria for functional rehabilitation.



## Obtain Work Trials

Obtain Work Trials can be used as a component of the Back to Work (BTW) or Pathways to Employment (PTE) service to help a Client achieve one or more of the Return-to-work goals referred for under the BTW or PTE service

Obtain Work Trials test a Client's capacity for work in an actual workplace and can also lead to permanent employment options. They also provide useful information for any subsequent medical assessments to determine capacity for work and further rehabilitation.

### Who is entitled to an Obtain Work Trial?

A Client is eligible for an Obtain Work Trial if the Client is receiving services within either a Back to Work Two or above or Pathways to Employment Two or above programme.

The Obtain Work Trial must also be in a work-type specified in the Client's Initial Medical Assessment as currently medically sustainable or likely to be medically sustainable. No prior approval is required by the supplier for utilising the first Obtain Work Trial Set-up or Monitoring codes per service.

The BTW or PTE Provider must have spoken with the Client's treating therapist prior to arranging a Work Trial.

### Who can provide an Obtain Work Trial?

Obtain Work Trials must be delivered by a Physiotherapist, Occupational Therapist or Vocational Consultant who is registered with the relevant professional body or membership and holds a current annual practicing certificate or membership as noted in the Service Schedule, Part B, Clause 24.1.

## Obtain Work Trial Components

### Obtain Work trial Set Up

Obtain Work trial setup funding should be used for the following activities:

- Sourcing the work trial
- An initial assessment to match the role with a job type stated as medically sustainable or likely to be medically sustainable.
- Development of a Work Trial plan that includes the objectives, number of hours, goals and restrictions.

- Obtain a signed letter which acknowledges the roles and responsibilities of all parties during the Obtain Work Trial
- Liaison with employer, GP, ACC and the client
- Contact with existing treating providers to obtain agreement and support of the plan's goals and objectives.
- Occupational therapy assessment of the work trial environment if required
- Gain certification from a medical provider to do the work trial

The Provider should provide ACC and the certifying medical practitioner a brief outline of any Work Trial to be undertaken before undertaking a Work Trial. The GP or certifying practitioner should also provide medical clearance for the Client to complete the Work Trial. A copy of this written approval should be provided to ACC.

The Provider must seek acknowledgement of the roles and responsibilities during the Obtain Work Trial from all parties (Client, Employer and Provider). This acknowledgement must be kept on file by the provider and if requested a copy of this should be supplied to ACC, as noted in the Service Schedule, Part B, Clause 5.20.6.2.2. For an example of this letter please see Appendix A: Obtain Work Trials – Acknowledgement letter.

The Supplier can bill ACC once the Work Trial is set up.



Although the work trial sourced should be one of the job types cleared as medically sustainable in the IMA, it is the GP that provides medical clearance for the client to complete the Work Trial. This includes the number of hours the Client can or cannot do. If the GP does not approve a work trial, a Vocational Medical Assistance case conference should be used to engage the Occupational Physician and GP.

### Obtain Work trial Monitoring

Obtain Work Trial Monitoring funding should be used for:

- Follow up consultations in accordance with the Work Trial plan developed at the initial assessment.
- Monitoring of the work trial
- Addressing any barriers to achieving the Work Trial goal



- Liaison with treating providers, employer, and the client to ensure the success of the trial.
- Reporting to ACC

The Provider may bill ACC for the monitoring of the work trial once the 1<sup>st</sup> monitoring session has taken place. The date the client started the work trial should be provided as the “service date”.

Following the work trial, the provider sends a report to ACC setting out the following information:

- Confirmation of the hours worked by the Client
- Detail of the tasks undertaken
- Details of the Client’s motivation and inclusion of employer comments.
- Any barriers such as pain that arose and how these were addressed
- Details of any non-compliance
- Details of the Client’s motivation and inclusion of employer comments.

It is helpful to ACC if the provider reports the full range of activities the Client has undertaken each day. This is best presented on a weekly timetable for the period of the work trial, including their activities such as work, participation in other rehabilitation such as exercise programme, vocational training and so on. This provides ACC with a full picture of the Client’s overall level of participation. A Client completed daily diary is recommended.

The provider should offer the employer the opportunity to complete a survey at the conclusion of the Obtain Work Trial. The purpose of this survey is to gather insights from employers to assist ACC in the development of vocational rehabilitation initiatives to further support our clients to return to the workforce. An example of this survey is in Appendix B.

### **How many Obtain Work Trials can a Client receive?**

The first Obtain Work Trial Set-up and Monitoring codes do not require approval from ACC, any additional Obtain Work Trial Set-up or Monitoring codes require prior approval. Additional Obtain Work Trial Set-up codes should only be requested during a BTW or PTE service if they are required for sourcing a new Obtain Work Trial.



*For Example: If a client takes longer to complete the Work Trial and the Obtain Work Trial Monitor funding is exhausted, the package funding in the Back to Work or Pathways to Employment programme should be utilised. Additional Obtain Work Trial funding would not be approved.*

All codes should be invoiced as per the following table:

Description	Back to Work	Pathways to Employment
Obtain Work Trial Set Up	VRB17	VRP07
Obtain Work Trial Monitoring	VRB18	VRP08

## Job Search Service

The Job Search service is offered to Clients who are considered Vocationally Independent and provides additional support in helping them seek and secure employment prior to the weekly compensation entitlement stopping.

The Job Search service is only for those Clients who have been assessed as Vocationally Independent. The Supplier will be provided with a copy of the Client's VI06 Claimant notification of compensation cessation which outlines the identified work types that are suitable for the Client.

Job Search sits outside VOC and is offered to Clients once the Vocational Rehabilitation has been completed. Job Search is designed to provide additional support to help Clients seek and secure employment in the three-month period before their entitlement to weekly compensation ends.

Job Search activities may include:

- develop a job search plan that matches the Client's capabilities, work types identified in the vocational independence occupational assessment (VIOA) and vocational independence medical assessment (VIMA) and employment opportunities
- development or modification of CV
- teaching job search strategies and skills, including accessing the labour market
- preparing for interviews and interview techniques
- providing job seeking advice
- connecting the Client with employers and/or actively working with employers to identify suitable employment
- acting as an intermediary with these employers on behalf of the Client



- completion of job applications, motivational coaching and follow up to ensure the job placement is durable.
- refer to the claims manager if they identify that any workplace modifications are needed. You may need to make a separate referral for services outside of the Job Placement service

The Job Search must be provided over a 12-week period from the date of referral acceptance, unless advised by ACC that the client can exit the service. Providers are expected to submit a report using the ACC5956 form. They will provide an initial report, an update on progress when exceptions occur to the service and a completion report.

## Vocational Rehabilitation Equipment

Vocational rehabilitation equipment may be recommended to ACC by a provider following a work site assessment or if identified throughout the vocational rehabilitation service.

When the provider is identifying a need for any vocational equipment for a client, they should always consider:

- Is there an injury related need for the equipment.
- What's the rehabilitation outcome to be achieved by providing the equipment.
- Would it be reasonable for the client to purchase the equipment.
- Will the client use it.
- Is the equipment needed a part of the employer's responsibility to provide.
- What is the most cost-effective option, for example, there may be natural supports, adaptations in routine, existing items or equipment, alternative tasks or other services.

If vocational rehabilitation equipment is recommended, the MRES list should be the first option for purchasing the equipment, the list includes a limited number of office equipment items. For more information, please see the MRES Service Schedule and Operational Guidelines.

Any item not available on the MRES list that is required for vocational purposes must be purchased through EV01 (non-contracted vocational equipment code). The provider should provide a rationale for the equipment to request prior approval from ACC, purchase order approval is required for this.



For all vocational equipment being recommended, arranged or provided, the Vocational provider should ensure that it is noted in their reports including the rationale for the Recovery Team's information.

## Supplier Quality and Performance Reporting

The Service Schedule, Part B, clause 12, outlines the requirement for suppliers to provide ACC with 6 monthly reporting, using the template provided by ACC. The Supplier will submit the reports to ACC within 10 working days from 31 October (for the period 1 May to 31 October) and within 10 working days from 30 April (for the period 1 November to 30 April).

### Supplier Reporting of Obtain Work Trials

The Supplier provides information specifically relating to Obtain Work Trials they undertake. This information enables ACC and Suppliers to understand the outcomes that Obtain Work Trial's achieve and to assist with the development of vocational rehabilitation initiatives to further support our clients to return to the workforce.

All Vocational Rehabilitation Suppliers will be provided with an Obtain Work Trial reporting template with the specific information to be captured. This must be completed on conclusion of a Work Trial and supplied to ACC 6 monthly in addition to current reporting requirements outlined in the Service Schedule, Part B, clause 12.1.

The information may be captured via a practice management system (PMS), an external survey platform or any other tool the Supplier deems as appropriate. ACC will work with Suppliers to make sure the information is being captured accurately.

Conclusion of the Work Trial may occur at different times throughout the Work Trial. For example: *The provider starts to set up the work trial but is successful in sourcing a Work Trial therefore the Work Trial concludes, reporting should be completed at that time, or the Work Trial is set-up and begins however due to reaggravation of the client's injury the Work Trial concludes, reporting should be completed at that time.*

### Supplier Reporting of Global Rating Of Change (GROC)

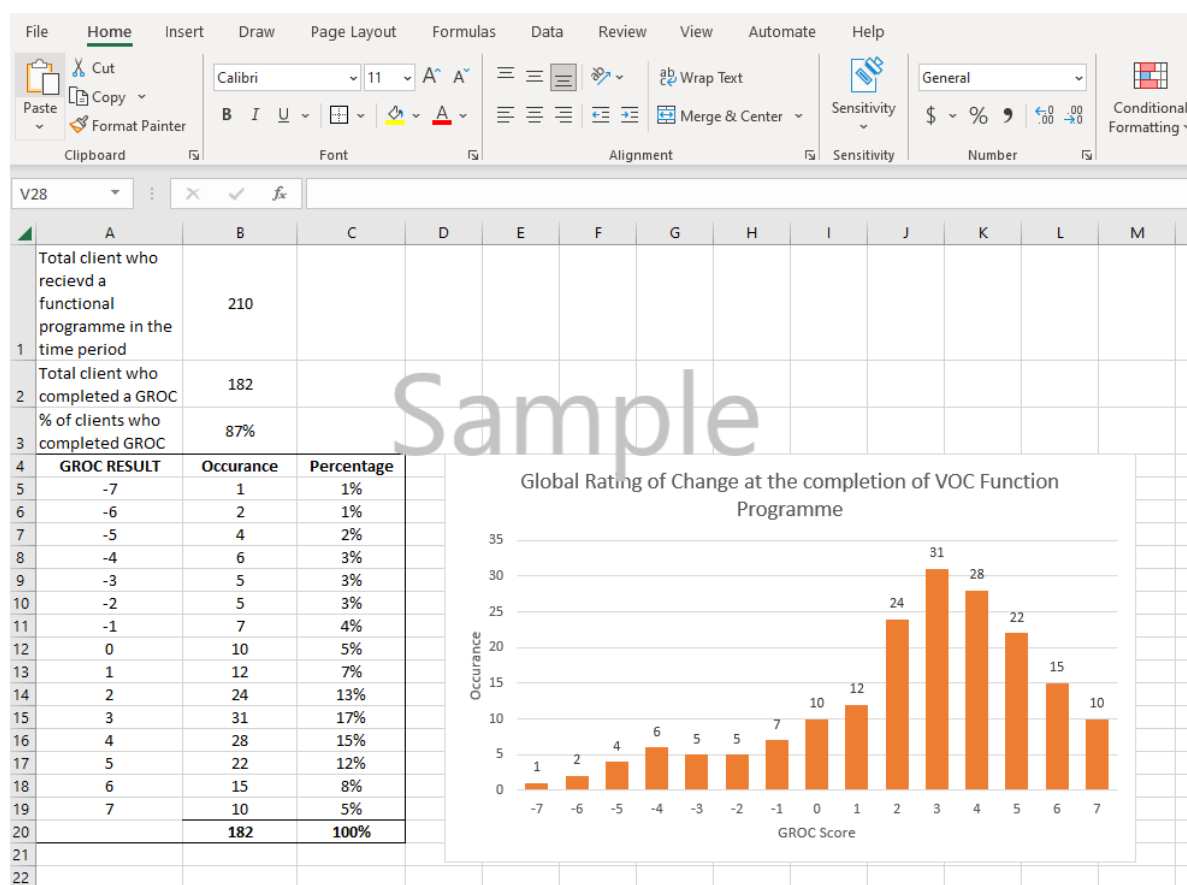
The Service Schedule, Part B, clause 5.19.10. outlines that suppliers must offer all clients who participate in Functional Rehabilitation the opportunity to complete the 11 Point Global Change Scale at completion of the programme. The results of the 11 Point Global Change



Scale findings must be supplied to ACC within the 6-monthly reporting as per Service Schedule, Part B, clause 12.1, Table 7.

*An example of the Point Global Change Scale survey is included in Appendix C*

It is suggested data is captured in the following way in a spreadsheet.



ACC will work with suppliers with the secure transfer of reporting information.

## Reporting Template Forms

All of the following reporting forms are available on ACC external website [Resources Page](#)

Service	Report name
Stay at Work [SAW]	ACC7430 Initial and Progress Report
	ACC7983 Completion Report





<b>Back to Work [BTW]</b>	ACC7431 Initial and Progress Report
	ACC7980 Completion Report
<b>Pathways to Employment [PTE]</b>	ACC7982 Initial and Progress Report
	ACC7981 Completion Report
<b>Job Search</b>	ACC5956 Job Search – Initial Plan and Completion Report
<b>Standalone Workplace Assessment</b>	ACC5945 Standalone Workplace Assessment

## Travel

Provider travel distance and time can be invoiced where the travel distance is greater than 150km for the return trip (per claim). The price for travel distance and travel time is found in Part A, Clause 3 of the Service Schedule. Travel time and distance under 150km cannot be invoiced separately or using other VOC service item codes.

Travel distance and time must be invoiced via the most direct, practicable route from the Suppliers facility/base or the Provider's home (whichever is closest). The Supplier cannot claim travel distance or time when travelling from one facility/base to another, or from their private residence to the base of operation.

ACC expects that Suppliers and their staff work to minimise travel costs. Travel from a base of operation should be for services to several Clients. Where the Provider sees multiple Clients in one day and is leaving from a Client's place of employment, travel distance and time starts from the previous destination. Where the Provider sees multiple Clients at the one site or within a similar location/town, travel costs should be divided proportionately between each Client.



## Appendix A : Obtain Work Trial – Acknowledge roles and responsibilities template

### Obtain Work Trial Rehabilitation

#### Acknowledgement of roles and responsibilities

An Obtain Work Trial is for the purpose of providing vocational rehabilitation to an eligible injured person (the Client) with a covered ACC claim. It is a short period of work experience with a designated employer in a specific work type assessed as appropriate for the Client by a Medical Assessment. It is designed to:

- Provide an opportunity for the Client to experience the suitability of some job options
- Provide an environment where the Client can apply their work skills and abilities
- Allow the Client to re-establish work routines
- Provide an opportunity for the Client to develop new skills.

It is important that everyone involved in the Obtain Work Trial understands what is involved and their responsibilities.

#### ACC Vocational Rehabilitation Services Supplier responsibilities:

- Match a suitable work trial with the Client's skills, abilities and capacity
- Ensure the Client gains the appropriate medical certification for the duration of the Work Trial
- Monitor the Client's progress during the Obtain Work Trial and troubleshoot any issues that arise
- Keep ACC updated on how the Client is progressing with the Obtain work trial
- Ensure the employer understands the purpose of the Obtain Work Trial and their obligations

#### Obtain Work Trial Employer responsibilities:

- Meeting your health and safety obligations to those at your workplace
- Supervision of the Client while they undertake work experience
- Providing any tools and/or training the Client may need.
- Not take work away from a paid employee to give to the Client on a Obtain Work Trial
- Regular communication with the Vocational Rehabilitation Services Supplier to provide updates and jointly support the Client.
- You don't have to:
  - pay wages (the client will continue to receive ACC weekly compensation)
  - offer permanent work to the Client
  - pay ACC levies or
  - keep the Client in your business if things don't work out.

#### The ACC Client participating in the Obtain Work Trial declares that:

- You understand that your participation in the Obtain Work Trial is voluntary, and that the Employer is only providing Work Experience for the purposes of vocational rehabilitation.
- You understand that there is no expectation that the Employer will offer you paid work at the conclusion of the Obtain Work Trial.
- You will not receive payment or reward from the Obtain Work Trial employer as your ACC weekly compensation will continue.

The information above has been explained to me and I understand what is involved and my responsibilities.

Signed:

Vocational Rehab Supplier:		Name and Date:	
Obtain Work Trial Employer:		Name and Date:	
ACC Client:		Name and Date:	



## Appendix B: Obtain Work Trial – Employer Survey example

### Employer Feedback

Thank you for providing the opportunity for an **Obtain Work Trial** for an ACC Client.

Your feedback on your experience as an employer will assist in the development of vocational rehabilitation initiatives to further support our clients to return to the workforce.

**This survey is anonymous unless you provide consent to discuss your experience with ACC further.**

**1. Providing an Obtain Work Trial opportunity for an ACC client was a positive experience**

☐ *Strongly Disagree*      ☐ *Disagree*      ☐ *Neither Agree or Disagree*      ☐ *Agree*      ☐ *Strongly Agree*

**2. I was supported by ACC and the vocational rehabilitation supplier to have an Obtain Work Trial for an ACC Client in my workplace**

☐ *Strongly Disagree*      ☐ *Disagree*      ☐ *Neither Agree or Disagree*      ☐ *Agree*      ☐ *Strongly Agree*

**3. The Vocational Rehabilitation Supplier communicated well with me**

☐ *Strongly Disagree*      ☐ *Disagree*      ☐ *Neither Agree or Disagree*      ☐ *Agree*      ☐ *Strongly Agree*

**4. ACC communicated well with me**

☐ *Strongly Disagree*      ☐ *Disagree*      ☐ *Neither Agree or Disagree*      ☐ *Agree*      ☐ *Strongly Agree*

**5. The Obtain Work Trial gave me confidence to offer employment to ACC clients recovering from injury**

☐ *Strongly Disagree*      ☐ *Disagree*      ☐ *Neither Agree or Disagree*      ☐ *Agree*      ☐ *Strongly Agree*



**6. I would recommend other employers offer Obtain Work Trials for ACC clients**

- ☐ *Strongly Disagree*      ☐ *Disagree*      ☐ *Neither Agree or Disagree*      ☐ *Agree*      ☐ *Strongly Agree*

**7. I would offer another work trial to an ACC Client in the future**

- ☐ *Strongly Disagree*      ☐ *Disagree*      ☐ *Neither Agree or Disagree*      ☐ *Agree*      ☐ *Strongly Agree*

**8. Why did you provide the opportunity for a Obtain Work Trial in your workplace?  
Please tick all that apply:**

- ☐ It is part of our sustainability or community service policy (or similar)
- ☐ Decreased workforce availability/Recruitment challenges
- ☐ I want to give back to the community
- ☐ Existing relationship with the ACC Client
- ☐ Existing relationship with the Vocational Rehabilitation Supplier
- ☐ Free labour for the period of the work trial
- ☐ Enhance business profile/reputation
- ☐ No reason
- ☐ Other: please define \_\_\_\_\_

**9. I offered employment to the ACC client doing the Obtain Work Trial**

- ☐ *Yes – Full time  
(30 hours or more)*      ☐ *Yes – Part time  
(less than 30 hours)*      ☐ *No*

**10. If Yes, did the ACC client accept the employment offer?**

- ☐ *Yes – They accepted my  
employment offer*      ☐ *No – they did not accept  
my employment offer*      ☐ *N/A*



**11. Do you have suggestions for how we can improve the Obtain Work Trial experience for employers and/or clients? (Please do not identify the ACC client)**

--

**Would you be interested in discussing your experience with ACC?** ☐ Yes ☐ No

If Yes, please provide details:

Company Name:		Contact Person:	
Phone:		Email:	

Thank you for your time.



Appendix C: Global Rating of Change (GROC) question example

Global Rating of Change (GROC)

Vocational Rehabilitation Services – Functional Rehabilitation

You have recently participated in an ACC-funded Functional Rehabilitation programme as part of your vocational rehabilitation to help you to return to work following your injury. Functional Rehabilitation programmes may also be called a strengthening programme, exercise programme, work hardening or cardiovascular programme.

Please answer the following question and choose ONE answer along the scale

With respect to your ACC covered injury, how would you describe yourself now compared to when you started your Functional Rehabilitation programme?

