Centre of National Research on Disability and Rehabilitation

Report of the Social and Behavioural Sciences Stream and Plan for the Vocational & Community Rehabilitation Program

CONROD
Centre of National Research on Disability and Rehabilitation Medicine

Motor Accident Insurance Commission

Griffith UNIVERSITY

NOVEMBER 2006
Key Performance Indicators in 2006

Key Performance Indicators for the Social and Behavioural Sciences research stream were as follows:

• Publications - at least four submissions to refereed journals;

• Research Grants - at least two submissions each year to competitive

In addition to these standard KPIs, we have addressed several areas of dissemination and influence:

• Conferences/Seminars/Workshops - at least one national or highly relevant presentation each year regarding the content of the research agenda;

• Partnerships - association or continued association with at least one relevant industry or community/consumer group (e.g., consultation, demonstration of an active research or advisory partnership, development of an advisory reference panel to drive research, community or professional participation/service);

• Policy Influence - participation in at least one significant policy activity (e.g., participation in an advisory group for a Government department, peak NGO or professional advocacy body, contribution to a political or legislative enquiry, conduct of a policy analysis, presentation of policy-related analysis, development of a useful resource or meaningful product that can produce change in the industry/community

• Facilitation of Research Activity - involvement in mentoring research in the community or industry or government or profession (e.g., a teaching role, supervision of a post-graduate student, mentorship of a community researcher, delivery of a research methods seminar/workshop).

Outcomes Summary

The year has seen us not only meet the KPIs for the stream but we have exceeded all expectations. During 2006, the stream consisted of 1 full-time MAIC fellow and the full-time Associate Professor of Social and Behavioural Science (i.e., 2 FTE for the year). In relation to the KPIs, the following outcomes can be reported for these staff members:

• Publications: 22 (published or in press) and 13 (under review or submitted)

• Industry Reports: 3

• Research Grants & Consultancies: 1 (Successful); 5 (Awaiting outcome)

• Advisory Panels: 8 (State/National/International)

• Students: 3 Honours students; 1 Masters student; 4 PhD students; 4 Research Practicum students
**Action Plan for 2007: Aims**

- Develop a cohesive research agenda for the next five years that both meets the needs of stakeholders and addresses national priorities;
- Pursue large programme grant funding in current and/or emerging areas of national & international significance;
- Continue developing research repositories in key areas to assist in the identification of gaps in current knowledge and formulate new research areas;
- Increase track record of stream members through fellowships, competitive grants and publications;
- Continue to assist new researchers in this area to obtain higher degrees;
- Maintain active industry collaborations within Queensland and Australia and;
- Host international researchers and develop internationally compatible research projects.

**Development of Action Plan for 2007-2011**

- Establishment of an industry reference group for Vocational and Community Rehabilitation;
- Identification of other national/international researchers with related interests;
- Development of collaborative networks with relevant industry and government departments;
- Design of seminars and training for community, industry, and service providers;
- Identification of methods of disseminating advice to all levels of Government, industry and community sectors;
- Design of templates and guidelines for a range of information dissemination strategies to be applied to each project:
  - Methods for contributing to the training of future service providers;
  - Guidelines for participating in consultancy and advisory services;
  - Publications and authorship plans
  - Contribute to newsletters, website and flyers
  - Templates for project fact-sheets, identifying methods for producing video, manuals and other resources from project findings
Disability and Rehabilitation Research Agenda 2007-2011

Justification for the Research

Our previous research agenda has shown that reducing the long-term burden of disability requires the co-ordination of several complementary components rather than a unitary approach. Further, responses must be based in the community context. Most frameworks of adjustment and well-being in the area of injury and disability agree that effective management of long-term disability and prevention of disadvantage must be based on two major premises: (1) early appropriate intervention to prevent regressive trajectories and increased disability or dependence; and (2) the development of sufficient resources or strategies to support positive adjustment and growth.

Whereas the principle of early intervention is easily operationalised, the concepts of appropriate interventions and resource-building are less tangible and rarely implemented adequately. In the first MAIC funded fellowship (1996-2001) Newsome and Kendall (1997) articulated a model of rehabilitation based on the concept of opportunity-expansion. Similar to many other strength-based models of rehabilitation, they claimed that tertiary rehabilitation should focus on providing opportunities for individuals and enabling them to take advantage of those opportunities. Indeed, an ever-increasing body of evidence suggests that adjustment difficulties and prolonged disability has its origins in the inherent lack of resources that are available to people in this situation. Resources exist at several levels, namely the psychosocial (i.e., individual and family), community, workplace, and systemic (i.e., service providers, policies and service models) levels. Increasing resources and the capacity to make use of resources at each of these levels is the focus of opportunity-expansion rehabilitation.

Research conducted during the second MAIC/CONROD research agenda (2002-2006) we explored knowledge in each of these areas, adding to important conclusions about the factors that might contribute to successful interventions. This research has collectively indicated that all programs at the tertiary end of the rehabilitation continuum must support individuals to manage their own condition within their family and community context. They must have as much autonomy as possible, without becoming isolated and overwhelmed. Families must also be able to provide sufficient support and care, without depleting their own strength and unity. Communities must be accepting and supportive of people with disabilities and have the capacity to provide accessible environments – people with disabilities must be able to participate in the community in the manner of their choice. Working environments must promote health and have the capacity to accommodate the needs of workers with disabilities and chronic conditions. Finally, service providers, systems and policies must operate in such a way as to enable autonomy and participation while simultaneously providing efficient, responsive and quality services.

Given this conclusion the proposed research agenda for 2007-2011 for this stream (now called the Vocational & Community Rehabilitation Program) will focus on the development and implementation of innovative ways in which to facilitate resource-building at each of the levels.
Aim of the Research Agenda

The Vocational and Community Rehabilitation research agenda will:

- Undertake applied research that improves the capacity of individuals with injuries to negotiate their environments effectively following the onset of a disability;
- Encourage the development of responsive human service systems, communities and workplaces that can accommodate and support people with disabilities;
- Develop and evaluate innovative human service models and rehabilitation interventions;
- Contribute to human service needs and issues that are not adequately addressed at present.

Several principles will guide the research, based on learnings from the previous research agenda. Specifically, the research agenda will focus on the promotion of social justice, health and quality of life, primarily through the meaningful transfer of knowledge to policy and practice. The research agenda will also respect the guiding principles of sustainability and diversity that are crucial to the development of useful research. To implement these principles, researchers will ensure that each project, and their overall agenda, involves the development of innovative and sustainable interventions that have the capacity to produce beneficial outcomes for relevant stakeholders, with reference to the needs and perspectives of diverse populations.

Four major research areas will be implemented within the Program, namely:

- Self-Management and Personal Agency;
- Participation and Community Engagement;
- Healthy Workplaces and Workforce Capacity;
- Effective and Efficient Systems and Providers.

Each of the research areas and the activities likely to be implemented over the next 5 years are described in further detail below.
**Research Agenda 1: Self-Management and Personal Agency**

In relation to individual opportunities, previous research conducted through the MAIC/CONROD agenda has shown that individuals with disabilities require information about their rights, choices and resources, their disability and their current situation. This information was best gained through dialogue within a trusting relationship, where aspects of their new circumstances could be explored, reconstructed and understood. However, in addition to skills and information, individuals require assistance to develop a sense of responsibility for their own lives, motivation to improve, hope for the future and a belief in themselves and their abilities. At the social level, previous research has acknowledged the importance of human relationships. It is imperative that such relationships are facilitated in the individual's social context, rather than in the rehabilitation setting. Families clearly represent the primary resource for people with disabilities. However, previous research has shown that traditional rehabilitation focuses exclusively on the individual, isolating the family and threatening the importance of their role. Consequently, rehabilitation must incorporate a range of strategies designed to engage families in the process. Particular diversity topics to be addressed within this research agenda include self-management among men and in indigenous communities.

| Years 1 to 2: | • Conceptual analysis of the constructs associated with personal agency and self-management.  
• Systematic review of quantitative evidence regarding interventions designed to promote self-efficacy and personal agency among people with disabilities.  
• Measurement of outcomes from rehabilitation empowerment interventions using both quantitative and qualitative indicators. |
| --- | --- |
| Years 3 to 4 | • An examination of the effectiveness of approaches to promote self-management for people with disabilities.  
• An examination of self-management interventions in Indigenous communities.  
• Methods for recruiting and influencing men.  
• Self-management for children with disabilities. |
| Year 5 | • A sustainable method for delivering self-management interventions in the community.  
• How to build long-term partnerships between people with disabilities and their providers. |
**Research Agenda 2: Participation and Community Engagement**

Participation in the community has clearly been associated with a positive cycle of reduced social isolation leading to increased confidence that attracts more social contact and further enhances well-being. By participating in community activities, individuals also gain access to a wide range of opportunities that are denied to people who are segregated from the community. However, community access initiatives are often implemented in non-supportive communities, but little work has been done in preparing communities to support people with disabilities. Thus, rehabilitation may need to include strategies designed to create neighbourhood links between community members, educate community groups and inspire collective action. There is a need to develop an understanding of the processes through which stakeholders (consumers, health professionals, employers, Government agencies) influence and share priorities, policy-making, resource allocation and access to public services.

| Years 1 to 2: | • Experiences of people with disabilities and severe injuries as they re-enter communities: An examination of turning points and trajectories.  
• What is a community and how can a supportive community be facilitated. |
|---------------|--------------------------------------------------------------------------------------------------|
| **Years 3 to 4** | • Cross-sectional collaborations between schools, employment agencies, employers and the community sector to promote disability.  
• Examination of a model for promoting community re-integration for people with significant cognitive disabilities. |
| **Year 5** | • Community-based models of rehabilitation: Threats to sustainability. |
Research Agenda 3: Healthy Workplaces and Workforce Capacity

A stable workforce is crucial for maintaining good service levels, high productivity, and minimising the social and economic costs on society. To successfully retain workers in the workforce following the onset of injury, illness, or disability, support by employers that enable the needs of workers to be identified in a timely and collaborative manner, and be addressed in a coordinated and positive way, is crucial. The increasing economic and social costs associated with poor workforce retention and unhealthy workplaces provides the scope to encourage employers to develop models of practice that are more responsive and proactive in regard to managing workforce capacity. These frameworks are clearly lacking in many organisations, more particularly so, in smaller organisations. The lack of resources, specialist expertise and relevant experience available to smaller employers increase the difficulties they experience in developing and operationalising effective workforce management practices and processes.

| Years 1 to 2: | • Examination of practices within the workplace that create positive outcomes.  
|             | • Design of a holistic workplace rehabilitation system using existing evidence and new data.  
| Years 3 to 4 | • The implementation and evaluation of a holistic workplace rehabilitation system using comparison of multiple sites randomly allocated to intervention condition.  
|             | • Testing the efficacy of the components of a disability management model.  
| Year 5      | • Funding models and incentives for rehabilitation.  

**Research Agenda 4: Effective and Efficient Systems and Providers**

The formal disability, health and welfare system can represent an opportunity for people with disabilities, but only if appropriate and responsive to their needs. For the most part, this service network is confusing, disempowering and isolating. Accordingly, rehabilitation should assist clients to access services and ensure that services remain appropriate. In the medical sector, iatrogenic injuries (injuries caused by mistakes within the hospital system) are extremely costly and avoidable. It has been recognised in this sector that such injuries must be prevented. Similarly, the cost of adverse patient response to medical treatments has been an important consideration for some time. In the occupational rehabilitation and workplace system, such iatrogenic injuries are rarely considered. However, there is evidence that aspects of the system may have significant costs for society. These costs are ultimately avoidable and, therefore require attention. However, iatrogenic injury is difficult to identify without clear guidelines about the pathways that constitute “best practice”.

| Years 1 to 2: | • Access to rehabilitation programs.  
• Models and frameworks for practice and competencies for rehabilitation providers. |
|----------------|--------------------------------------------------------------------------------------------------------------------------------|
| Years 3 to 4   | • Developing a model of transitional rehabilitation following injury.  
• The role of non-traditional parties in community-based rehabilitation. |
| Year 5         | • Cultural change within systems and providers: How can we bring about sustainable shifts in professional thinking? |
The research agenda for 2002-2006 included four programs as described below:

1. **Disability and Disadvantage** – This stream consists of projects that examine traumatic injury and rehabilitation as it pertains to those in disadvantaged groups or communities (e.g., indigenous, rural, children, specific disability groups). This theme will address the ethical and moral aspects of rehabilitation for these groups as well as the delivery of appropriate services for underrepresented groups.

2. **The Rehabilitation System** – This stream is concerned with the delivery of rehabilitation services, the context in which they are delivered and the workers who deliver the services. Studies will examine models of rehabilitation and the education/needs of providers to improve services. The planning and policy for the future will also be examined.

3. **Outcomes and Efficacy** – This stream will examine the psychological and social impact of injury on people and the determinants of outcome. Projects will also examine the impact of rehabilitation and various interventions on outcomes as well as methods and strategies for assisting people to adjust over time.

4. **Healthy Workplaces** – This stream will include projects concerning the nature of the workplace into which injured people return and the factors that might impede or facilitate that process. Management and prevention of injury and disability in the workplace will be a focus.

This period focused on the completion of all projects contained in these programs in preparation for the finalization of the research agenda in 2006 and the development of a new agenda for 2007-2011. Outputs from the research agenda are described below:
PROJECT REPORT FOR 6 MONTHS TO 31 OCTOBER

Project 1

<table>
<thead>
<tr>
<th>Programme</th>
<th>Social and Behavioural Sciences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Title</td>
<td>Evaluation of the ABIOS STEPS intervention: A statewide intervention</td>
</tr>
<tr>
<td>Chief Investigator</td>
<td>Elizabeth Kendall, Heidi Muenchberger, Kylie Rixon</td>
</tr>
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*COLLABORATORS : ABIOS – (Acquired Brain Injury Outreach Service, Brisbane) Ray Quinn, Areti Kennedy, Sue Wright

*BACKGROUND (brief overview):
This is a two year statewide prospective intervention trial that aims to increase an individuals capacity to co-manage their brain injury and enhance their psychosocial support networks. Specifically, the STEPS program is a capacity building 6 week intervention, which aims to facilitate the self-management behaviours of individuals with acquired brain injury and enhance support structures in order for the individual and their family to cope better. During the course, participants will learn about their health and well being, how to manage difficulties with their health and well being, while working towards a common group goal.
Although the self-management approach seems to have considerable promise for individuals with brain injury, there is no evaluation research in this area available to confirm its utility and promote it as a viable rehabilitation intervention. This project represents the first formal evaluation of the self-management initiative for the brain injury population in Queensland.
The current pilot study aims to:
- Evaluate individual change in health and well-being over time following participation in the STEPS intervention. Specifically, the evaluation will identify the indicators of success for the intervention and the factors that facilitate positive outcomes.

*PROGRESS / OUTCOMES - 1 MAY TO 31 OCTOBER:
There are three parts to the evaluation of the STEPS program. 1. Participant and carer experiences. 2. Leader experiences. 3. Community engagement.
1. Participant and carer data collection has commenced for three sites, with another six sites to commence by the end of the year. 2. Health practitioner leader pilot interviews have been completed and peer leader interviews are scheduled for November/December. 3. Community engagement evaluation commences in Dec via mapping the process of interactions and decisions that must inevitably be made by any community service when implementing a community based intervention.
Project 2

<table>
<thead>
<tr>
<th>Programme</th>
<th>Social and Behavioural Sciences</th>
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<tbody>
<tr>
<td>Project Title</td>
<td>Other projects</td>
</tr>
<tr>
<td>Chief Investigator</td>
<td>Heidi Muenchberger</td>
</tr>
</tbody>
</table>

**COLLABORATORS :** CRS, ABIOS

**BACKGROUND (brief overview):**
Research to date has been related to the participation and adjustment of individuals with TBI, through understanding personal histories, and phases of coping. The research has found that individuals with brain injury do not adhere to traditional adjustment processes, and experience profound changes to their identity following injury, and trying to regain balance and realize new opportunities becomes a defining feature of the process. Following publication of this research, the researchers aim to distribute findings to the Disability Lifestyles website.

**Future Research**
In line with the aims of the CONROD research agenda, the research over the next few years will focus on:
- self-management as it applies to traumatic injury and broader family networks,
- work participation for individuals with brain injury and predictors of stable employment
- effective systems of service delivery for individuals with brain injury

This research will investigate concepts such as health professional education and evidence dissemination as it applied to brain injury, engagement of clinicians in the delivery of self-management interventions, and understanding the processes of effective community engagement and how individuals with injury establish sustained participation in their community.

**PROGRESS / OUTCOMES - 1 MAY TO 31 OCTOBER:**
**Project 3**

<table>
<thead>
<tr>
<th>Programme</th>
<th>Social and Behavioural Sciences</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project Title</strong></td>
<td><strong>Traumatic Injury: Management of Recovery and the prediction of well-being</strong></td>
</tr>
<tr>
<td><strong>Chief Investigator</strong></td>
<td>A/Prof Elizabeth Kendall, Prof Wendy Chaboyer, Dr Leanne Aitkin, Prof Nicholas Bellamy</td>
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**Background**

This study involved a prospective cohort design, using both quantitative and qualitative methods with data collection at hospital discharge, three and six months post-discharge. Ethical clearance was granted through Griffith University, University of Queensland, Princess Alexandra, Gold Coast and Royal Brisbane and Women’s Hospitals Human Research Ethics Committees.

Data collection commenced in May 2006 at the Gold Coast and Princess Alexandra Hospitals. Quantitative surveys measuring demographics, injury and treatment data, general health, self efficacy, illness perceptions, autonomy, self advocacy, knowledge and support, decision making styles and continuity of care (see table below) were administered.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Data Collection</th>
<th>Measures</th>
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<tbody>
<tr>
<td>Hospital Discharge</td>
<td>Chart Audit, Survey</td>
<td>Demographic, injury and treatment data, general health (SF – 36), self efficacy, knowledge and support, decision making styles, autonomy and self advocacy.</td>
</tr>
<tr>
<td>Three Months Post Discharge</td>
<td>Survey Interviews</td>
<td>Demographic, injury and treatment data, general health (SF-36), illness perception. Experiences and Perceptions of sub-sample</td>
</tr>
<tr>
<td>Six Months Post Discharge</td>
<td>Survey, Interviews</td>
<td>Demographic, injury and treatment data, general health (SF – 36), self efficacy, knowledge and support, decision making styles, autonomy, self advocacy, continuity of care. Experiences and Perceptions of sub-sample</td>
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To date, across both Gold Coast and Princess Alexandra Hospitals, 67 discharge surveys have been completed by participants. A further 15 three month post-discharge surveys have been completed and returned, with further surveys being sent by mail to participants at appropriate time intervals. No participants have reached the six month post-discharge follow up date.

Preliminary data analysis will commence in November 2006.

Data collection at the Royal Brisbane and Women’s Hospital has been postponed due to staffing issues outside of the research team’s control. Data collection at the Royal Brisbane and Women’s Hospital will commence in November 2006.

A purposively chosen sub-sample of 20 participants will partake in an interview at three and six month intervals. This will examine participant treatment experiences in more detail. The quantitative study will identify the factors that should form the focus of any future interventions while the qualitative study will inform the nature and process of those interventions. At this stage no interviews have been completed.
**Project 4**

<table>
<thead>
<tr>
<th>Program</th>
<th>Social and Behavioural Sciences Stream</th>
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<tbody>
<tr>
<td><strong>Project Title</strong></td>
<td>The Riding High Program: Beating the Blues through therapeutic horse-riding for people with disabilities</td>
</tr>
<tr>
<td><strong>Chief Investigator</strong></td>
<td>Associate Professor Elizabeth Kendall; Ms Janelle Cooper</td>
</tr>
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</table>

*COLLABORATORS – name and organization:*

Funded by the Office of Community Partnerships, Griffith University. Crowson Park Riding for the Disabled

*BACKGROUND (brief overview):*

The Riding High Program was developed in consultation with Crowson Park Riding for the Disabled (Queensland) and the Centre for Work, Leisure and Community Research, Griffith University. The program endeavours to investigate the effectiveness of therapeutic horse riding on the psychological well-being of adults and children with disabilities (inclusive of severe acquired injury to congenital developmental disabilities). The study aims to provide base line data to measure the psychological well-being of program participants and provide indicators of program effectiveness for the use of alternative therapies, such as therapeutic horse riding as part of rehabilitation therapies for people with disabilities. Australian published research in this area is virtually non-existent. The target group has been drawn from the population who voluntarily access the services of the organization, with an age range 5 to 60 years. Participants will be selected for the project based on their lack of social participation in sporting and other social activities due to their acquired injury and/or disability.

*PROGRESS / OUTCOMES - 1 MAY TO 31 OCTOBER:

Data was collected over a 12 week period (June – August) using a number of modes eg. video recording, observation and interviews. The data is currently in the process of being analysed.

Ongoing contact with Casuarina Lodge, a provider of slow stream rehabilitation for high dependency clients - they are evaluating the program with the intent to incorporate therapeutic horse riding in their recreational program.

*please complete for each project within the programme*
**Project 5**

<table>
<thead>
<tr>
<th>Program</th>
<th>Social and Behavioural Sciences Stream</th>
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<tbody>
<tr>
<td><strong>Project Title</strong></td>
<td>An Exploratory Pilot Study to Understand the Support Needs of Volunteer Leaders of the Chronic Disease Self-Management Program.</td>
</tr>
<tr>
<td><strong>Chief Investigator</strong></td>
<td>A/Prof. Elizabeth Kendall &amp; Ms Tara Catalano</td>
</tr>
</tbody>
</table>

**COLLABORATORS – name and organization:**
Griffith University, Disability and Rehabilitation Research Unit Arthritis Queensland (AQ), Ms Beth Hunter

**BACKGROUND (brief overview):**
In Australia, around 80% of the burden of disease is attributable to chronic conditions and disabilities. Thus, encouraging self-management of chronic conditions among older adults has become a key component of the Enhanced Primary Care (EPC) initiative announced by the Australian Government in 1999. The EPC initiative allocated funds for the development and evaluation of chronic disease service delivery models throughout Australia. One such model is the Stanford Chronic Disease Self-Management course (CDSM).

The CDSM course maintains that participants gain skills and knowledge to manage life with a chronic condition more effectively. This course involves a small group education process (10-15 participants), conducted for two hours each week for six weeks. Programs are delivered in community settings and facilitated by two trained leaders, one of whom is often a layperson who is living with a chronic condition. Although the CDSM course has been widely evaluated, relatively little research has examined the experiences of leaders. The relative dearth of research focused on the recruitment, training, maintenance and support of a network of quality leaders is surprising given that the success and sustainability of CDSM courses within the Australian health care system hinges on the availability and quality of leaders. The study outlined in this proposal will be the first of its kind to focus research efforts directly on understanding the experiences and support needs of leaders of the CDSM course.

**Aims**
- To explore the experiences, motivators, support and ongoing training needs of Queensland leaders (both health professional and laypersons) trained to deliver Chronic Disease Self-Management courses (CDSM);
- To elucidate gaps or limitations in leaders’ skills, knowledge, and confidence to deliver CDSM courses;
- To develop recommendations for improving the support and training offered to in order to target and strengthen these areas.

**PROGRESS / OUTCOMES - 1 MAY TO 31 OCTOBER:**
- Data analysis completed
- Final report in the process of being drafted

**A publication and output plan is being implemented:**
- Undergraduate Honours Thesis has been submitted and a qualitative paper based on these findings is in progress;
- A qualitative paper based on the interview data is in progress;
A series of brochures are being developed, based on the key findings and recommendations.
**Project 6**

<table>
<thead>
<tr>
<th>Program</th>
<th>Social and Behavioural Sciences Stream</th>
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</thead>
<tbody>
<tr>
<td><strong>Project Title</strong></td>
<td>Self-Management for Indigenous people with chronic conditions: Developing a culturally-appropriate content and method of delivery</td>
</tr>
<tr>
<td><strong>Chief Investigator</strong></td>
<td>Elizabeth Kendall &amp; Ms Leda Barnett</td>
</tr>
</tbody>
</table>

*COLLABORATORS – name and organization:

Beth Hunter – Arthritis Foundation of Queensland (Arthritis Queensland)
Russell Renhard – Arthritis & Musculoskeletal Quality Improvement Program

*BACKGROUND (brief overview):

The Stanford Chronic Disease Self-Management course has been adopted as an adjunct to existing healthcare for people with chronic conditions in Australia. The course has been successfully delivered by AQ, but has been found to have less utility in Queensland’s Indigenous communities. Various projects have demonstrated that Indigenous people are unlikely to participate. The course involves group education delivered by two trained leaders who follow a standardized format designed in the United States of America and is now delivered worldwide. Despite extensive marketing, Indigenous people represented less than 1% of those who enquired about a course. Interviews with Indigenous leaders indicated that, although the course content was valuable, there was a reluctance to deliver the course because it conflicted with Indigenous ways of understanding, predominantly the way knowledge was imparted.

*PROGRESS / OUTCOMES - 1 MAY TO 31 OCTOBER:

The project was completed and the report submitted on 13 May 2006.

*please complete for each project within the programme*
Our Publications

Books and Book Chapters


Refereed Journal Articles


Pakenham, K. I., & Bursnall, S. (in press). Relations between social support, appraisal and coping and both positive and negative outcomes for children of a parent with MS and comparisons with children of healthy parents. Clinical Rehabilitation. Accepted 2.11.05.


Pakenham, K. I., Chiu, J., Bursnall, S., & Cannon, T. (in press). Relations between social support, appraisal and coping and both positive and negative outcomes in young carers. Health Psychology. Accepted 04.02.06.


**Other Publications: Industry Reports**


**Publications: Under Review**

Bursnall, S, Packenham, K, Cannon, T., & Murphy, P. (under review). Too small for your boots: Understanding the experience and needs of young people whose parent has an illness or disability.

Kuipers, P. & Kendall, E. (under review). Implementing a rural community disability service using participatory strategies Journal of Community Development (invited)


Publications: Submitted


## Our Grants and Consultancies

### Successful

<table>
<thead>
<tr>
<th>Grant</th>
<th>Title</th>
<th>Investigators</th>
<th>Year</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>ARC Discovery</td>
<td>An international evaluation of work-family balance-Validation of the work-family balance measure and theoretical model</td>
<td>Brough, P., Dr T Kalliath; Prof MP O'Driscoll; Prof S Aryee; Prof O Siu</td>
<td>2007-2009</td>
<td>$450000</td>
</tr>
<tr>
<td>ARC Linkage</td>
<td>Quality of Life and Self-management in MS: An innovative framework for service provision</td>
<td>Wolin, J., Kendall, E., Chaboyer, W.</td>
<td>2007-2008</td>
<td>$709251</td>
</tr>
<tr>
<td>ARC Linkage</td>
<td>Promoting successful further education and work transitions for young people</td>
<td>Creed, P., Buys, N., &amp; Tilbury, C.</td>
<td>2007-2008</td>
<td>$502629</td>
</tr>
<tr>
<td>Arthritis Australia</td>
<td>The Efficacy of Self-Management Courses: Clarifying Methodological Issues that Obscure the Evidence-base</td>
<td>Kendall, E.</td>
<td>2007</td>
<td>$45000</td>
</tr>
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</table>

### Submitted: awaiting outcome

<table>
<thead>
<tr>
<th>Grant</th>
<th>Title</th>
<th>Investigators</th>
<th>Year</th>
<th>Amount</th>
</tr>
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</table>
Research Students

In relation to this area of performance, the 3 FTE researchers supervised the following RHD students in relevant areas of research:

• 3 Honours students
• 1 Masters student
• 4 PhD students
• 4 Research Practicum students

The Stream also had a visiting honours student from the Netherlands for the period of this report. The student conducted qualitative and quantitative research while at the Centre and was co-supervised by Associate Professor Elizabeth Kendall.

International Collaborations

1. Indigenous Disability: The lead international collaborator in this network is Professor Catherine Marshall, University of Arizona and Northern Arizona University. Other collaborators include University of Hawaii, Alaska Native Science Commission, Mel & Enid Zuckerman Arizona College of Public Health, Washington State University, USA. Funding sources have included the Centre for International Rehabilitation Research Exchange based at University of Buffalo NY, the American Psychological Association (Rehabilitation Division) and the Women’s International Leadership Institute, Arizona. The network has lead to ten publications (published, currently under review or prepared), and an edited book.

2. Self-management: The lead international collaborator in this network is Professor Anne Rogers at University of Manchester. We accepted an invitation as visiting scholars with Professor Rogers in 2005. This network has resulted in a significant conceptual publication in Disability and Society (a tier 1 UK journal). We have also prepared a paper about international collaboration, which we are yet to publish. We are now in the process of applying for collaborative funding through UK agencies, ARC collaboration schemes and the Smart State Partnership Alliance programme. Professor Rogers and her team will be visiting fellows at Griffith University in 2007.

3. Vocational Rehabilitation: The lead international researcher in this collaboration is Dr. Bodil Landstad, Karolinska Institutet and Mid-Sweden University. This collaboration began in 2000 when members of the Mid-Sweden University requested the opportunity to visit us. We hosted these researchers in 2000 and have since hosted several visitors from Sweden, Norway and Finland. We visited Sweden in 2005 to design collaborative research projects and are currently negotiating exchange research fellowships to Sweden. Drs. Landstad and Alricsson are visiting fellows at Griffith University from September, 2006 to March, 2007, in order to complete a collaborative project (which has been funded by the Swedish government) on vocational rehabilitation strategies.

4. Disability Management: This collaboration is part of the International Forum on Disability Management, a larger European/US/Canada/Australian collaboration to which we have contributed since 2002. This collaboration contains several partners, including industry, government and research institutions from each country. In 2006, the IFDM met in Australia, but we convened and designed a separate researchers’ forum. The purpose of the researchers’ forum was to bring together lead researchers in the area of Disability Management to develop collaborative projects and international networks. This group has met every two years since 2002. As a result of this research collaboration, we also share post-graduate students.
Consumer Researchers
In 2006, we focussed on supporting practitioners to conduct and actively participate in research. The following was achieved:

- Designed research agenda with staff at the Qld Self-Management Alliance
- Skills transfer to Allied Health professionals engaged in community rehabilitation
- Development of educational models for rehabilitation training
- Memorandum of Understanding with Wesley Mission to engage in joint research
- Supervised three Allied Health project managers who were engaged in research in practice
- Served on advisory panels for ABIOS research projects conducted by staff

Industry Collaborations:

- Queensland Police Service
- Arthritis Queensland
- Queensland Health Community Rehabilitation
- Place-Based Initiative Logan
- Acquired Brain Injury Outreach Service
- Riding for the Disabled Association
- National Stroke Foundation
- PriceWaterhouse Coopers
- Commonwealth Rehabilitation Service
- Job Futures
- MS Society
- Disability Services Queensland
- Wesley Mission