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Vocational Intervention Program 2:

Implementation report

September 2021

NSW GOVERNMENT

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AGENCY FOR CLINICAL INNOVATION

1 Reserve Road St Leonards NSW 2065

Locked Bag 2030, St Leonards NSW 1590
T +61 2 9464 4666
E aci-info@nsw.gov.au | aci.health.nsw.gov.au

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Executive summary

The Vocational Intervention Program (VIP2) was a three-year statewide implementation of an employment program within the NSW Brain Injury Rehabilitation Program (BIRP), in partnership with selected vocational providers. Two pathways were provided.

- Fast Track – an early intervention approach for clients able to return to pre-injury employment with the same employer.
- New Track – an individualised approach to placing a person into new employment which may involve various activities: work experience placement, re-training and job seeking support.

All 12 sites of the BIRP participated in the VIP2. A total of 20 vocational providers were appointed to the program, each site having multiple provider options, amounting to 53 partnerships in total (refer to provider matrix, Appendix 1).

The icare Foundation provided funding for program management (including providing training and resources to service partners), program evaluation and an allocation of fees for VIP2 providers to service an identified gap (12-week work experience placements). All other funding for service provision was sourced by providers on an individual basis from existing schemes (icare Lifetime Care and Support, Worker's Care and Worker's Insurance, compulsory third party insurance, Disability Employment Services (DES), National Disability Insurance Scheme (NDIS) and other insurance schemes).

Program demand and pathway dispersal

Two hundred and twenty-one people with brain injury were referred across the 12 BIRP sites to VIP2 providers, with 173 individuals proceeding to program. The demand for New Track services (n=126 participants) far outweighed Fast Track (n= 47 participants).

VIP2 outcomes

The average duration of a New Track program was 38 weeks, significantly longer than Fast Track (20 weeks). Similarly, the service inputs were greater for New Track, with an average of 36 hours of vocational rehabilitation compared with Fast Track (25 hours).

Fast Track pathway

- Forty-seven participants started Fast Track. Seven participants withdrew from the program. Six transferred to the New Track pathway when their return to work (RTW) was not possible, seven cases are ongoing (6/7 currently working) and 27 participants completed the program.
  - 26/27 achieved sustainable employment with their previous employer and one client at retirement age elected to pursue voluntary work.
  - The Fast Track RTW rate was 70.2% (calculated as the proportion of participants placed into employment during their VIP program; 33/47)

New Track pathway

- 132 participants started New Track (including six transfers from Fast Track). 44 participants withdrew from the program. 38 cases are ongoing and 50 participants completed the program.
    - 33/50 achieved new employment, with 28/33 in mainstream jobs and 5/33 in supported employment (within disability or social enterprises).
    - 17/50 completed work-related activities such as study (3/17), volunteer work (7/17) and work experience placements (7/17) as a stepping stone to new employment.

Learnings

Learnings related to establishing effective partnerships, improving processes and pathways and addressing service access and sustainability.

- In appointing vocational providers, there was a trade-off between the number of partners that would create choice for each site and the development of expertise and close relationships that occur with repeated case exposure. Twenty providers were appointed to VIP2 (to service 221 referrals during the program), with 88% retention of providers. There was some variability across regions in the development of partnerships, particularly influenced by access to vocational rehabilitation expertise in some rural areas.
- A number of improvements to processes were identified to maximise vocational outcomes for this client group.
    - Early identification of a return to work goal and preparation towards work readiness across both pathways.
    - Joint initial assessments to better prepare all parties and reduce the rate of program withdrawal.
    - Routine case review processes between service partners to encourage case progression.
    - Flexible program that is person centred and adjusts to individual needs of the participant.
    - Ongoing communication and collaboration with the client, BIRP clinician and vocational provider through all stages of the RTW journey.
    - Use of all available interventions and incentives to support the client achieve a successful outcome, that is work experience, graded RTW, employer incentives and on the job support.
- There were some challenges in imbedding the VIP service model within existing funding schemes, particularly the DES, which is not designed for injury management or rehabilitation and lacks the responsiveness required for this client group. Those clients eligible for additional funding schemes, for example NDIS or icare Lifetime Care, can supplement with additional services.

Key recommendations

It is recommended that the VIP continue as the model of vocational rehabilitation for the BIRP. VIP2 has provided the framework for BIRP teams and vocational providers to work collaboratively to better service people with severe traumatic brain injury in returning to work.

At the conclusion of this project, 9/12 BIRP sites have established partnerships servicing all available funding schemes. The remaining teams will need support to continue exploring local options for their non-compensable clients.

Continuation of the VIP model of service integration will require:

- keeping RTW on the agenda within the BIRP sites as a valued and concurrent rehabilitation process, including ongoing processes to identify clients with employment goals.
- continued updating and use of VIP2 resources.
- provision of key contacts within BIRP teams and providers as a central point of contact and to champion RTW for people with brain injury.
- establishing and supporting a VIP community of practice involving all BIRP sites, providers and other stakeholders to continue to improve practices and outcomes and maintain resources.

Contents

Background

The second Vocational Intervention Program (VIP2) is the third stage of work undertaken by icare and the Brain Injury Rehabilitation Directorate of ACI, to systematically address poor vocational outcomes and experiences of people with severe traumatic brain injury (TBI) in NSW.

The Vocational Participation Project (2011-14) examined employment participation for community with TBI accessing 12 adult BIRPs (n=721).

- Twenty-nine percent (207/721) of BIRP clients were in open employment at the time of the study. Although comparable with other international studies (published return to work (RTW) rates of 30-35%), this is far lower than the pre-injury employment rate of 75% for this population.[1-3]

The first Vocational Intervention Program (VIP1, 2014-17) was a proof of concept trial conducted at 6 of 12 BIRP sites, partnered with three vocational providers. The icare grant funded providers on a milestone-payment schedule, allowing homogenous service delivery.

- Twenty-nine participants undertook the Fast Track pathway. At the point of case closure (six months after commencing RTW), 22/29 participants were working, constituting an RTW rate of 76%.
- Forty-six participants were referred to undertake a work experience placement via the New Track pathway. Twenty-four placements were completed in a range of industries, such as hospitality, aged care, warehousing, retail and garden maintenance. Paid work was achieved for six individuals at the end of their trials. An additional five participants continued working in a voluntary capacity and the remaining 10 participants were not working at case closure.[4]

The VIP2 (2018-21) was the statewide scale-up of the VIP1 and differed from this earlier trial in three ways. Firstly, all 12 BIRP sites were involved, partnered with a total of 20 vocational providers. Secondly, whilst the Fast Track pathway remained the same, New Track was expanded from a single intervention (work experience placements) to all activities involved in securing new employment (job seeking, training courses and volunteer work in addition to work experience placements). Thirdly, vocational providers accessed existing funding schemes to provide services to individual participants. All three distinguishing factors made the VIP2 a far more complex and variable implementation

VIP2 project aims

- Improve quality of life for people with brain injury.
- Increase rates of employment for people with brain injury.
- Establish a network of employment service providers working in partnership with BIRP teams under an integrated service model.
- Establish pathways to existing funding schemes for program sustainability.

See also Appendix 2 program logic.

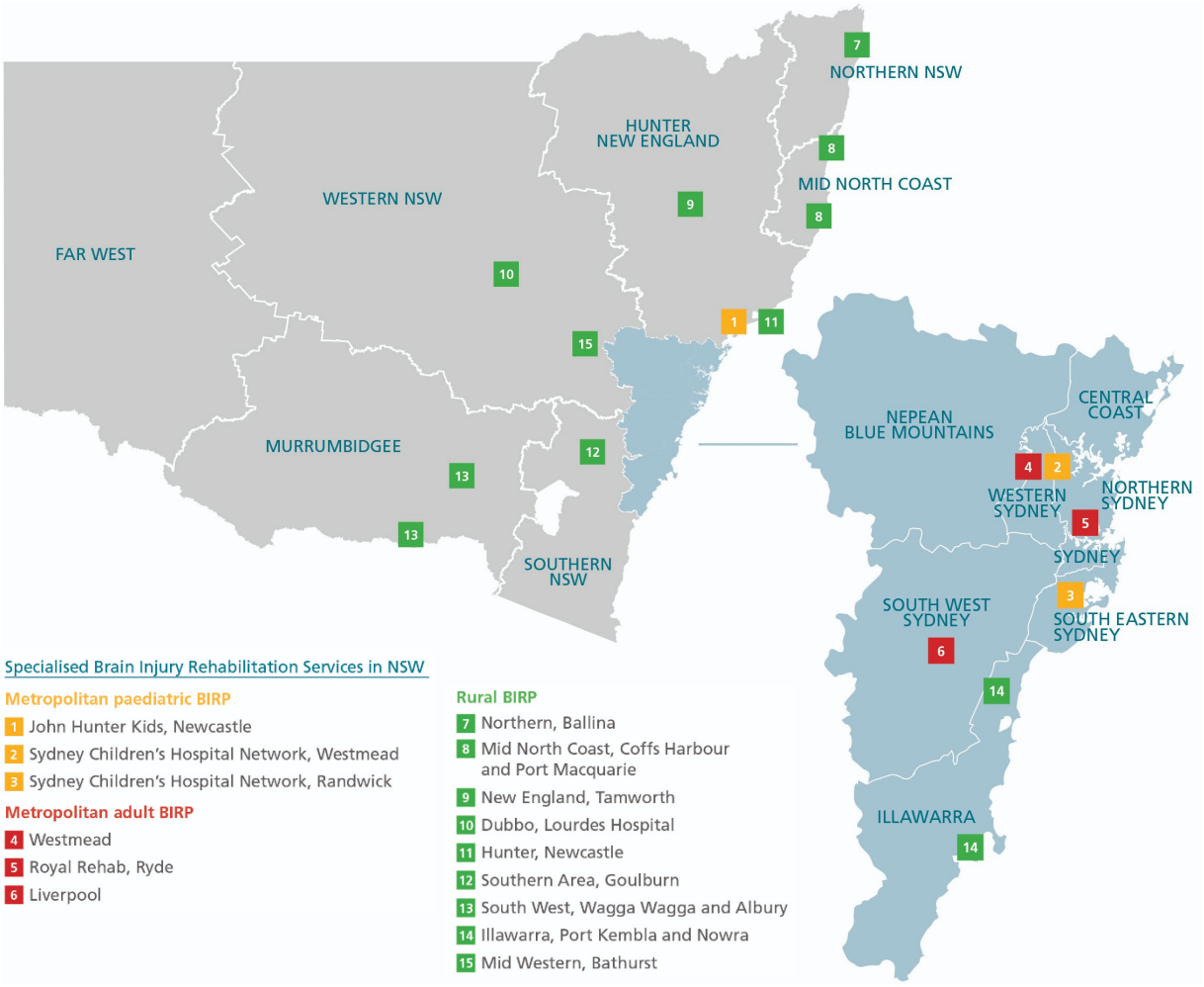
VIP2 project deliverables

- Develop a project plan, including program logic, governance structures and communications plan.
- Appoint three project staff positions.
- Develop a measurement framework (refer to Appendix 3).
- Develop a training manual (hard and soft versions) and other program resources.
- Select and appoint vocational providers.
- Provide VIP2 training at all 12 sites.
- Implement Fast Track and New Track pathways
- Undertake a program evaluation, in conjunction with research partners.
- Complete a final report.

Brain Injury Rehabilitation Program sites

All 12 sites of the NSW BIRP participated in the VIP2. A description of the services provided by the NSW BIRP and locations can be found on the ACI website.

Figure 1: Locations of the NSW BIRP



It was estimated that 200 clients would be referred to the VIP2 during the two-year recruitment period, based on 25% of static BIRP caseloads. Each BIRP appointed a VIP2 representative as the key point of contact for the duration of the project. The representative was responsible for:

- participation in a committee formed to select vocational providers in their region
- coordinating the completion of data collection requirements, such as referral registers
- disseminating project correspondence and updates or changes amongst their team
- coordinating and participate in case review meetings with VIP2 providers and project staff
- participation in VIP2 steering committee
- relationship management with vocational providers
- guiding team members about referral processes and provider contacts.

Project governance

- The VIP2 management committee was chaired by the ACI. Initial representation included icare, State Insurance Regulatory Authority (SIRA) and Brain Injury Australia. Membership was expanded to the National Disability Insurance Agency, Department of Social Services and Services Australia once representatives were identified. This committee was responsible for overall project governance, including monitoring the project timeline, deliverables, risks, engagement of representing agencies and addressing identified issues. The ACI project staff provided regular reports to the management committee about client intake, progress and issues at bi-monthly meetings.
- Three regional VIP2 steering committees were established to oversee program operation at a local level, with representation from all participating BIRPs and vocational providers within each region: Northern NSW, Southern NSW and Central NSW. These committees each met quarterly in 2019 and 2020 and provided a forum for case discussions and sharing of information.

Project resourcing

Three positions were funded through the icare project grant and employed by the ACI under temporary contracts.

- Project manager (0.8 full time equivalent (FTE)) – responsible for overall project management, governance, deliverables, reporting and direct oversight of implementation of six sites.
- Project officer (0.7 FTE) – contributed subject matter expertise, supported project activities, data collection and direct oversight of implementation of six sites.
- Research assistant (0.4 FTE) – responsible for data collection processes, ethics applications and preparing data analysis.

Program evaluation

The Ingham Institute for Applied Medical Research was appointed to conduct the program evaluation, led by Professor Grahame Simpson, using the *Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) Implementation Framework*.[5] ACI project staff managed data collection, in close contact with BIRP clinicians and vocational providers. Additionally, the Australian Health Services Research Institute was appointed by icare to conduct the economic evaluation. The two research groups communicated regularly to discuss methodology and coordinate the collection and transfer of data to the Australian Health Services Research Institute.

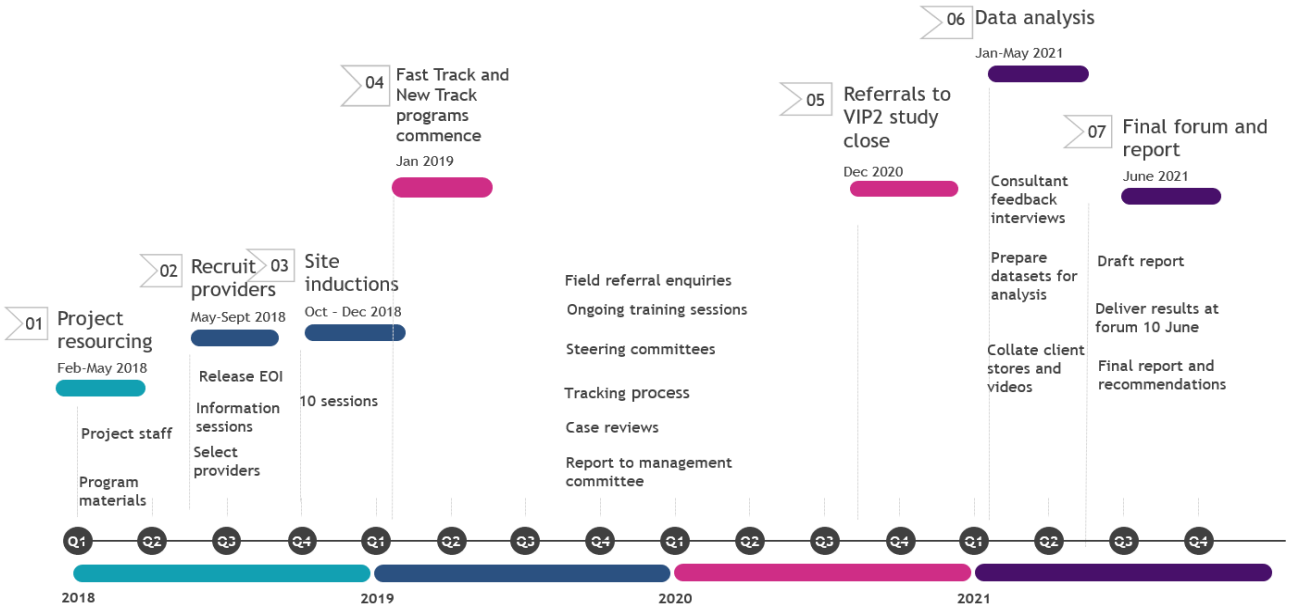
Model of service integration

The VIP2 followed a model of service integration, in which BIRP services work in partnership with appointed providers, to initiate vocational services within each individual's rehabilitation program.

The underlying principles of the model

- VIP2 follows a rehabilitation paradigm and is integrated with other aspects of treatment, case management, care and therapy.
- VIP2 follows a strength-based approach, aiming for the highest attainable level of employment participation for each participant.
- Programs are responsive and conducted in a timely manner.
- Vocational goals and activities are based on participant choice and needs.
- Service relationships foster the sharing of knowledge and expertise.
- BIRP teams and vocational providers are engaged in VIP2 across direct service provision to management levels.

Figure 2: Project timeline



Program establishment

The ACI undertook an expression of interest (EOI) process to select and appoint vocational providers to the VIP2. There was representation from multiple stakeholders on the selection committees (icare, SIRA, Brain Injury Australia, BIRP).

Vocational provider selection

A. *Identification of provider organisations* – A list of 19 private providers was compiled after consulting with each BIRP team and a selection of private case managers. The list of Disability Employment Services (DES) providers operating within NSW was accessed from the Department of Social Services website. After excluding those deemed unsuitable, for example those working with different specialty groups, 29 DES providers were identified. Four additional private providers were identified by icare and SIRA. All 52 providers were approached, providing an overview of the program and requesting a response from those interested in pursuing the EOI application process.

B. *Distribution of EOI application form* – EOI forms were distributed to 32 providers who expressed interest, via individual email on 21 May 2018. The closing date was stated as 6 July 2018 and providers were encouraged to attend upcoming information sessions.

C. *Information sessions* were held at each site attended by a total of 125 people. See Appendix 4 for attendees.

Applications were received from 20 organisations, with specified sites (refer to table 1).

D. *Selection of providers* – Separate selection committee meetings were held for each BIRP region. The applications were reviewed, and each criterion scored (scale 1-5), using a consensus approach. The scores were tallied, and subsequent meetings held to determine the best combination of providers for each site, considering the referral estimates and public / private funding mix. Reference checks were conducted with each of the providers selected for VIP2 partnerships.

Table 1: Provider applicants (N=20) and appointments (N=18)

NO.	APPLICANT	BIRP SITES APPLIED FOR	APPOINTED TO
1	Active OHS	Sydney	Not appointed
2	Advanced Rehabilitation Management Service	South-western	South-western
3	AtWork Australia	Mid-north coast, New England, Sydney, Hunter	New England
4	Belinda Muldoon	Hunter	Hunter
5	Blue File	Mid-western	Mid-western
6	CHESS Employment	Mid-north coast	Mid-north coast
7	Disability Trust	Southern, Illawarra	Southern, Illawarra
8	Greenlight Human Capital	Northern, Mid-north coast, Sydney, Hunter, Illawarra	Northern, Mid-north coast, Sydney, Hunter

9	Keystone Professionals	Northern, Sydney, Hunter, Mid-western, Illawarra	Sydney
10	MAX Employment	Northern, Sydney, Southern, Hunter, Illawarra	Northern, Sydney, Southern, Hunter, Illawarra
11	Olympus Solutions	Sydney, Hunter, Illawarra	Sydney, Hunter
12	Personnel Group	South-western, Southern, Illawarra	South-western, Southern
13	Plan Rehab	Dubbo	Dubbo
14	Prestige Health	Northern, Mid-north coast, New England, Sydney, Dubbo, South-western, Southern, Hunter, Mid-western, Illawarra	Sydney, New England, Northern
15	Purple Co	Mid-north coast, Sydney, Southern, Hunter, Illawarra	Not appointed
16	RehabCo	Northern, Mid-north coast, New England, Sydney, Dubbo, South-western, Southern, Hunter, Mid-western, Illawarra	Mid-north coast, New England, South-western, Southern, Hunter, Illawarra
17	Resource Life	Sydney, South-western, Southern, Mid-western, Illawarra	Illawarra, Sydney
18	Tracks to Work	Sydney, Hunter	Sydney, Hunter
19	Wildon Partnership	Dubbo	Dubbo
20	WorkFocus	Northern, Mid-north coast, New England, Sydney, Dubbo, South-western, Southern, Hunter, Mid-western, Illawarra	Dubbo, Mid-western

E. *Seeking additional providers for service gaps* – No applications were received from DES providers operating in the mid-western or Dubbo regions. In consultations with the BIRPs, project staff contacted local DES providers to seek interest in joining VIP2. Subsequently Verto was appointed to partner with the mid-western BIRP and Sureway to partner with the Dubbo BIRP.

Agreements between the ACI and each of the 20 appointed providers were signed by both parties.

Induction and establishment of partnerships

One-day training sessions were conducted by the ACI at each VIP2 region between October and December 2018, with vocational providers, BIRP teams and icare representatives. There was a total of 180 participants across the training sessions.

Table 2: VIP2 training sessions

SITE	DATE	ATTENDEES
Southern (Goulburn)	15/10/2018	15
Mid-north coast (Coffs Harbour)	25/10/2018	15
New England (Tamworth)	29/10/2018	9
Illawarra (Kiama)	07/11/2018	31
Northern (Ballina)	15/11/2018	12
Sydney (Ryde, Westmead, Liverpool)	19/11/2018	35
Mid-western (Bathurst)	22/11/2018	11
Dubbo	29/11/2018	9
South-west (Albury)	03/12/2018	20
Hunter (Newcastle)	10/12/2018	23

Training program outline

- Session 1: Overview of brain injury
- Session 2: VIP2 model and intervention pathways
- Session 3: Operation of the DES
- Session 4: Program evaluation
- Session 5 (concurrent): Provider tools and clinician tools.

Program resources

Training manuals were developed and distributed at each VIP2 training day. The manual was also available as a web-based vocational module on the TBI Staff Training website, allowing any subsequent training with new staff to be managed remotely. General program content was made available on the website and program-specific tools were restricted to VIP2 providers and clinicians only (by password protection).

VIP2 brochures (print and electronic versions) were developed to provide information about the program to potential participants.

Clinician tools

The client summary tool is a web-based tool, used by clinicians to provide vocational providers with tailored information about the person's strengths, difficulties and compensatory strategies. Education on use of the client summary tool was provided at the initial training days and to new BIRP clinicians as required.

Referral forms for Fast Track and New Track participants were developed for use by BIRP case managers. The form was tailored to participants with brain injury and included a question designed to provide feedback on readiness and cognitive capacity. The New Track referral form also prompted case managers to consider if the client would benefit from 12 weeks of work experience.

Provider tools

The City of Toronto's *Job Demands Analysis Procedure Manual* was used to assess the key cognitive and behavioural job demands, in relation to the client's functional abilities. Orientation to this tool was provided at the initial training day.[6]

Report templates were designed as Microsoft Word forms to create uniform reporting across providers and simplify the structure and amount of information. Sample reports were also developed to provide a guide particularly for vocational providers with less experience in completion of vocational reports.

Fast Track reports

- Fast Track Workplace Assessment Report
- Fast Track Suitable Duties Plan
- Fast Track Progress Report
- Fast Track Closure Report

New Track reports

- Vocational Assessment Report
- New Track Progress Report
- New Track Closure Report
- Work Experience Placement Report
- Work Experience Workplace Assessment Report
- Work Experience Closure Report

Reports were completed by private providers using the VIP2 developed templates or their own report template, depending on the requirements of each scheme.

Education session

Educational sessions were provided throughout the VIP2 via webinar and recorded for further distribution.

- VIP2 information session for private case managers on 21 March 2019 with 29 participants.
- Work Options Plans presented by icare on 4 July 2019 to 30 participants.
- Brain Injury Fundamentals presented by a clinical neuropsychologist from Liverpool Brain Injury Unit on 22 August 2019 to 35 participants.
- City of Toronto *City of Toronto Behavioural Cognitive Job Demands Analysis* and VIP2 time recording tool training session on 4 November 2019 with 9 attendees.[6]
- Employment supports presented by National Disability Insurance Agency on 6 April 2020 to 22 participants.
- icare facilitated in-house training on VIP2 to Lifetime Care coordinators.

Induction and education were also offered to BIRP clinicians and vocational providers new to VIP2 throughout the program.

Other program resources

Two resources were prepared and distributed to DES providers and BIRPs: *An Information Kit for Disability Employment Services* in June 2020 and *Employment Pathways: A Guide for BIRP Clinicians* in January 2021.

The Basecamp platform was used in VIP2 as a project communication tool to share information about industry changes and events and for project staff to provide updates to resources and information. This platform was under-used by providers and clinicians and therefore discontinued mid-way through the program.

Program implementation

Within the VIP model, BIRP clinicians referred clients to VIP2 providers following an initial enquiry to confirm suitability. At sites with more than one partnering provider working within a particular scheme, the clinician would consider which provider would be most suitable for each client, considering the capacity of the provider to accept the referral.

The Fast Track pathway

The Fast Track pathway targets people with the opportunity and capacity to return to their pre-injury place of employment. RTW programs follow a graduated approach, tailored to the needs of each participant and employer and include strategies to manage physical and cognitive effects of injury. Participants may work on suitable duties within their pre-injury position or an alternate position.

BIRP clinicians referred clients to a VIP2 provider for a Fast Track program at the earliest suitable time. Following contact with the employer, the provider then accepted the referral to confirm their support to proceed with RTW planning. Once the client started working, their program was monitored and upgraded until a durable RTW outcome was achieved.

The Fast Track pathway includes:

- functional and workplace assessments
- employer education
- liaison with the treating team
- RTW plan development
- implementation of a graduated RTW program, including monitoring and upgrades
- equipment prescription and strategy development
- on-site reviews and support for the client and employer
- confirmation of stability of placement, including closing the file and handing over for further monitoring if required.

Participants unsuccessful in their return to work attempt were able to transition to the New Track pathway.

The New Track pathway

The New Track pathway assists participants without opportunity to resume employment with their pre-injury employer and who instead require assistance to pursue new employment.

The New Track pathway includes:

- vocational assessment to establish goals
- supporting participants to job seek for suitable employment
- consideration of a work experience placement
- workplace assessment

- on-site training and support, including travel training, etc.
- consideration of the need for equipment and/or training courses
- employer education and support
- confirmation of stability of placement and closing the file.

Model of funding

VIP2 providers sourced funding for each referred client via existing funding schemes depending on eligibility. Funding sources included icare, compulsory third party insurance, income protection, DES and NDIS.

An allocation of service funding was also included in the icare project grant for 12-week work experience placements for participants not eligible for this intervention under other schemes. VIP2 providers were paid a set fee following completion of each incremental milestone.

- Completion of vocational assessment and plan
- Securing a work training placement
- First six weeks of supporting client's work placement
- Second six weeks of supporting client's work placement
- Completion of case closure report.

Recruitment of participants

BIRP teams maintained a register of clients with RTW goals and were encouraged to update this at case meetings. Further consultation with the client and others determined if the VIP2 was the most suitable program, considering medical clearance, readiness and interest or willingness to participate. The BIRP case manager then contacted the vocational provider to discuss the referral, confirm suitability and the capacity of the provider to accept the client, before sending the referral form by email. Within the referral process, BIRP clinicians supported the client to complete an ethics consent form and the quality of life (QoL) measures for the VIP2 evaluation. These QoL measures were repeated at two further time points, two months after the client started work and at case closure. Ethical clearance was obtained for all 12 sites, enabling data to be collected by ACI project team for monitoring, analyses and reporting.

BIRP case managers and vocational providers were encouraged to have a joint initial appointment with the client either as a meet and greet to explain the program to the client prior to committing, or as an initial interview following referral.

The ACI project team was involved in screening referrals when it was unclear if the client met criteria, and for those cases requiring guidance about the best provider fit.

Eligibility criteria for referral to VIP2

General eligibility for VIP2 was as follows.

Employment circumstances

- Goal of returning to pre-injury employment or locating new employment.

Diagnosis

- Primary condition of a TBI or acquired brain injury.

Readiness for RTW

- Medical clearance to participate in vocational rehabilitation
- Stable accommodation
- Sufficient functional capacity, including mobility, personal care and cognition
- Appropriate (manageable) behaviour
- No current alcohol or drug use (of concern).

Monitoring progress

Information exchange was an integral component of the VIP2. The ACI project team coordinated case review meetings with providers and BIRPs every two to three months to ensure regular information exchange occurred. Case managers and providers were encouraged to maintain regular contact between formal case reviews. Case reviews were initially face-to-face meetings, usually at the provider's offices, and changed to online meetings once COVID-19 restrictions were introduced in March 2020 through to March 2021.

In addition to case review meetings, regular progress reports were also requested from providers in order to track progress. However, feedback from DES providers indicated this exceeded the reporting expectations within their scheme. It was agreed that brief email updates would suffice. Some coaching was provided to DES consultants to enable completion of vocational assessment reports for project-funded programs and workplace assessment and suitable duties plans for Fast Track programs.

Program participants

Referrals to providers commenced after each site training session, October - December 2018, and concluded in December 2020. A total of 227 referrals were made to VIP2 providers, 61 for Fast Track and 166 for New Track programs. 179 of the referrals proceeded to program, and 48 referrals did not proceed (refer to table 3 for reasons referrals did not proceed). As shown in figure 3, there were between two and 18 referrals made to the program per month, with an average of 8.4.

Figure 3: Number of referrals per month

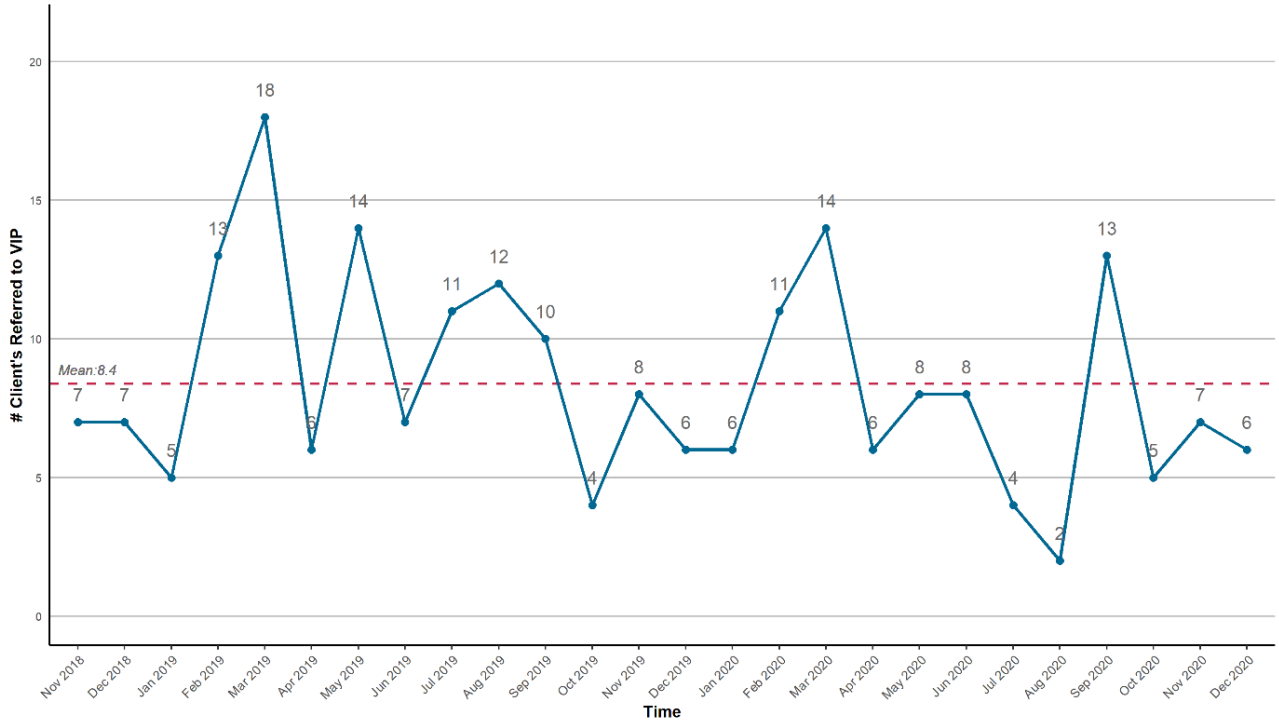


Table 3: reasons for referral non-commencement (n=48)

CATEGORY	NO.
Client not ready due to medical, social or legal issues	11
Client elected to pursue work goal without VIP2	11
Client did not engage or was lost to contact	10
Funding declined or not available	7
Client allocated to alternate provider	4
Client moved regions and did not continue with program	3
VIP2 provider not available	1
Employer could not offer RTW	1

Participant profile

Table 4 shows the demographic and injury details for the participants who commenced the VIP2. Note that six individuals who commenced a Fast Track program but were unsuccessful in their RTW transferred to the New Track pathway, totalling 173 participants and 179 programs.

The participant profile aligned with a population with severe brain injury.

- The majority of participants were males with an average age of 37 years.
- Most participants (72%) had sustained a TBI that was either very severe or extremely severe, as measured by length of post-traumatic amnesia.
- There was a significant difference in time post injury, with a mean of 18.5 months for New Track participants and 8 months for Fast Track participants.
- Almost all Fast Track participants (98%) were employed at the time of their injury, compared with 69% of New Track participants.

Table 4: Demographics and injury details for program commencements (n=173)

	TOTAL SAMPLE (N=173)	FAST TRACK (N=47)	NEW TRACK (N=126)*	TEST
Sex n (%)				
Male	125 (72%)	33 (70%)	92 (73%)	χ^2=0.13 p=0.71
Female	48 (28%)	14 (30%)	34 (27%)	
Age at program commencement in **years**				
Median (interquartile range (IQR))	37 (24.5)	38 (26)	36 (24.25)	t=-0.55 p=0.59
Range	18-67	18-67	18-67	
Time post-injury in **months**				
Median (IQR)	13 (25)	8 (7)	18.5 (34.25)	U=1286.50 p<0.0001
Range	2-309	2-103	3-309	
Highest education achieved	(n=154)	(n=45)	(n=109)	
Year 10 or less	50 (32**%**)	17 (38**%**)	33 (30**%**)	χ^2=0.86 p=0.84
Year 12	31 (20**%**)	8 (18**%**)	23 (21**%**)	
TAFE	41 (27**%**)	11 (24**%**)	30 (28**%**)	
University	32 (21**%**)	9 (20**%**)	23 (21**%**)	
Employed at injury n (%)				
Employed	133 (77%)	46 (98%)	87 (69%)	χ^2=16.0 p<.0001
Not employed	40 (23%)	1 (2%)	39 (31%)	
Region** n (%)				
Metropolitan	70 (40%)	23 (49%)	47 (37%)	χ^2=1.92 p=.17
Rural or regional	103 (60%)	24 (51%)	79 (63%)	

	TOTAL SAMPLE (N=173)	FAST TRACK (N=47)	NEW TRACK (N=126)*	TEST
Type of Injury n (%)				
TBI	125 (72%)	37 (79%)	88 (70%)	χ^2=1.35 *p*=.25
Acquired brain injury	48 (28%)	10 (21%)	38 (30%)	
Post-traumatic amnesia duration in days for TBI only	(n=108)	(n=34)	(n=74)	
Median (IQR)	22 (31)	14.5 (38)	26 (30)	*U*=1058.00 *p*=.19
Range	<1-183	1-183	<1-183	
TBI severity (post-traumatic amnesia) n (%)	(n=111)	(n=34)	(n=77)	
Mild or moderate (<1 day)	5 (4%)	2 (6%)	3 (4%)	χ^2=3.42 *p*=.33
Severe (1-7 days)	14 (13%)	7 (21%)	7 (9%)	
Very severe (8-28 days)	44 (40%)	13 (38%)	31 (40%)	
Extremely severe (>28 days)	48 (43%)	12 (35%)	36 (47%)	

* n=6 Fast Track participants who transferred to New Track after program commencement were counted in the Fast Track group.

** Metropolitan BIRP sites include: Liverpool, Ryde, and Westmead. Rural or regional BIRP sites include Dubbo, Hunter, Illawarra, Mid-North Coast, Mid-western, New England, Northern, Southern, and South-west.

Participants by site

Table 5 compares the estimated to actual referrals by site the program participants by pathway. The number of clients referred to VIP2 exceeded the estimate of 200.

The demand for New Track programs was higher than for Fast Track at all sites excepting Westmead BIRP (8 New track and 13 Fast Track commenced participants).

Table 5: Breakdown of program referrals (n=227) and commencements by site (n=179).

SITE	ESTIMATED REFERRALS	ACTUAL REFERRALS	PROGRAM COMMENCEMENTS BY PATHWAY	
			FAST TRACK	NEW TRACK
Dubbo	6	4	1	1
Hunter	22	30	3	17
Illawarra	19	36	9	24
Liverpool	16	32		24
Mid north coast	17	15	2	9

SITE	ESTIMATED REFERRALS	ACTUAL REFERRALS	PROGRAM COMMENCEMENTS BY PATHWAY	
			FAST TRACK	NEW TRACK
Mid-western	13	6		5
New England	13	15	2	10
Northern	13	7	2	4
Ryde	30	33	10	17
Southern	9	5	1	3
South-west	12	17	4	10
Westmead	30	27	13	8
Total	**200**	**227**	**47**	**132**

Funding mix

Case managers identified the funding source and approval for insurance-funded programs was sought by either the BIRP case manager or vocational provider. DES providers scheduled an employment services assessment upon referral, where required. Participants without insurance funding who would suit a 12-week work experience program were referred to a provider to access project funding. This project funding within the icare grant was specifically for work experience placements. It is distinct from those clients funded through their insurance claim within an icare, or other insurance scheme.

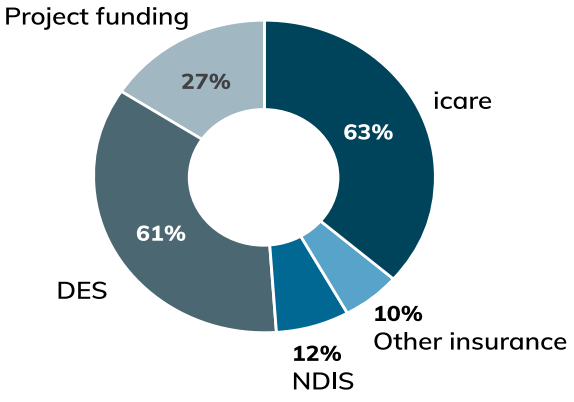
- Nine participants accessed two funding sources; sequentially in some cases (for example moving from NDIS to DES) and concurrently in others (for example icare Lifetime Care and DES).
- VIP2 participants serviced through the DES were either voluntary or had 'participation requirements' as part of their income support requirements.
- There were two participants funded by schemes outside of NSW jurisdiction (Victoria and Northern Territory). One participant was funded via a NSW self-insurer and achieved a successful employment outcome.

Table 6 and figure 4 show the primary funding source for the 173 VIP2 participants.

Table 6: Funding source

Primary funding source	Total sample (n=173)
icare	63 (36%)
DES	61 (35%)
Project funding	27 (16%)
NDIS	12 (7%)
Other insurance	10 (6%)

Figure 4: Funding source



Program withdrawal

A total of 51/173 participants who commenced a VIP2 pathway withdrew from the program prior to achieving an employment goal (7 Fast Track and 44 New Track participants). The reasons for program withdrawal are summarised in figure 5.

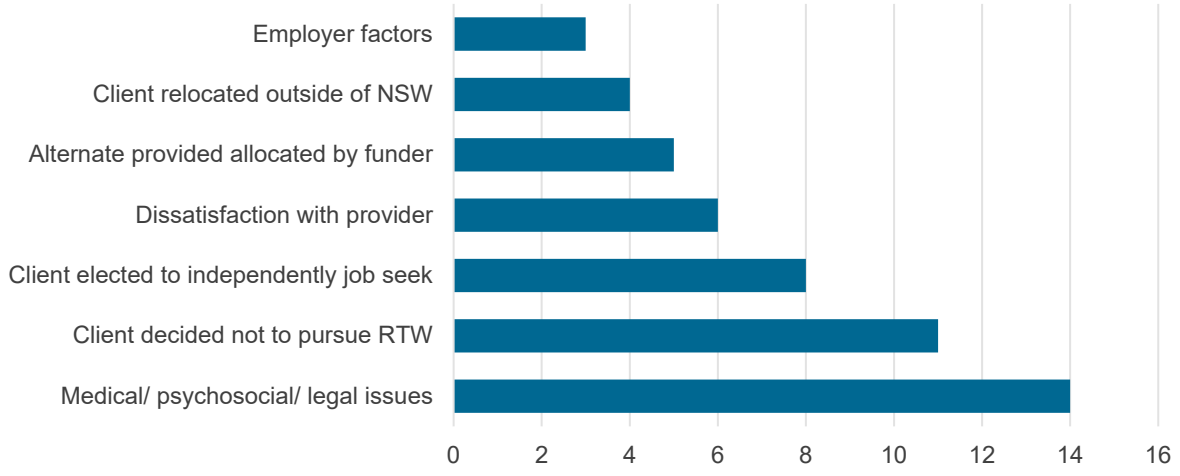
There were a number of characteristics in which those who withdrew from the program differed to those who completed the program.

- **Time post injury** – those who withdrew from the program were 21 months post injury on average, compared with 10 months post injury for those who completed the program.
- **Region** – a greater proportion of those who withdrew from the program were based in regional NSW (76% of program participants) versus Sydney (24%).
- **Injury severity** – while the majority of program participants sustained 'very severe' or 'extremely severe' injuries, a higher proportion (52%) of those who withdrew from the program sustained an 'extremely severe' injury compared than those who completed the program (35%).

COVID-19, whilst not specified as a reason for early program exit, had a pervasive effect on participation, particularly restricting opportunities for work experience placements and paid work for New Track participants. There was a suspension of participation requirements for DES clients during periods of significant events, including the bushfires in the 2019-20 Australian summer and then COVID-19 from March to September 2020. During this period, DES, private providers and BIRP appointments occurred mainly via phone or videoconferencing. Additionally, some participants were vulnerable to health complications with COVID-19, restricting their community access.

COVID-19 also impacted on participant's motivation to engage during VIP2, with reduced labour market opportunities, reduced face-to-face training opportunities and reduced ability to build rapport and engage meaningfully with vocational providers without direct contact. There was also a delay in required rehabilitation processes such as workplace assessments, neuropsychological assessments and driving assessments. Participants receiving government income support payments also received higher rate of payment during COVID-19, potentially impacting on financial motivation to obtain employment.

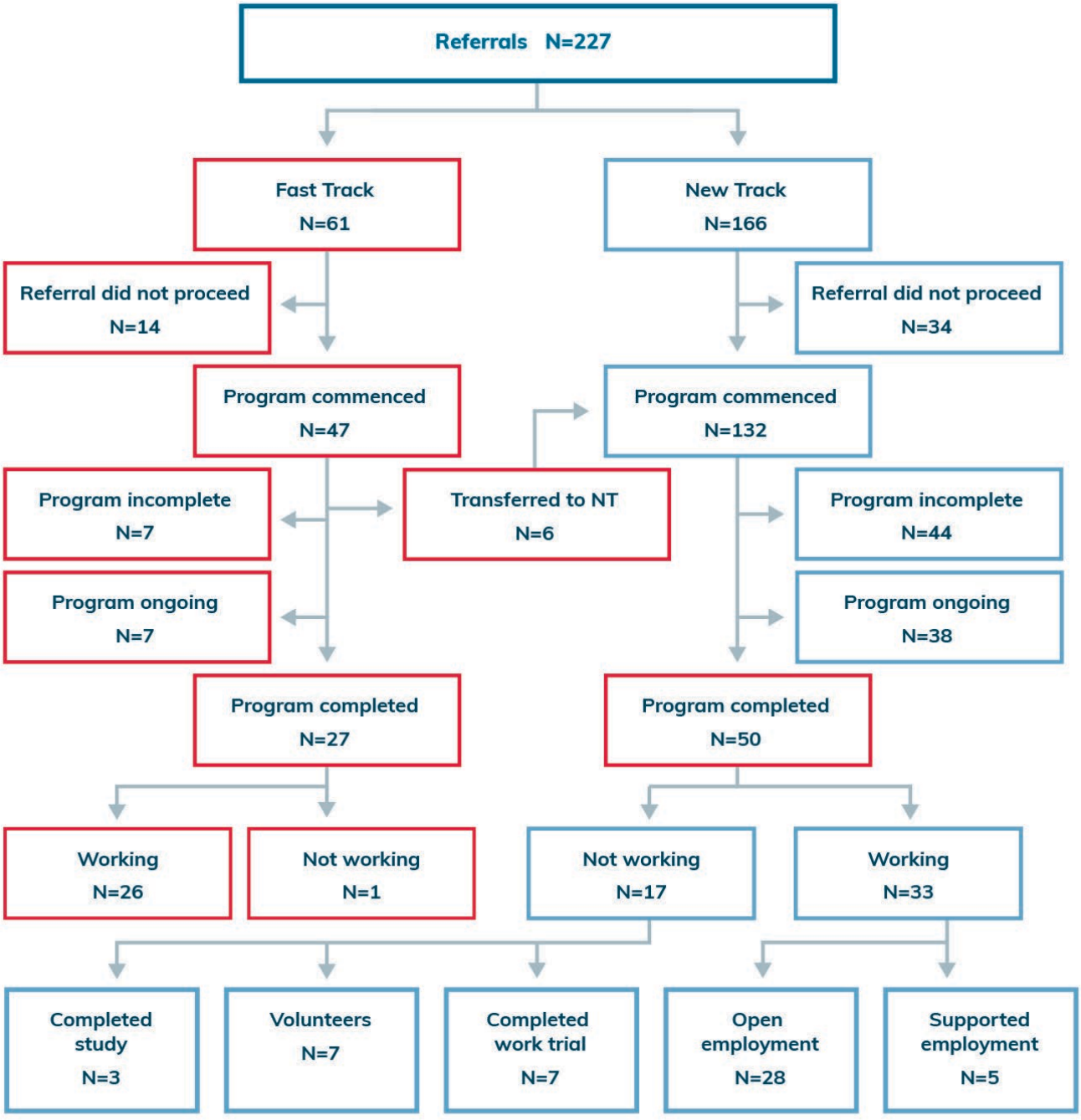
Figure 5: Reasons for program withdrawal



Program outcomes

Presented below is the VIP2 Participant flow diagram. Outcomes are reported for each pathway separately.

Figure 6: VIP2 participant flow diagram



Fast Track pathway

Forty-seven participants commenced a Fast Track program.

- 7/47 participants withdrew from the program (and 1/7 was working).
- 7/47 participants are ongoing (and 6/7 are working).
- 6/47 participants transferred to New Track pathway.
- 27/47 participants completed the program with 26 participants working at closure and 1 client electing to pursue voluntary work.
- The Fast Track RTW rate was 70.2% (calculated as the proportion of participants placed into employment during their VIP program; 33/47).
- There was no difference in Fast Track outcomes by funding scheme.

Fast Track service timeframes

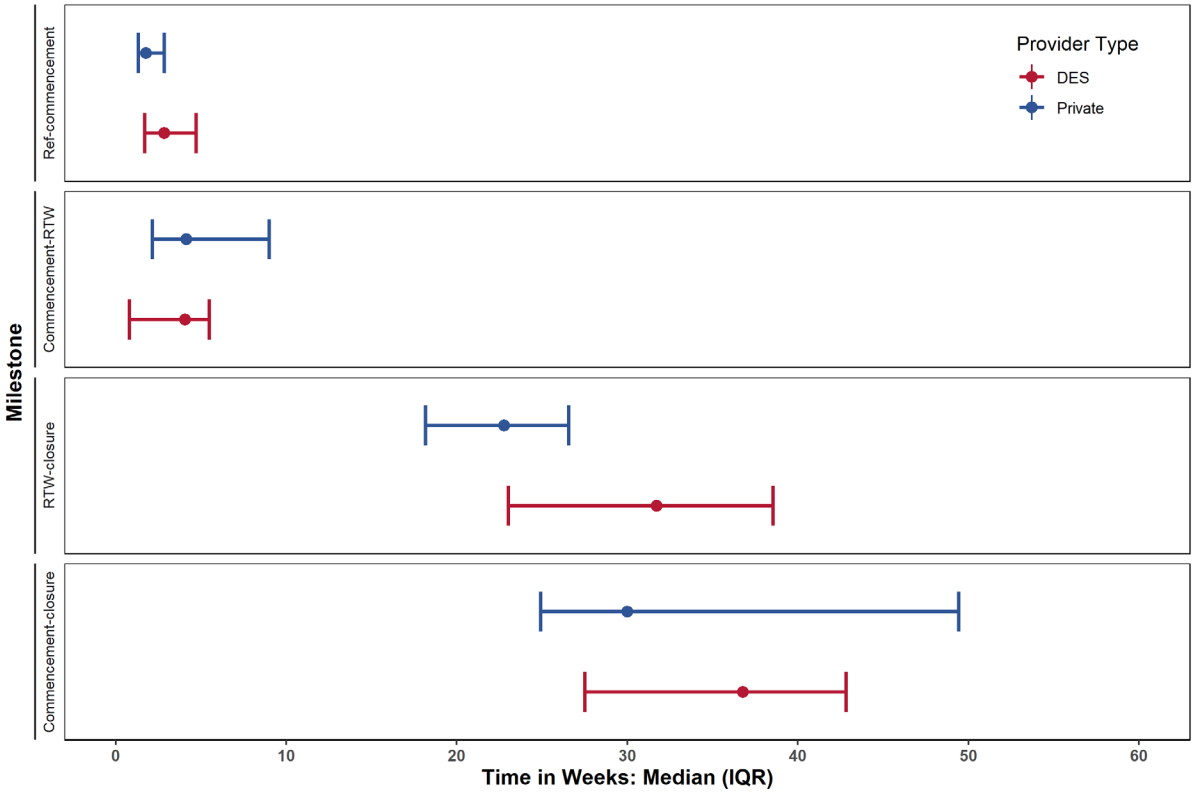
The timeframes of service provision were captured to measure the efficiency of service provision; the time taken to move from one milestone to the next. These milestones were:

- weeks from referral to program commencement
- weeks from program commencement to RTW
- weeks from work commencement to case closure
- program duration (weeks).

Figure 7 is a time distribution graph, mapping the four milestones by provider type (DES 17 participants; private providers 26 participants).

- Referral to commencement took an average of 2.86 weeks (range 0.43-8.29 weeks) for DES and 1.79 weeks (range 0-12.43 weeks) for private providers.
- Program commencement to RTW took an average of 4 weeks for both provider types.
- RTW to closure was completed in 31.71 weeks on average for DES providers compared with 22.79 weeks for private providers.
- Closure of VIP2 programs was recorded as the time at which the client had achieved their maximum capacity and employment was stable. Participants often continued to be monitored in employment after the VIP2 program closed, depending on the requirements of the funder. Program duration was 36.79 weeks for DES providers and 30 weeks for private providers.
- Note that none of these differences by provider type were statistically significant.

Figure 7: Fast Track milestone durations: DES versus private (medians and IQRs)



Fast Track service inputs

To measure service inputs, providers submitted time recording data at the end of each month. The case management taxonomy was used to categorise service hours (refer to Appendix 6).[5]

Time recording data was complete for 25/27 participants who completed Fast Track.

- The average hours of service per completed case was 25.06 (ranging between 3 to 96 hours). This was significantly less than the average of 36 hours per completed New Track case.
- The average hours by provider type did not differ, with DES participants (n=10) receiving 26.42 hours and participants serviced by private providers (n=15) receiving 25.08 hours on average.

As shown in Table 7, the category with the highest numbers of hours was documentation (17.7% of total time), followed by collaboration (16.7%) and monitoring (13.5%). Considerable time was also devoted to travel (11.1%), gathering information (10.2%) and planning (9.4%). There was very little time spent in formal testing and observation, supporting that providers are obtaining assessment results from BIRP teams. Also, virtually no on-job training occurred with this group, illustrative that Fast Track participants are resuming familiar work roles and tasks.

Table 7: Fast Track service inputs by category

CATEGORY	DESCRIPTION	MEDIAN HOURS	MIN HOURS	MAX HOURS	PERCENT OF TOTAL
Accept referrals	Matching the client to consultant and funding system to commence service	0.5	0	1.5	1.70%
Establish partnerships	Connecting with the client, family and others to establish a relationship	0.33	0.00	2.33	2.00%
Listening and gathering information	Initial assessment and gathering background information	2.5	0	10.33	10.20%
Observation	Watching to acquire information about the work environment and/or client's functioning	0	0	2	1.40%
Test	Using an assessment instrument	0	0	1	0.30%
Planning	Setting goals, priorities, actions	1.25	0	12.67	9.40%
Education	Providing information to the client and employer to improve understanding	0	0	2	1.00%
Training	Teaching or developing the client's skills	0	0	2.08	0.40%
Emotional and motivational support	Counselling and encouragement	1	0	9.5	7.30%
Navigating	Arranging options (job seeking support, researching training courses)	0	0	4.42	2.70%
Advocating	Supporting negotiations	1.17	0.00	4.25	4.60%
Collaboration	Consulting, providing feedback and working with other service providers	4.17	0.00	20.75	16.70%
Documentation	Recording notes and report writing	5	0	20.75	17.70%
Monitoring	Monitor progress	3.92	0.00	12.50	13.50%
Travel	All travel related to servicing the client	2.17	0.00	12.25	11.10%

Fast Track case study: John

John is a 28-year-old male who sustained a very severe TBI following a motor bike accident in September 2018. He also sustained a brachial plexus injury, pelvic and lower limb fractures. The duration of post-traumatic amnesia was recorded as 11 days.

John was a participant in icare's Lifetime Care scheme.

Prior to his injury, John worked full-time as a fitter and turner. His employer was supportive of accommodating a graduated RTW program, however advised that due to a company restructure John's previous role was no longer available.

Status at entry to the VIP2

John was referred to a VIP2 provider by his local BIRP seven months post injury. He had reduced function in his right dominant upper limb. His cognitive functioning was largely intact, however neuropsychological testing indicated reduced ability to retain and manipulate information, reduced attention and reduced ability to multitask. Long term memory and problem-solving skills were at pre-injury levels. John also experienced fatigue post injury.

RTW planning

The vocational provider accessed funding through icare Lifetime Care. The provider contacted John's employer who was happy to support John's RTW and offered a trial of alternate duties as a storeman. John was initially reluctant to undertake an administrative role but recognised he was not ready for more physically demanding work.

The vocational provider conducted an initial assessment with John and the BIRP case manager. A workplace assessment was then completed with John and his employer to develop a graduated RTW plan. Strategies built into the plan included allowing more time to complete work tasks, allowing John to complete one task at a time and providing instructions to John both verbally and in writing. John was also prompted to take notes and keep a to do list each day to manage workflow.

RTW progress

Medical clearance was obtained and John resumed work in May 2019, attending work twice weekly for four hours per day for the initial four weeks. He was allocated work without tight timeframes, so that he could work at his own pace. John used the recommended organisational and memory strategies to assist him with his work.

The vocational provider maintained regular contact with John, his manager and the BIRP case manager. John upgraded to five hours for three non-consecutive days per week one month after his RTW. His employer remained supportive and offered John a permanent role as a storeman. John required further surgery and his RTW was placed on hold for 10 weeks.

RTW outcome

John returned to work after his surgery and achieved full time hours two months later. At the conclusion of his Fast Track program over a 12-month period, John continued to work in an alternate role as a storeman with the same employer. He continued to have restrictions impacting on his ability to complete more physically demanding roles. Both John and his employer were satisfied with the outcome of the RTW program.

New Track participant outcomes

132 participants commenced New Track programs.

- 44/132 participants withdrew from the program.
- 38/132 participants are ongoing.
- 50/132 participants completed New Track.

The activities and outcomes of the New Track pathway are more varied than Fast Track. As shown in figure 6, 33/50 participants obtained new employment, with 28/33 in open employment and the remaining 5/33 working in either Australian Disability Employment settings or a social enterprise work crew using the supported wages system. An additional 17/50 participants completed an alternate New Track activity.

- 3/17 participants completed training courses.
- 7/17 participants commenced voluntary work.
- 7/17 participants completed a work experience.

There were no differences in New Track outcomes by funding scheme.

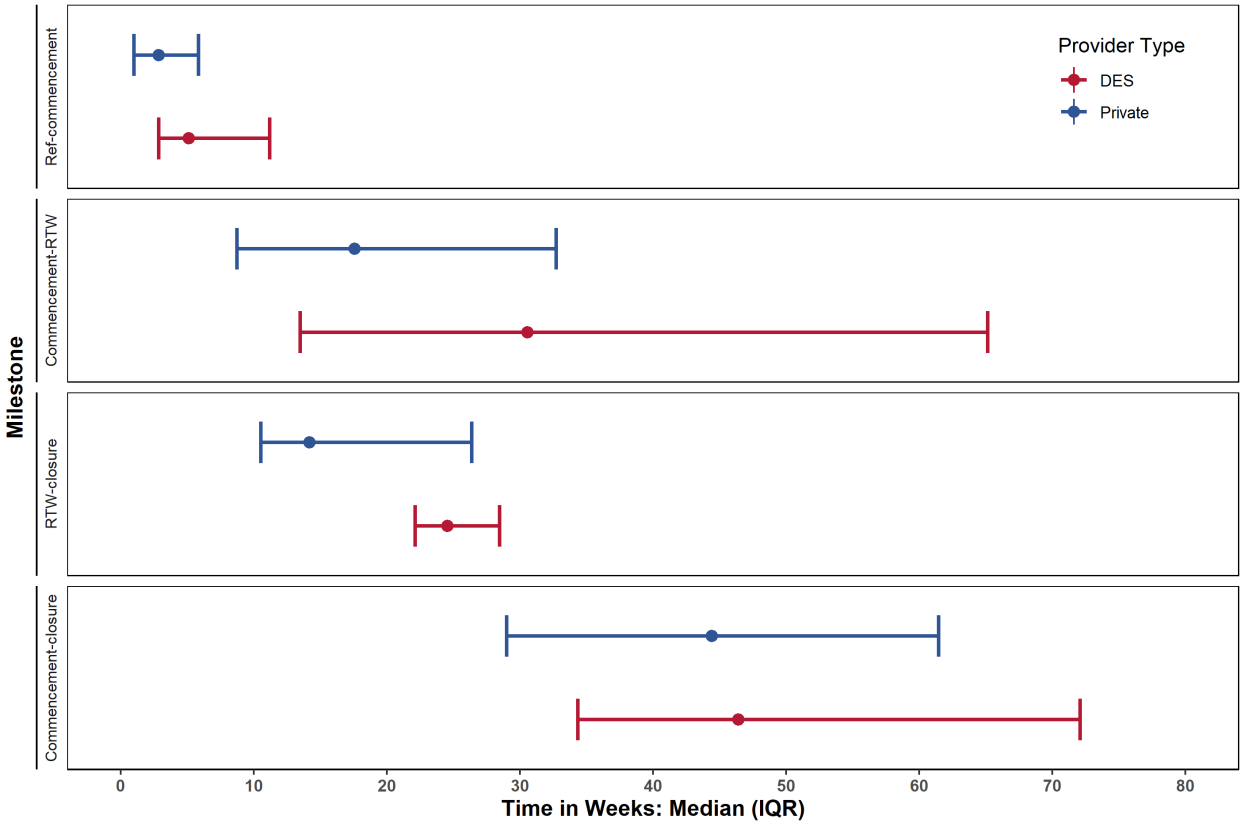
It is an expected finding that fewer of the New Track participants achieved a paid work outcome within the duration of VIP2, in comparison to Fast Track. They are a group entering the program at a later stage post injury (average of 18 months versus 8 months post injury for Fast Track); fewer were working at the time of injury (69% versus 98% for Fast Track) and have more severe injury (47% of New Track participants have extremely severe injury versus 35% of New Track participants). It is also worth noting that ‘same employer’ programs achieve higher RTW rates across all injury types within the RTW sector than ‘new employer’. In NSW, there is an expectation to achieve RTW rates for injured workers (all injury types) of 80% for ‘same employer’ and 50% for ‘new employer’ programs.

New Track service timeframes

Service timeframes were also captured for New Track participants, using the same milestone definitions stated above. Figure 8 is a time distribution graph showing the four milestones by provider type (48 DES participants and 64 participants serviced by private providers).

- Time from *referral to commencement* took significantly longer within the DES scheme (average of 5.14 weeks) compared with 2.86 weeks for those serviced through insurance funding.
- Program *commencement to RTW* took an average of 30.57 weeks for DES providers and 17.57 weeks on average for private providers.
- *RTW to closure* was completed an average of 24.57 weeks for DES providers compared with 14.21 weeks for private providers.
- *VIP2 program duration* was very similar across the funding types; 46.43 weeks on average for DES participants and 44.43 weeks for those serviced by private providers.

Figure 8: New Track: DES vs Private provider (Medians and IQRs shown)



New Track service inputs

Time recording data was available for all 50 participants who completed the New Track program.

- The average hours of service per completed case was 36 hours, ranging between 2.5 to 134 hours. This was significantly more than the average of 25 hours per completed Fast Track case.
- Comparison by provider type showed some difference, with DES participants (n=17) receiving 46.42 hours and participants served by private providers (n=33) receiving 29.08 hours on average.

As shown in Table 8, the highest number of hours was recorded in documentation (15.6% of total time), followed by collaboration (13.9%). In comparison to Fast Track, there was greater time devoted to navigation (which includes job seeking) accounting for 8.7% of total time (2.7% for Fast Track) and on-job training (8.8% compared with 0.4% for Fast Track). Like Fast Track, very little time was spent in formal testing and observation (accounting for only 1% of total time).

Table 8: New Track service hours by category

CATEGORY	DESCRIPTION	MEDIAN HOURS	MIN HOURS	MAX HOURS	PERCENT OF TOTAL
Accept referrals	Matching the client to consultant and funding system to commence servicing	0.33	0.00	6.50	1.90%
Establish partnerships	Connecting with the client, family and others to establish a relationship	0.47	0.00	5.00	1.60%
Listening and gathering information	Initial assessment and gathering background information	2.33	0.00	30.00	7.50%
Observation	Watching to acquire information about the work environment and/or client's functioning	0.00	0.00	5.00	0.70%
Test	Using an assessment instrument	0.00	0.00	3.00	0.30%
Planning	Setting goals, priorities, actions	2.00	0.00	17.00	8.70%
Education	Providing information to the client and employer to improve understanding	0.17	0.00	6.00	2.30%
Training	Teaching or developing the client's skills	0.00	0.00	70.00	8.80%
Emotional and motivational support	Counselling and encouragement	0.40	0.00	20.00	6.00%
Navigating	Arranging options (job seeking support, researching training courses)	2.00	0.00	24.00	8.70%
Advocating	Supporting negotiations.	1.33	0.00	14.00	5.00%
Collaboration	Consulting, providing feedback and working with other service providers	2.73	0.00	42.00	13.90%
Documentation	Recording notes and report writing	7.00	0.00	19.75	15.60%
Monitoring	Monitor progress	1.92	0.00	60.00	9.70%
Travel	All travel related to servicing the client	2.00	0.00	24.00	9.20%

New Track case study: Melinda

History of injury

Melinda is a 25-year-old female who acquired a very severe TBI following a fall from a horse whilst working at a riding school in 2018. The duration of post-traumatic amnesia was 12 days. Melinda was a participant in the icare Worker's Insurance scheme.

Employment history

Prior to her injury, Melinda was studying and employed casually as a stable hand. She had not worked since sustaining her brain injury.

Status at entry into the VIP2

Melinda's GP advised that she was unable to return to her pre-injury employment and required assistance to look for new employment.

Melinda participated in neuropsychological testing that identified intact verbal and non-verbal memory, attention and concentration. Reduced abilities were noted with verbal abstract reasoning and comprehension. Anxiety and fatigue were also likely to impact on working.

Vocational assessment

Melinda was referred to a vocational provider by her local BIRP in February 2019, eight months post injury, following approval from the worker's insurance agent. A vocational assessment was completed identifying goals of cleaning, hospitality and retail. The report recommended commencing with a work experience placement due to Melinda's anxiety and reduced confidence regarding returning to work.

Work experience placement

Six weeks unpaid work experience was located in a café, completing customer service duties. A plan was developed in collaboration with Melinda, the employer and her BIRP case manager, including starting on less busy shifts initially for two hours and gradually increasing her hours. She was also provided a list of tasks and met with her supervisor before and after each shift. Initially, the work experience appeared to progress well, however during busier times in the café, Melinda reported difficulty keeping up with the pace of the work and became anxious. The work experience then ceased and Melissa was certified unfit for work by her GP for eight weeks.

Melinda, the vocational provider and BIRP case manager reviewed her goals and agreed that locating work as a cleaner may be a more suitable option. The vocational provider attended a GP appointment with Melinda and she was certified fit for part-time work. Melinda's preference was to locate paid employment rather than complete another work experience.

New Track outcome

The vocational provider supported Melinda to canvas for work and she located a casual role as a cleaner ten months after referral to the vocational provider. She provided consent for the vocational provider to contact her employer. The vocational provider maintained contact with Melinda and the employer for three months, by which time she was working up to 25 hours per week.

Case summary

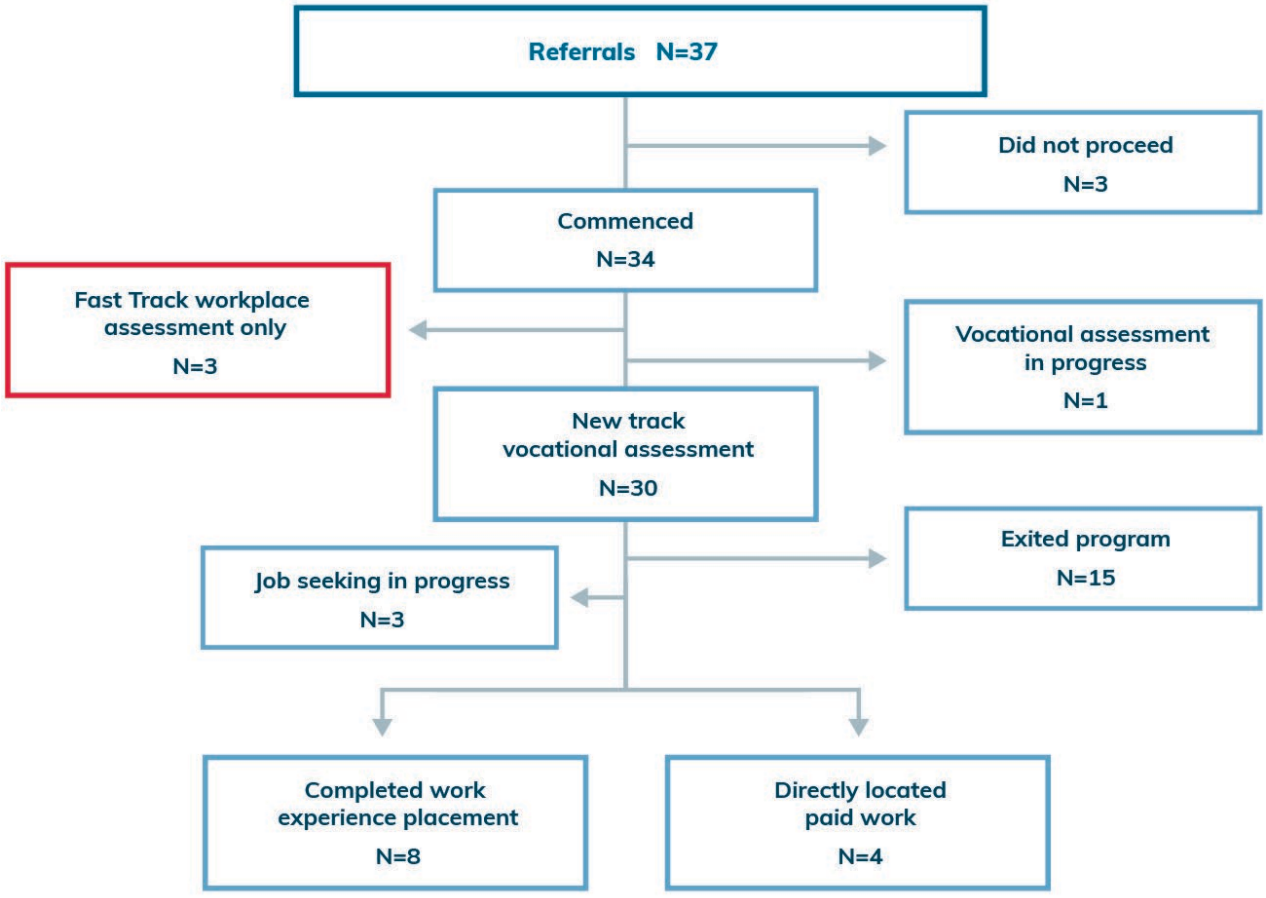
This case highlights the extended timeframe required to locate a suitable job match and also the value of a work experience to sample different work options. Melinda felt well supported by her new employer and advised the job assisted her to regain confidence.

Project-funded work experience programs

Work experience placements are generally available within insurance schemes, though is limited to only four weeks under the DES. The project grant allowed opportunity to fund providers to implement a work experience placement of 12 weeks duration for clients without insurance funding. Funding allowed for 50 placements and following slow initial uptake of this opportunity, the criteria was broadened to include single assessment services (vocational assessment and workplace assessments), without commitment to a work experience placement.

Thirty-seven participants were referred to this funding stream, as outlined in figure 9.

Figure 9: Participant flow diagram – project-funded work experience programs



- 34/37 referrals proceeded to assessment; 3 Fast Track and 31 New Track participants. A workplace assessment was completed for the Fast Track participants to enable the clinicians and employer to manage their RTW.

- A vocational assessment was completed with 30 New Track participants. Fifteen of these exited the program without using the remaining stages of this intervention.
    - Two participants intended to undergo vocational assessment only, to inform them of new options.
    - Two transitioned to NDIS funding to continue with their goals.
    - Providers were unable to locate a placement in three cases.
    - Three participants had a change in their medical or social readiness for placement.
    - Five individuals decided to pursue work goals independently.
- Eight individuals completed a work experience placement and 2/8 secured paid work; one with the host employer and the other with a different employer. The roles sourced for the work experience placements are listed below.
    - IT role working remotely from home due to COVID-19 restrictions
    - Smash repair business to assess readiness for employment and build work fitness. Participant was able to demonstrate work capacity and subsequently obtained employment in a garden maintenance role
    - Tutoring role to develop skills and experience to support casual employment whilst completing a teaching degree
    - Two participants worked in a Landcare nursery to assess if they wanted to pursue employment in this field. One client then went on to complete TAFE studies in horticulture to gain further skills
    - Dispensary assistant to assess readiness to return to a pharmacy role. This placement was extended for a further 12 weeks (using NDIS funding), though the client was unable to transition to paid work
    - Floristry assistant
    - Landscape gardening assistant resulting in an offer of employment.
- Four participants secured paid work whilst canvassing for a host employer and were supported to start these new paid jobs.

The icare funding grant for extended work experience placements enabled non-compensable participants to assess readiness and suitability for employment via a vocational assessment and then work experience for those ready to proceed. It was not expected that all placements would convert to a paid work outcome for this group, exploring their work potential. This valuable opportunity facilitated paid work for six participants. For example, a young 19-year-old with a very severe TBI without funding had been unable to secure employment in his preferred horticultural industry since leaving school. After a vocational assessment, work experience was located using the project funds resulting in an offer of employment as a landscape gardening assistant.

Changes to VIP2 partnerships

Twenty providers were appointed at the commencement of VIP2, with coverage across DES and private providers for all 12 BIRP sites. A number of changes to provider engagement occurred as follows.

- January 2019 – AimBig Employment closed their offices in the mid-western and Dubbo regions, leaving a gap in DES VIP2 services at these two sites.
- May 2019 – Verto was appointed to the mid-western site and Sureway was appointed to the Dubbo site to fill the above gap.
- June 2019 – Belinda Muldoon Counselling Services withdrew from the VIP2 agreement (servicing Hunter site only). No replacement was required.
- May 2000 – Verto advised the ACI that they will withdraw from the VIP2 agreement.
- July 2000 – MAX Employment closed their offices in the northern (Ballina) region. atWork Australia (already appointed to New England for DES services) were partnered with the northern site.
- There were a few instances in which BIRPs were introduced to an additional VIP2 provider located in their region in cases they felt required a different provider option.
- Only two providers did not receive any VIP2 referrals and have therefore not engaged in the program – Plan Rehab (Dubbo) and Sureway.

At conclusion of the VIP2, 47/53 (88.7%) of partnerships were still intact.

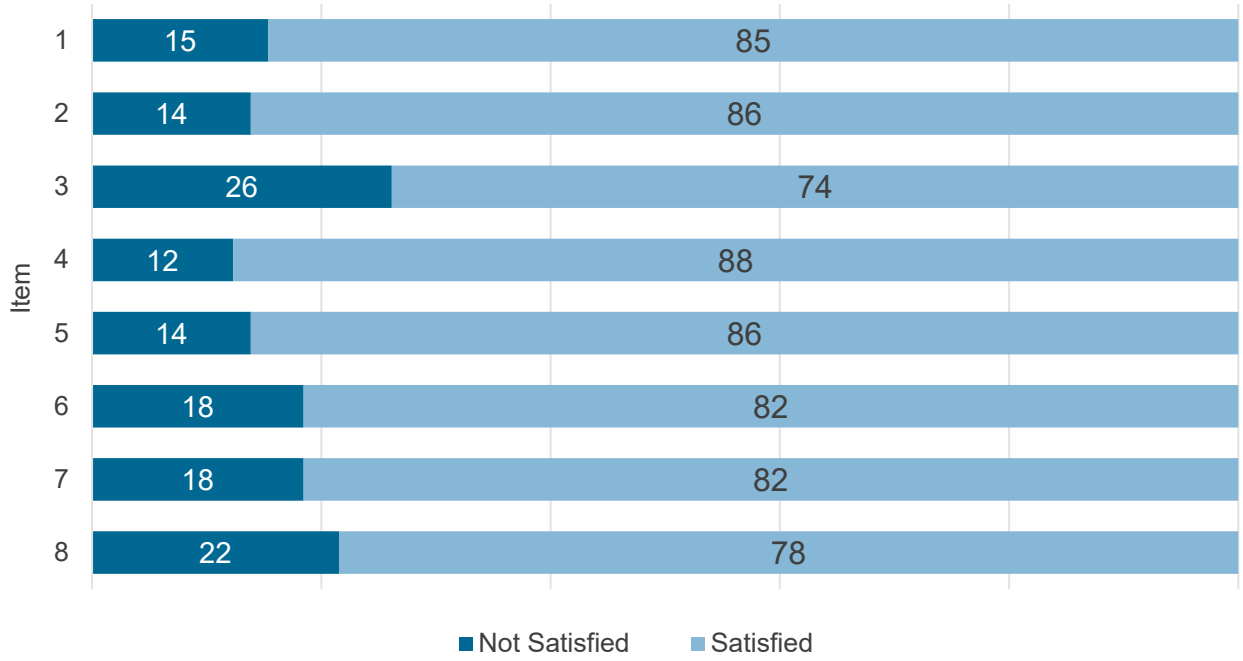
Experiences

Participant experiences

Participants were surveyed about their satisfaction when they exited the program, either having completed the program or withdrawn. The *Client Satisfaction Questionnaire 8* (CSQ8) was administered by phone or as an online survey.[8] The CSQ8 includes eight items, each with a four point scale (very satisfied, mostly satisfied, mildly dissatisfied, quite dissatisfied), giving a maximum score of 32.

Sixty-five participants completed the CSQ8. The average score was 29 (ranging from10 to 32). Fast Track participants were significantly more satisfied (median 30.5) than New Track participants (median 26). In figure 10 the two positive scores and the two negative scores have been separately combined to show the proportion of satisfaction for each item.

Figure10: CSQ8 client satisfaction



CSQ8 items

1. How would you rate the quality of service you received?
2. Did you get the kind of service you wanted?
3. To what extent has our program met your needs?
4. If a friend were in need of similar help, would you recommend our program to him or her?
5. How satisfied are you with the amount of help you received?
6. Have the services you received helped you to deal more effectively with your problems?
7. In an overall, general sense, how satisfied are you with the service you received?
8. If you were to seek help again, would you come back to the service?

Themes

Participants were invited to make general comments about their VIP2 experience. A thematic analysis approach was used to analyse the free text comments. Six key themes were identified that influenced satisfaction with VIP2.

- *Taking a person-centred approach to the rehabilitation process*. It was important that the approach was adaptable and flexible working to achieve their goals.
- *The importance of collaboration between BIRP services and vocational providers.* Participants were cognisant of when service partners worked well together.
- *Communication.* Open and frequent communication from the provider was a critical component in the level of satisfaction.
- *Tailoring of roles to participants needs.* Selecting goals that aligned with client's interests.
- *Feeling supported.* Support provided by BIRP and provider assisted participants to feel connected.
- *Knowledge of brain injury.* The importance of having staff involved in their vocational rehabilitation program who had a good understanding of the sequelae of brain injury.

Refer to appendix 5 for full details.

Six participants also completed an in-depth interview of their VIP2 experience using the Most Significant Change methodology (refer to appendix 7).[9]

Two client VIP stories were also captured by film. These can be viewed on the VIP program page.

BIRP clinician experiences

Clinicians had opportunity to provide feedback throughout the program.

- Focus group conducted by the Australian Health Services Institute in November 2019, (11 BIRP clinicians) and telephone interviews (2 BIRP clinicians).
- Meetings with BIRP representatives in February 2020 and November 2020.
- Partnership meetings between BIRP representatives and each provider held on two occasions. November 2018 as a baseline measure and February 2021 once partnerships had further time to become established.

Positive feedback was provided regarding the development of relationships with vocational providers in some regions and the earlier and increased focus on return to work.

> *'Focus of VIP has put vocational outcomes on the agenda for clinicians including awareness of options, made people a lot more aware than just something you do if you have time.'*
>
> *'Provided opportunity to build relationships, has given an opportunity to work more closely with DES providers and help to build confidence in the community about working with people with brain injury.'*
>
> *'VIP2 has been good as it has enabled us to work with a larger group of providers to see who will work best for clients. It has enabled us to be part of the RTW journey whereas before this didn't happen as much.'*

Negatives experiences highlighted services gaps in several regions and difficulty locating DES providers willing to work collaboratively and establish a partnership. Staff turnover within some providers also reportedly impacted on service continuity. Clinicians found the program evaluation posed an administrative burden, however the administrative burden will be reduced as completion of qualitative measures for research purposes will no longer be required.

> *'The VIP2 imposed an administrative burden and required investment of time to develop relationships.'*

> *'Some challenges when the original service provider left the position and new relationships had to be formed with the service provider for both participants [and] staff.'*

VIP2 provider experiences

Providers had opportunity to provide feedback throughout the program.

- Three focus groups were facilitated by the Australian Health Services Institute with 19 provider representatives participating by region on 25 November 2019 (Northern), 29 November 2019 (Central) and 3 December 19 (Southern).
- Providers participated in partnership meetings with BIRP representatives on two occasions, November 2018 and February 2021.
- Vocational consultants (n=27) were surveyed by phone during Jan-March 2021.

Positive feedback from vocational consultants supported the benefit of partnerships and learnings.

> *'On a whole the experience has been fantastic and the program is fully supported by the senior management team. There have been some issues which have been dealt with effectively and quickly. The support provided to the providers by the BIRP has been amazing and has been an absolute game changer for providing the correct support for the customers.'*

> *'BIRPS's are always keen to learn more about employment services and will phone to enquire about suitability of referral and enter into discussions as to the best way to move forward.'*

> *'We feel we have been able to educate the BIRP team on new employer services and they have educated us about TBI.'*

Providers raised issues with limited opportunity to build relationships where referrals were slow and referral of participants who were not ready or motivated to engage in RTW activities.

> *'Very limited interactions and limited client numbers. Limited buy-in, with such low client numbers.'*

> *'Absolutely support the program but felt with some of the referrals have done a lot of running around for nothing.'*

During the phone surveys, consultants were asked to rate their knowledge of working with people with brain injury on a five point scale (from 1 very little knowledge to 5 extensive knowledge and experience), comparing the beginning to the end of the program.

- Scores ranged from 1 to 5 at the beginning of the program, with an average of 2.7 and between 2 and 5 at the end of the program, with an average of 3.7.
- 70.2% of vocational consultants reported their knowledge of working with people with brain injury had increased.
- Each consultant's knowledge either stayed the same (n=8, 29.6%), improved by 1 point (n=11, 40.7%) or improved by 2 points (n=8, 29.6%). It most cases, those who considered that their knowledge had not changed over the course of VIP2, had considerable experience working with people with brain injury prior to the program.

Consultants were also asked to rate the level of communication over the course of the program between themselves and the BIRP clinicians, on a five point scale (from 1 virtually no communication to 5 comprehensive).

- Individual scores ranged from 1 to 5, with an average of 3.69.
- When consultant scores were grouped by BIRP site, the average partnership score per site ranged from 1.8 to 5, reflecting the variability in collaboration across the network.

Achievements

Increased focus on RTW for clients with brain injury

- With increased awareness of RTW options, referral pathways and provider partnerships, RTW is now more prominently on the rehabilitation agenda at many BIRP sites.
- There was a steady flow of referrals and consistent engagement from most partners across the VIP2 implementation.

Increased knowledge of how to support a person with brain injury with employment

- Learnings in how to facilitate RTW for people with brain injury have occurred for both VIP2 providers and BIRP clinicians.
- Resources have been developed to guide RTW navigation for both BIRP sites and providers.

The VIP2 has created new partnerships

- Strong and enduring partnerships have developed in some regions and the potential to consolidate emerging partnerships in others. Some regional BIRPs without strong VIP partnerships have greater knowledge to seek out and develop new vocational partnerships into the future.
- A point of contact has been established for each provider and specific consultants designated as ‘champions’ within some providers.
- The VIP2 has established a wider referral network, not only for the BIRP sites, but for icare and other severe injury groups, for example spinal cord injury. Brain Injury Australia has participated as a consumer representative on the VIP Management Committee and is able to extend the VIP2 provider network to its constituents.

Established service sustainability

- All existing funding sources were used within the VIP2, as well as a range of incentive programs and activities, for example SIRA work trials and Job Cover Placement Program, supported wages, employment within social enterprises, volunteer work and training courses. The combination of multiple funding sources and transition between funding sources to expand client’s opportunities was also observed.

Improved outcomes and experiences

- Durable employment outcomes were achieved for 26 Fast Track and 33 New Track participants. Across both pathways, 71% were classified as ‘full hours and duties’, demonstrating the highest level of outcome can be achieved with the right pacing and supports.
- Participants who completed the VIP2 reported high levels of satisfaction.

Program learnings and service gaps

Integrating the VIP service model into existing funding schemes

In the real-world context in which the VIP2 was implemented, challenges arose in integrating the VIP service model within funding schemes, particularly the DES. The VIP2 was the first systematic attempt to work in conjunction with the DES system for the brain injury population. The learnings related to this were as follows.

- *The DES is not designed for injury management*, and the Fast Track pathway therefore does not fit easily into this scheme. Many DES providers are unfamiliar with managing a gradual RTW program, excepting those employing allied health professionals, which in VIP2 was observed in 2/8 VIP2 DES providers, operating in the Sydney and Hunter regions.

  To mitigate this problem BIRP clinicians or DES providers can arrange a specialist occupational therapy assessment through Jobs Access (Commonwealth employment scheme) to provide advice and equipment.

- *The Centrelink assessment process* (Employment Services Assessment) *doubled the time* taken for a VIP2 client to commence their program. There was often a wait of up to four weeks to secure the assessment, in which time the client could not commence their program.

- *Navigating the Centrelink assessment process for DES participants requires strong involvement* from VIP2 providers and clinicians. There were instances when participants attended an employment services assessment independently and were then referred to a different provider by the assessor or allocated an inappropriate 'benchmark' (target work hours) or given a period of 'medical exemption', during which time the provider is unable to provide services. Such decisions were not informed by medical advice.

  To mitigate this problem BIRP clinicians and/or VIP2 providers attend the employment services assessment with the BIRP client and prepare the background information.

- *The DES operates on a compliance framework*, enforcing the frequency of appointments and the number of hours a participant is required to seek work. This is incongruent with the needs-based and flexible service structure required in severe TBI rehabilitation.

- *Gaps in DES provider partnerships* exist in some regional areas, particularly in the Dubbo and mid-western BIRP sites where partnerships with DES providers interested and resourced to participate in this program were not sustained.

- *The DES allows only a brief work experience opportunity* placement of up to four weeks, compared with a more adequate opportunity within the insurance schemes of up to 12 weeks.

  To mitigate this problem a BIRP client with NDIS funding can access work preparation activities prior to a referral to a DES provider.

Partnership establishment and communication

- Learnings also related to *achieving an optimal number of provider partnerships*. Multiple providers were appointed to each BIRP site, which offered choice and contributed to local sustainability. However, this resulted in a wide dispersal of referrals across vocational consultants, impacting on skill development and the engagement of provider organisations.
- Within some vocational providers, *staff turnover was poorly communicated* to BIRP partners and participants, resulting in gaps in service provision and disrupted collaboration.
- *There was great variation in the strength of partnerships* developed across the state, particularly evident in the VIP2 consultant surveys, in which the quality of communication was rated anywhere from 1/5 to 5/5. Sites with effective and continuous collaboration between BIRP clinicians and VIP2 providers produced positive outcomes and experiences for all parties.

Improving processes and outcomes

- More *consistent use of pre-referral meetings* (meet and greet) between a BIRP clinician, provider and client would better prepare all parties and reduce the rate of program withdrawal.
- The VIP2 provided a *layer of accountability*, particularly with structured case review meetings, aiming to encourage case progression. It is recommended that the BIRP teams remain involved throughout a client's vocational rehabilitation program to promote continued case progression.
- *Earlier identification of New Track candidates* by BIRPs would allow opportunity for pre-vocational activities to be incorporated into the active rehabilitation phase.
- There were a number of New Track participants for whom no work opportunities were secured following a prolonged phase of job seeking, resulting in participants withdrawing from the program. COVID-19 contributed to restricted labour market opportunities, during this time, however, a lack of flexible and intensive one to one support available for some clients was also a key factor.

Service access and equity

- During the period of VIP2, only 7/227 referred clients were denied a program as they did not meet eligibility for a funding scheme. However, from 1 July 2021, DES eligibility will be restricted to those people receiving a Centrelink payment. This is expected to affect up to 40% of non-compensable BIRP clients seeking new employment.

  To mitigate this problem BIRP clinicians will need to harness the opportunities for those clients with NDIS funding.
- There is inequity in the financial incentives available to new employers across schemes, impacting on opportunities. The DES has a standard wage subsidy of $1,650, compared with $27,400 available within SIRA. Other schemes, for example Lifetime Care and income protection insurance, do not offer financial incentives.

Conclusions and recommendations

The VIP2 implementation is the culmination of 10 years in developing vocational pathways and partnerships to enable greater RTW opportunities for people with severe TBI in NSW.

TBI is a prime of life injury, often occurring at a time at which employment plays a key role in a person's health and social wellbeing and the financial security of the person and their family. The importance of this program has been widely endorsed by all participating stakeholders.

The implementation was completed despite challenging circumstances with bushfires and COVID-19 which restricted client engagement and labour market opportunities. Nevertheless, 66 participants were supported into employment.

The icare grant allowed for a great deal of support to be provided to BIRP teams and providers, in implementing case review processes, network engagement activities (such as steering committees), training and mentoring to individual consultants. With this level of resourcing, a high level of provider retention was achieved and close, sustained partnerships established in some regions.

The following recommendations are made in considering continuation of this program without dedicated resourcing.

Continue the VIP as the statewide model of vocational rehabilitation

The VIP2 implementation has progressed the BIRP sites from a state of ad-hoc management of RTW goals to a planned approach to vocational rehabilitation, including effective engagement with external providers. It is recommended that the service model of VIP2 continues the following aspects.

- Partnerships between VIP2 providers and BIRP teams, requiring ongoing organisational support from ACI Brain Injury Rehabilitation Directorate and all levels within BIRP sites.
- Use of VIP2 resources, including referral and report forms and TBI-specific tools
- Keeping RTW on the agenda within the BIRPs as a concurrent rehabilitation process, led by BIRP VIP representatives and supported by the ACI Brain Injury Rehabilitation Directorate.
- Refinement of processes, timeframes and interventions to best suit the needs of people with TBI.
- BIRP and provider VIP representatives as a central point of contact, responsible for coordination of client programs.

Establish and support a VIP community of practice

There was great value in bringing clinicians and providers together as a steering committee during the VIP2 implementation, particularly to share client stories and problem solve collectively. A VIP community of practice will foster ongoing collaboration and learnings to do things better and accommodate scheme changes and emerging opportunities. There will need to be central coordination of this group to schedule activities and a core group of clinicians and providers (up to 5) to drive the agenda.

Recommended supports for sustainability:

High-level support will be required for program sustainability. There is no need for continued external case monitoring, however ongoing support is required for the following functions:

- Complete the VIP2 outcome study, by following up the remaining 'open' cases. This would be the largest TBI RTW outcomes study published in Australia to date.
- Maintain and extend VIP resources
- Support partnership development, particularly in the 3 regions without a developed DES partnership
- Convene the 'Community of Practice' as a mechanism to unite the provider-BIRP network and continue sharing knowledge
- Continue to provide education to new provider and BIRP staff

Rationale:

- The employment services industry is beleaguered by high staff turnover and, as observed within the VIP2, often poor handover of information between consultants. It is highly likely program information will be rapidly lost within some organisations.
- It is very uncommon for information to be shared amongst DES and private vocational rehabilitation providers due to the competitive nature of these sectors. VIP2 allowed a unique opportunity to bring provides together to share case information and offer suggestions. This process can be continued through a 'Community of Practise', but neither of the BIRPs or Providers will take responsibility to convene this group.
- Most BIRPs are still new to managing RTW and will continue to need guidance on how to navigate through the complexity of the various schemes to ensure clients receive services to which they are entitled.

Deliverables in the first year:

- Quarterly Community of Practice meetings
- Collection of data for remaining open VIP2 cases and completion of outcome study publication
- 6-monthly reporting of program status – partnership numbers etc
- Education provided to 10 new staff (Provider and BIRP)
- All resources updated
- 1 conference presentation

Glossary

ACI	NSW Agency for Clinical Innovation
BIRD	Brain Injury Rehabilitation Directorate, ACI
BIRP	NSW Brain Injury Rehabilitation Program
Client	Refers to the patients serviced by the BIRPs referred to the program and is distinct from 'participants' (see below)
DES	Disability Employment Services, managed by the Commonwealth Department of Social Services
icare	Insurance and care, NSW, delivering insurance and care services to the people of NSW severely injured in the workplace or in motor vehicle accidents
NDIS	National Disability Insurance Scheme
Participants	Refers to the BIRP clients who commenced a VIP program
RTW	Return to work
Services Australia	Delivers government payments through Centrelink and responsible for DES assessment processes
SIRA	State Insurance Regulatory Authority, responsible for regulating workers' compensation insurance, motor accidents compulsory third party insurance and home building compensation insurance in NSW
TBI	Traumatic brain injury, acquired brain injury incurred through trauma
VIP	Vocational Intervention Program, the program model
VIP2	Vocational Intervention Program (2018-21), the statewide implementation of the model
Vocational provider	Organisations appointed to the VIP
Vocational consultant	Individual consultant within a provider, working with a VIP2 participant

Acknowledgements

The successful implementation of VIP2 was achieved through the commitment and collaboration of many organisations and individuals over the three-year duration of the project. This project was sponsored by the icare Foundation and enabled through the involvement of management and staff from up to 20 vocational providers, 12 BIRP teams, 173 participants and their families and other stakeholders.

VIP Management Committee

ACI

Sally Home

Philippa McRae

Barbara Strettles

Brain Injury Australia

Nick Rushworth

Department of Social Services

Justin Galke

icare

Suzanne Lulham

Jacqueline Scott

National Disability Insurance Agency

Jeannie Hodges

Services Australia (previously Department of Human Services)

Colin Brown

State Insurance Regulatory Authority (SIRA)

Annette Keay

Trina Moyes

Program evaluation

Australian Health Services Research Institute (AHSRI), University of Wollongong

Dr Rob Gordon

Dr Conrad Kobel

Brain Injury Rehabilitation Research Group, Ingham Institute of Applied Medical Research

Maysaa Daher

Thomas Gates

Professor Grahame Simpson

Josephine Wyborn

Consultancy

Paul Bullen, Management Alternatives (web and print design)

Lauren Christie (qualitative analysis)

Limelight Creative Media (video production)

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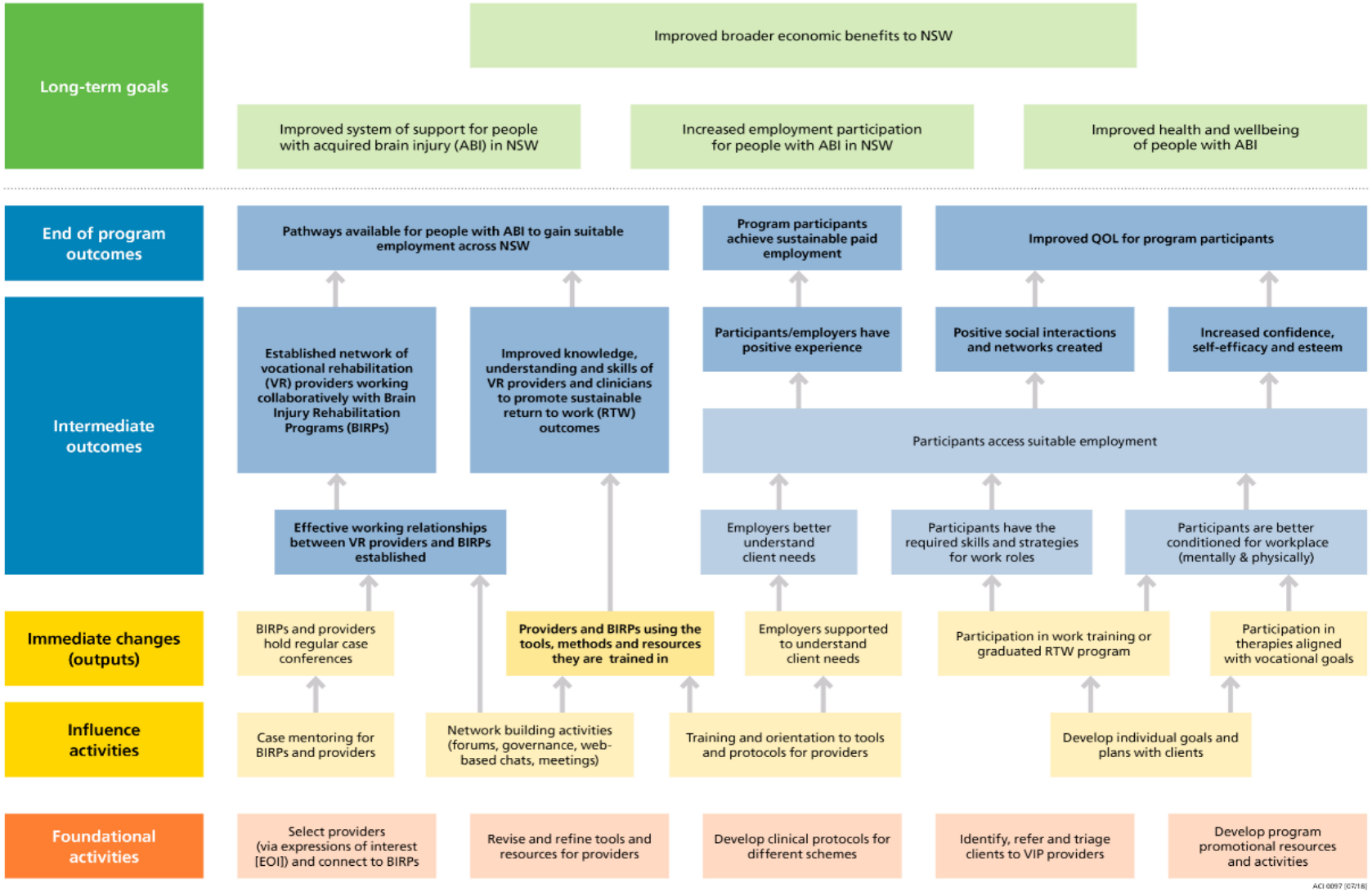
Appendix 1: VIP2 provider matrix (n=21 at commencement of VIP2)

	NORTHERN		MID-NORTH COAST		TAMWORTH		SYDNEY		DUBBO		ALBURY (SOUTH-WESTERN)		GOULBURN (SOUTHERN)		HUNTER		BATHURST (MID WESTERN)		ILLAWARRA	
Market	**DES**	**LTC/ SIRA**	**DES**	**LTC/ SIRA**	**DES**	**LTC/ SIRA**	**DES**	**LTC/ SIRA**	**DES**	**LTC/ SIRA**	**DES**	**LTC/ SIRA**	**DES**	**LTC/ SIRA**	**DES**	**LTC/ SIRA**	**DES**	**LTC/ SIRA**	**DES**	**LTC/ SIRA**
AimBig Employment			◆ **(Port)**						◆								◆			
ARMS												◆								
At Work Australia					◆															
Blue File																		●		
CHESS				◆																
Disability Trust													◆						◆	
Greenlight		◆	◆	◆			◆	◆							◆	◆				
Keystone Professionals								◆												
MAX	♦						◆								◆				◆	
Sureway									♦											

	NORTHERN		MID-NORTH COAST		TAMWORTH		SYDNEY		DUBBO		ALBURY (SOUTH-WESTERN)		GOULBURN (SOUTHERN)		HUNTER		BATHURST (MID WESTERN)		ILLAWARRA	
Market	**DES**	**LTC/ SIRA**	**DES**	**LTC/ SIRA**	**DES**	**LTC/ SIRA**	**DES**	**LTC/ SIRA**	**DES**	**LTC/ SIRA**	**DES**	**LTC/ SIRA**	**DES**	**LTC/ SIRA**	**DES**	**LTC/ SIRA**	**DES**	**LTC/ SIRA**	**DES**	**LTC/ SIRA**
Tracks to Work								●								●				
Olympus Solutions							◆								◆					
Wildon Partnership										●										
Prestige Health		◆				◆		◆												
RehabCo				◆		◆						◆		◆		◆				◆
Resource Life								●												●
Plan Rehab										●										
The Personnel Group											◆		◆							
Verto																	◆			
Work Focus										◆								◆		

● Lifetime care (LTC) only (**not SIRA accredited**)

Appendix 2: VIP2 program logic



Appendix 3: Measurement framework

The Brain Injury Rehabilitation Research Group (Ingham Institute of Applied Medical Research, Liverpool) led by Prof Grahame Simpson undertook evaluation within the following framework.

CRITERIA	KEY EVALUATION QUESTION	SUB-QUESTIONS	INDICATORS	TOOLS	WHO?
Reach	To what extent did the VIP2 cover its intended population?	What proportion of BIRP participants have employment goals? What proportion of BIRP participants with employment goals were referred to VIP?	VIP participants as % of BIRP caseload VIP participants as % of identified participants	BIRP caseload lists Referral registers	BIRP staff Research team
Effectiveness	How effective was VIP2 at achieving its intended outcomes?	How many VIP participants completed the program? What were the factors and characteristics contributing to program separation? How many Fast Track participants achieved sustainable employment? What employment outcomes were achieved by New Track participants? How did program participation impact quality of life?	Central client data record Client demographics RTW rates Vocational outcomes QoL and self-efficacy changes pre and post program	Vocational status module Dbase 2 SF36, DASS, general self efficacy, Rosenberg Self-esteem Scale, Work Instability Scale	Provider data Research team Provider data Client at three time points
Adoption	Are pathways available across NSW for people with acquired brain injury to gain suitable employment?	How many providers engaged in EOI process and applied for partnerships? How many partnerships commenced and with whom? What proportion of commencing partners were	Number attended information sessions Number of applications received Provider lists	EOI records Victoria Health Partnership Analysis	Research team Provider and BIRP staff

CRITERIA	KEY EVALUATION QUESTION	SUB-QUESTIONS	INDICATORS	TOOLS	WHO?
		engaged for duration of program? How well did partnerships develop across the program?	Partnership analysis ratings at two time points		
Implementation	To what extent was the program implemented as planned?	How consistent was the implementation across all sites? How were acquired brain injury resources used and specialist skills developed? How efficient were processes within the service pathways? What was the intensity and profile of service delivery? What were the experiences of participants, providers and clinicians?	Fidelity scores Provider interviews Milestone durations Time recording data Qualitative semi-structured interviews	Supported Employment Fidelity Scale VIP Qualitative analysis of surveys Case management taxonomy CSQ8 Most significant change Client films	Research team Project team Providers Participants
Maintenance	To what extent are the program processes and outcomes likely to be sustainable?	Are BIRP sites using the VIP model as business as usual? Are existing funding schemes meeting the needs of BIRP clients? What resources will be required for this to continue, and are these accessible?	Referral rates Profile of participants by scheme type Referral numbers Project demand (project staff)	Referral registers Sub-group analysis Referral lists (non BIRP) Time in motion study (project staff using case management taxonomy)	BIRP sites Research team Providers Project staff

Appendix 4: Attendees at VIP information sessions

SITE	ATTENDEES	DES PROVIDERS	PRIVATE OR SIRA	DES AND PRIVATE OR SIRA
Ballina 28/05/2018 N=10	4 BIRPs 6 Providers	• Epic • Max Employment • ETC (Employment and Training)	• Work Focus • Northern Rehab Management	• CHESS
Sydney 04/06/2018 N=32	11 BIRPs 1 Brain Injury Australia 1 SIRA 3 InVoc 16 Providers	• Max Employment • Ability Options • NOVA • WISE	• RehabCo • Prestige Health • Keystone • Work Focus • Purple Co • Active OHS	• Greenlight • Advanced Personnel Management
Illawarra 06/06/2018 N=11	5 BIRPs 6 Providers	• Disability Trust • Personnel Group • Ability Options	• Rehab Co • Work Focus	
Coffs Harbour 13/06/2018 N=12	8 BIRPs 4 Providers		• Work Focus	• CHESS • Greenlight
Tamworth 14/06/2018 N=7	5 BIRPs 2 Providers		• Work Focus	• Advanced Personnel Management
Hunter 18/06/2018 N=17	7 BIRPs 10 Providers	• Ability Options • Max Employment	• Rehab Co • Work Focus	• Rehab Management • Greenlight

SITE	ATTENDEES	DES PROVIDERS	PRIVATE OR SIRA	DES AND PRIVATE OR SIRA
Goulburn 22/06/2018 N=9	2 BIRPs 7 Providers	• Essential Personnel • Personnel Group • Disability Trust • Max	• Rehab Co • Resource Life	
Dubbo 27/06/2018 N=6	2 BIRPs 4 Providers		• Penelope Peadon • Sophie Raad • Work Focus • Rehab Co	
Bathurst 28/06/2018 N=8	6 BIRPs 2 Providers		• Work Focus • Blue File	
Albury 02/07/2018 N=13	7 BIRPs 6 Providers	• Personnel Group	• Work Focus • RehabCo • Advanced Rehabilitation Management Service	

Appendix 5: CSQ8 themes influencing participant satisfaction with VIP

THEME	DEFINITION	EXEMPLAR QUOTES
Taking a person-centred approach to the rehabilitation process	Comments by participants about whether providers tailoring support to their individual goals and needs and how this impacted on their experience of return to work	*'It felt like they were just going through the motions to tick boxes. Not a personal approach towards the second half of the program.'* *'They [provider] helped break up the work days so my energy levels could keep up. A first I really didn't want to do it but in the end it worked out really good. Without the help I don't know if I would be with this employer or not.'*
The importance of collaboration between BIRP services and vocational providers	Comments by participants about how collaboration between the provider and the brain injury rehabilitation service helped or hindered their return to work	*'Didn't seem clear what the program was and what the roles different people were meant to be doing… There wasn't much communication between [X (BIRP)] and [Y (provider)].'* *'The support from [Y (provider)] and [X (BIRP)] has been great. If they weren't there in the background I wouldn't be able to handle things, particularly meetings at work about my program.'* *'Both the brain injury service and [Y (provider)] worked well together.'*
Communication	Comments related to the provider's level of communication and communication style with the client	*'[X (provider)] kept forgetting appointments and at one appointment, me and [Y (BIRP occupational therapist)] were sitting waiting and he didn't turn up. BIRP [occupational therapist] called the provider and apparently he hadn't come into work but no-one had let them know. He missed other appointments or didn't call and then on one occasion I got dressed and was walking down for the appointment and 15 minutes before the meeting with, [X (provider)] rang to cancel the appointment.'* *'Good understanding of brain injury and helped me understand the problems with getting back to work and how to overcome them. They were very upfront with me and followed up … [X (provider)] touched based often.'*
Tailoring of work roles to client's needs	Comments by participants about whether the work roles they were provided with aligned with their interests, skills and abilities	*'Potential was there for [X (provider)] depending on what you wanted, they are good getting people basic jobs, but I wanted my job just with some modifications … I just think their program is a bit simple and needs to modified for those who want to have the ability to go into higher level jobs.'* *'They [provider] didn't really help, they kept recommending jobs that weren't suitable to me. I can do stuff, but they kept getting me to try stuff I couldn't do.'* *'The program helped me to start the voluntary work as it helped to tick boxes required by the employer. Initially I was determined I was going to work as a nurse and regain my APRHA registration. I've found working at the practice - some things I do are automatic as if my muscle*

THEME	DEFINITION	EXEMPLAR QUOTES
		memory is recalling how I did things when I worked at a nurse. Part of me almost feels normal while I'm there and I feel happier after I've been there ... The job has made my mental health better … Work was the best medicine.'
Feeling supported	Comments by participants about whether or not they felt supported by the provider and/or BIRP service to achieve their return to work goals	*'Initially magnificent then towards the end it was patchy, change in person I was working with, initially had contact every fortnight and then it was patchy and I had to initiate contact.'* *'I have had amazing support to achieve my goals. [X (provider)] saved me in the interview. I got this job only because [Y (provider staff)] got me through it. X is unreal. Feel the most important person in the whole lot has been [Z (BIRP staff)]. Every trick I have got for everyday life has been through [Z (BIRP staff)]. She is next level. I call her the rock through the whole thing.'*
Knowledge of brain injury	Comments by participants about providers' level of knowledge of brain injury and the sequelae of injury and how this impacted on the return to work process	*'To start with, [X (provider)] was sending me off to employers for normal employment, but I needed a disability job because of my balance I am a liability. This wasn't working. They were suggesting the wrong jobs.'* *'The program has given my workplace and me a team of experts who understand my challenges and helps us both navigate through them.'*

Appendix 6: Case management taxonomy – time recording definitions[7]

MAIN CATEGORY	SUB-CATEGORY	DESCRIPTION
Engagement	Accept referral	Matching the client to consultant and funding system to commence servicing.
	Establish partnerships	Connecting with the client, family and others to establish a relationship, and develop partnerships.
Assessment	Listening and gathering information	Initial assessment and gathering background information from the client and relevant others, including verbal and written reports from clinicians, employers, etc.
	Observation	Watching to acquire information about the work environment and/or client's functioning.
	Test	Evaluating the client's health using an assessment instrument, for example functioning assessment or vocational assessment.
Planning		Setting goals, priorities, actions and responsibilities with the client, employer, clinicians, funding coordinator and relevant others.
Education		Providing information to the client and employer to improve understanding.
Training		Teaching or developing the client's skills, such as workplace, interview skills, work behaviours, etc.
Emotional and motivational support		Supporting the client's employment through vocational counselling and encouragement.
Coordination	Navigating	Researching and arranging the most appropriate option, including canvassing for work training, job seeking, facilitating training courses, negotiating RTW upgrades, etc.
	Advocating	Supporting the client in negotiations.
	Collaboration	Consulting, providing feedback and working with other service providers, including BIRP services, insurers, care agencies, etc.
	Documentation	Recording notes and report writing.
Monitoring		Continuous acquisition of information to monitor progress with client, employer and other parties, includes phone, email, face to face and worksite.
Travel		All travel related to servicing the client.

Appendix 7: Most significant change stories

Damien: Trust the process

Person recording story:	**Philippa McRae (Project Manager)**
Date of recording:	**03/04/2020**
Location:	**Skype videoconference**
Period of program:	**19 Jan – 20 Mar 2020**

I'm a father of four boys and have been married for over 20 years. Up until 2016 when the accident happened, I had always worked as a roofer in the construction industry. I worked for the same company for over 23 years before I got laid off and then started my own business. It was about the three-year mark, when the business was stable, and then I had an accident at work in October 2016, through no fault of my own. We were working on steel scaffold four metres above the driveway, when the handrail snapped and I did a backflip and landed on the driveway. It has taken over three years to get to where I am today. Those years were not easy, the source of many tears, questioning who am I now? My identity was gone.

I felt like there was nothing out there for me. I had to start again, be part of a society, be a better father, husband and friend.

After I saw what people put into my recovery, I just wanted to give back. I enrolled into a Cert 4: Community Service at TAFE with support from my case manager (Rebekah) at the Hunter Brain Injury Service. Along the way I had some difficulties like writing out sentences, so Rebekah helped organise an ipad and a keyboard and I also recorded a lot of things to get through.

I then enrolled in the Diploma level in February 2019. Greenlight was brought in as part of the VIP program at this point, and assisted with my work experience, resume and cover letters as TAFE finished in November 2019. Then the Synapse job as a 'family liaison officer' came up. This role looked perfect for me, it involves making contact with patients and families in hospital after a brain injury and helping with the transition back to normal life. I had never applied for a job in my life. Greenlight were a great help through the interview process.

The changes resulting from the program

- I have learned to be organised now and have systems in place so I can cope in everyday life. For instance I have a memory box I need to put things every day so I know where things are.
- I am a different person now. My outlook and priorities have changed. I now focus on others rather than myself.
- The re-training program opened up a whole different industry to me.

This has all been possible because I had the drive to help myself. I wasn't driven at all before. I was just one of the ants in the colony.

'The most significant change for me was getting the job with Synapse. This job has given me back an identity and saved me.'

David: David's come back

Person recording story: **Philippa McRae (Project Manager)**

Date of recording: **07/12/2020**

Location: **Head2work office**

Period of program: **Mar – Dec 2020**

I had an accident four years ago. It wasn't an accident really. A friend pushed me and I hit my head badly. It was New Year's Eve in 2016. I was in a coma for about a month and then did my rehabilitation at the Liverpool Brain Injury Unit. I was in a wheelchair to start with, then five months after the accident I started to walk and then I slowly started to talk again. I still have problems using my right hand and arm. It's about 20 per cent slower now. I was in hospital for 11 months in total.

After I went home I had lots of carers. Five days a week to start with. This was frustrating. Then the carers reduced to four, then three then two then one day per week. I went to a lot of therapies at Liverpool Hospital, but the appointments reduced after a while.

I think about the past a lot. It's so frustrating for me but I have got much better over the past two years and even got my car licence back.

Before my accident I worked as an IT contractor doing website development. I had contracted to around 15 businesses over the years. At the time of the accident I was contracting to NRMA Insurance.

In February 2020 I was referred to Greenlight Human Capital to help me get started working again. Through the Vocational Intervention Program I was able to do a work experience placement. Alexa (from Greenlight) and I spoke with my old contacts at NRMA, who I had stayed in contact with, and set up a 12 week placement. Unfortunately, due to COVID-19, I had to work from home. Greenlight arranged some new office equipment for me, which was good, but it was so frustrating having to work from home. I was keen to get back to the office because I had spent so much time at home since my accident. If it wasn't for COVID I believe I would have got further if I was able to go into the office.

The work experience went from July to September 2020. I worked part-time, starting at 12 hours per week and increasing to 24 hours per week. My work involved making changes to the intranet content. I liked working again, but this was not the same as doing the website programming I used to do.

The changes resulting from the program

This program gave me a ***fresh start. I got to experiment with what I can do. It was good for me to start practising on anything. I learned that I need to refresh my knowledge of programming languages.*** Four years is a long time to be out of IT. I need to learn PHP. I am taking some time now to learn HTML on my own and then I will look at HTTP. I am planning to go back to Greenlight for help with job seeking in early 2021.

'The most significant change for me during the placement was interacting with people.'

Re-connecting with peers was the best thing about this program. It was the social aspect I liked the best, even if this was online.

The future

Hopefully next year I will get a job.

Linda: Linda's VIP journey

Person recording story: **Sally Home (Project Officer)**

Date of recording: **28/01/2021**

Location: **Phone**

Period of program: **Feb 2019 – Dec 2020**

In 2015 I was diagnosed with a brain tumour and from 2015 to 2017 I was undergoing treatment. Since 2017, I've been trying to get back into normal life including getting a job.

Before my diagnosis, I'd completed a Bachelor of Commence (Honours) Finance degree and was working for a Finance, Market Research company and doing really well with my job. I was earning a six figure salary at the age of 25. I had plans to move to London with my then boyfriend. The diagnosis was a real shock to the system and I didn't handle it very well. I dealt with it by being angry at the world.

Following my treatment, I was supported to achieve rehab goals and was referred to Greenlight in February 2019 by Head2work.

The changes resulting from the program

Greenlight helped me to get a couple of roles. I applied for jobs myself and they followed up with the companies, provided them more information and discussed if they would take me on for a work experience. I did get a role through this method.

It was good to have their support to do this. They helped me to learn about how and when to disclose to employers and I feel more comfortable about this.

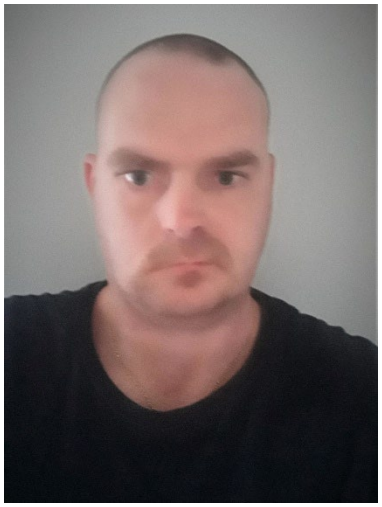
I got to experience different roles I wouldn't have had the opportunity to if I wasn't on this program. It helped to show what I can and can't do. They helped me to clarify what type of work I don't want to do because of these experiences.

At the moment I'm volunteering but ideally would like a paid role, but it may not be the right time at the moment. I have a voluntary role with Save the Children Op Shop selling 2nd hand clothes and this involves customer service, restocking shelves and selling stock. Recently, they let me be a team leader as well, so I have a key and help with balancing the till and training some of the new volunteers. I do this two days a week. I'm also volunteering in a refugee youth mentor role on an ad-hoc basis.

The future

Ideally, I would like a paid role in finance and customer service. I would be open to doing work experience to help get paid work. I don't really know what else is out there, but I have no problems with going back to Greenlight. I will do my research to see what's out there.

Peter: Opened my horizons



Person recording story: **Philippa McRae (Project Manager)**

Date of recording: **15/02/2021**

Location: **Peter's home**

Period of program: **Mar 2019 – Jan 2021**

In 2018 a tumour was found in my brain. About 60% of the tumour was removed in an operation and 40% left behind. I suffered a brain injury during the surgery and was in hospital and rehab for one year all up. This included a stint at the Hunter Brain Injury Service, where I had rehab during the week and then went home on the weekends. I have lost balance and strength on my right side and I had to learn how to swallow, eat, walk and think again. I can't close my right eye either so that dries up quickly.

I have carers who take me out and are with me in case I lose my balance. I need to use a whiteboard and calendar to remember what I have on.

Before my injury I used to work as a labourer in construction and factories.

At the Hunter Brain Injury Service, they asked me my goals. I said to drive, to purchase a house in the future and get back to work.

I got my driver's licence and then they referred me to Greenlight Human Capital for help with employment, through the Disability Employment Services.

At first, we went to different employers and we talked about what I can and can't do and this didn't work. Because of my balance problem I felt I would be unsafe and needed a disability job. I did a TAFE Certificate 2 in cleaning and then my case manager at Muru Pathways arranged an interview with the Good Samaritans for a cleaning job. Starting the job was delayed by the coronavirus but then it started in August 2020.

I work as part of a crew cleaning churches, schools, short term accommodation and end of lease cleaning. All the workers have a disability of some kind and we have a support worker to help when needed. I work up to 16 hours a week and also keep my disability pension.

The changes resulting from the program

More money to spend – I don't live like a hermit anymore. I have extra spending money on top to the pension so I can enjoy life more.

With the Good Samaritans ***I feel like a have a stable job***. I'm not going to get a call from head office saying there's no work for me. They look at where you live and find some jobs nearby that fit my roster.

Having this job has ***opened my horizons***. I can now work as a cleaner and wonder what else I can do. I would like to be a barista one day.

It has opened up new doors to ***socialise with people***.

The most significant change for me is meeting new people.

Money comes and goes but meeting genuine nice people ... you always have good memories of good people.

Kim: The opportunity to try

Person recording story: **Philippa McRae (Project Manager)**

Date of recording: **22/02/2021**

Period of program: **Dec 2018 – Nov 2020**

I have worked as a Stevedore at Hutchison Ports container terminal at Port Botany since 2015. One of my jobs involved operating a shuttle (large mobile crane) to move shipping containers between ships, storage areas and trucks.

I have no memory of the accident in April 2018, however camera footage shows another passing shuttle connected with my glass-enclosed cabin, projecting me 10 metres to concrete. I was taken to St George Hospital where I had many operations for my injuries including fractures to both legs, left forearm and wrist, four ribs, facial bones and skull fractures. I was transferred to Royal Rehab for rehabilitation and was discharged in September 2018.

It's been about three years now and I'm still adjusting. I have no taste or smell. My vision is impaired, fatigue is a factor, and reduced mobility is a 'killer' particularly when I used to be very active. I have cognitive issues finding the right words to explain my self, makes it hard to get to the point, and communicate with anyone. My planning process is impaired, leaving me feeling disconnected and my confidence at an all time low. When you are faced with all these changes emotional, physical and mental, the word 'normal' takes on a whole new meaning. There are elements of my old life I am no longer able to do however work was not one of them.

I was referred to Prestige Health Services Australia to coordinate my return to work in January 2019. I spent the first few weeks just talking to my work colleagues, being open about my defects just letting them know it's ok and giving them the time to be comfortable working with me again.

I started on light office tasks, one day a week for four hours, eventually being trained as a Tower Clerk, coordinating the import and export of containers. I am not signed off for this role yet. I have also been trained and signed off to do 'reefers' (refrigerated container) work. Coordinate the plug on and off with the ship, train, trucks and monitor the temperatures of the reefers. It's a more physical role climbing stairs, three eight-hour days a week.

The program has given my workplace and me a team of experts who understand my challenges and helps us both navigate through them.

The changes resulting from the program

Working again has restored my independence

- The road to normal is now in reach.
- Being able to work encourages me to focus on the things I can do, rather than the things I can't.

Isolation is a real issue

- Just to be involved, part of a team helps my confidence and socialise.

The most significant change for me

The program offers me the opportunity to be part of the solution rather than being part of the problem. I know I have to work harder, but at least I have the opportunity to try. My goal is I want to be signed off in three skill sets … this year!

Analese: Learning to have a life

Person recording story:	**Philippa McRae (Project Manager)**
Date of recording:	**20/11/2019**
Location:	**Analese's home**
Period of program:	**Apr – Aug 2019**

I have been working with racehorses since I left school, 30 years ago. I worked my way up to foreperson for a big company with 250 racehorses in work across Australia. The foreperson is in charge of all day to day treatment for the horses. The horses are athletes so they get all kinds of treatment.

Whilst at work on 10 October 2017, a horse bowled me over that I didn't hear or see coming and I smashed my head on the tarmac. I don't have any memory of this or for the next week in hospital.

I was used to working long hours (11 hour days, six days per week, plus every third Sunday). I didn't have any hobbies outside of work, so I was bored at home and pushed to get back to work by late November. I thought I was fine. When I look back now, I wasn't obviously. I got up to full-time hours by March 2018. And then after a while I started to spiral. I was emotional and so mentally fatigued. My head was all over the place and I was battling to do everyday stuff like going shopping or paying my bills. My boss took away some of my duties and I got quite offended, thinking I was dumb and not as good as I used to be.

Then in April this year my case manager at the Westmead Brain Injury Service told me about VIP and referred me to Gary at Greenlight Human Capital, part of the VIP. I had a couple of meetings with Gary. The first one I was in tears. He asked me what I wanted to do and what I expected and then he went and had meetings with my boss and his business manager. I attended the last meeting.

The changes resulting from the program

My work contract was re-negotiated with no pay cuts. I now have Wednesdays and either Friday or Saturday afternoons off. This gives me a breather during the week and means I can sometimes go away at the weekend. Margaret (case manager) and Amanda (psychologist) taught me to be more organised in the way I work. Before the accident I used to do everything naturally and I now I have to stop and think and organise. I've also learned to schedule an hour's rest every day at lunch time. That mental break helps me so much. Through counselling I've definitely learned to control my emotions. Everyone says I am happy now, but for a while there I was thinking negatively. I would turn up to work and not talk to anyone.

The most significant change for me was learning to have a life. I didn't realise I didn't have a life before. But now with my new work routine I have balance**.**

Appendix 8: icare Foundation: monitoring, evaluation and learning aggregate indicators

Indicators*	Parameters	Results
1. Reach		

1. Number of individuals who took part in the program	Disaggregate by:
	• icare scheme participants and/or icare customers and their workers involved in the program
	• metro or regional
	• the way in which they participated for example one-to-one or group interventions, either face to face or by videoconference; web-based or smartphone apps; other, such as survey, consultations, linked data sets, etc.
		173 individuals took part in the program, from 221 referred individuals.
		• 63/173 (36%) were icare participants
		  ○ 51/63 Lifetime Care
		  ○ 5/63 Workers Care
		  ○ 7/63 workers insurance
		• 70/173 (40%) were based in metropolitan Sydney
		• 103/173 (60%) were from regional sites
		• 47/173 (27%) were referred for a Fast Track program (supported to return to their previous employment)
		• 126/173 (73%) were referred for a New Track program (supported to obtain new employment).

* Numbering is from original icare list. Only relevant sections have been included in this report.

Indicators*	Parameters	Results
2. Results		
2b. Number and proportion of individuals who reported improved quality of life (QoL) and/or wellbeing, as a result of the program	Number of individuals (disaggregated) who report changed perceptions and feelings of increased QoL and/or wellbeing. QoL or wellbeing could include sense of purpose, injured worker returning to life and returning to work, financial control, health, safety, participation, etc. Report two indicators to allow for aggregation: • number of individuals with changed behaviour • number of individuals who responded (to a survey, interview, etc.).	QoL was measured pre and post intervention by participants who achieved employment (N=45) using a battery of measures. • Short Form 36 (SF36) • General Self-Efficacy Scale (GSE) • Rosenberg Self-Esteem Scale • DASS-21 (Depression, Anxiety, Stress Scale). Changes across time-points were as follows. • Significant decrease in depressive symptoms (DASS-21) • Significant increase in physical wellbeing (SF36 physical sub-score), reaching the Australian norm • Increase in mental wellbeing (SF36 mental sub-score) but improvement was non-significant. Note that the self-efficacy and self-esteem ratings at baseline were already strong and close to population norms.
2h. Number and proportion of individuals who report increased work readiness as a result of the program	Report two indicators to allow for aggregation: • number of individuals (disaggregated) who report changed perceptions and feelings of increased work readiness • number of individuals who responded (to a survey, interview, etc.).	Work readiness, whilst a relevant concept, was not measured in this program. A work readiness checklist was developed to guide clinicians in determining readiness to commence a VIP program.

Indicators*	Parameters	Results
2i. Number and proportion of individuals who returned to work within 26 weeks after participation in the program	Count instances of individuals (disaggregated) who participated in the program and who returned to work within six months of completing the program. Report two indicators to allow for aggregation: • number of individuals with changed behaviour • number of individuals who responded (to a survey, interview, etc.).	**Fast Track outcomes** 47 clients commenced Fast Track. • 7/47 clients withdrew from the program, but 1 had achieved RTW • 6/47 clients' RTW was unsuccessful and transferred to the New Track pathway • 7/47 cases are still ongoing, but 6 have RTW. • 27/47 clients completed the program and 26/27 achieved RTW. A total of 33/47 (70.2%) Fast Track participants RTW through VIP. 32/33 RTW within 26 weeks of program commencement (median 4.14 weeks). The remaining 1 client RTW date was 35 weeks after commencing the program.
2j. Number and proportion of individuals who secured a new or different job as a result of the program	Count instances of individuals (disaggregated) who secured a new or different job. Identify if it's a different job or opportunity with the same employer or new employer. Please describe the situation before and after highlighting the change and the role of the program in contributing to the change. Report two indicators to allow for aggregation: • number of individuals who secured a new or different job • number of individuals who responded (to a survey, interview, etc.)	33 clients achieved new employment (all different employers) within the New Track pathway. • 28/33 were mainstream jobs, that is in the open labour market • 5/33 were in supported employment, within Australian Disability Enterprises or social enterprises, employed under the supported wages scheme. • 20/33 commenced new employment within 26 weeks of program commencement (median 18.5 weeks).

Indicators*	Parameters	Results
2k. Number and proportion of individuals who were retrained or re-educated as a result of the program	Report two indicators to allow for aggregation: • number of individuals (disaggregated) who expanded their opportunities through retraining • number of individuals who responded (to a survey, interview, etc.)	A number of clients completed training courses and certificates as a component of their New Track program, but this was not compiled in program data.
4. Publications		
4. Number of publications produced by the program	Count the number of publications produced and their source. This could include peer reviewed journal articles, artefacts produced, publications, book chapters, presentations, communications pieces, media stories, etc.	The VIP is scheduled to be presented at the 8th National Brain Injury conference.
5. Economics		
5a. Cost savings or potential cost savings to icare schemes	Work with your icare investment manager and scheme agents, as needed, to inform your analysis. Percentage change in number or growth rate of workers compensation claims.	Cost-benefit analysis for VIP to be reported by the Australian Health Services Research Institute (University of Wollongong)