A collaborative approach to employment for people with brain injury in NSW

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Aims

1. Establish the need to improve vocational rehabilitation options in NSW for people with TBI.

2. Describe the VIP model of intervention

3. Illustrate the VIP via 2 case studies
Project background

BIRP Vocational Participation project (2011-13)

Employment rate from 72% to 29%

- Systemic issues:
  - Lack of ABI specialist VR services
  - Difficulty navigating Centrelink systems
  - Lack of understanding of ABI by VR services and employers
  - Lack of pre-vocational programs
Vocational Participation Project recommendations

1. Trial a specialist early intervention model for people returning to their pre-injury employers

2. Provide work training placements as a stepping stone for people with significant disability re-entering the workforce.
Vocational Intervention Program (VIP)

2 year pilot at 6 BIRP sites, aiming to service 78 individuals.

Model of service integration with 2 interventions

1. **Fast Track** – early referral to resume pre-injury employment.

2. **New Track** – Providing pre-vocational opportunity to explore abilities via work training placement.
## VIP regions and Providers

<table>
<thead>
<tr>
<th>Region</th>
<th>Fast Track</th>
<th>New Track</th>
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<tbody>
<tr>
<td><strong>Western NSW</strong></td>
<td>Break Thru</td>
<td>Break Thru</td>
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<tr>
<td>• Mid-Western BIRP</td>
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<tr>
<td>• Dubbo BIRP</td>
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<tr>
<td><strong>North Coast</strong></td>
<td>CHESS</td>
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<td>• Mid-North Coast BIRP</td>
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<td>• Northern BIRP</td>
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<tr>
<td><strong>Sydney metro</strong></td>
<td>Keystone Professionals</td>
<td>Break Thru</td>
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<td>• Royal Rehab BIRP</td>
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<td>• Westmead BIRP</td>
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VIP Program partners

icare™

State Insurance Regulatory Authority

NSW Government

Health

breakthru
your choice

CHESS
employment, vocational & support services

The University of Sydney
John Walsh Centre for Rehabilitation Research

ACI
NSW Agency for Clinical Innovation

Keystone Professionals

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VIP
EXPERTISE. WORK. INTEGRATION.
1. Program delivery is client-centred and flexible
2. The relationship between service partners is visible to the clients
3. Clear communication channels and sharing of expertise
4. ABI-specialist resources
5. Concurrent rehabilitation processes
6. Collaborative steering of the project
VIP participants – snapshot (May 2015 – October 2016)

Target participants = 78
Program commencements = 63 (26 FT, 37 NT)
Program incomplete = 15 (2 FT, 13 NT)
Program completions = 28 (17 FT, 11 NT)
Current participants = 20 (7 FT, 13 NT)

FT = Fast Track  NT = New Track
Program development

• 2-day training program at each region
• Development of tools, procedures & resources
• Establish communication networks
• Develop program evaluation framework
Training material and resources

- VIP training manual for providers and BIRP clinicians
- TBI staff training website
TBI specific assessment tools

- City of Toronto: behavioural/cognitive job demands analysis
- Work Ability Support Scale
- Work Instability Scale (client rated)
- VIP Client Summary Tool
Step 1: Select strengths and difficulties
Step 2: List is generated

**Strengths**

- Speed of thinking through information
- Ability to focus on the relevant aspects of the task at hand
- Day to day memory for recent events and information
- Initiate a task and independently generate ideas
- Comprehension of spoken information
- Ability to express language clearly, including choice of words and speech clarity.
- Ability to manipulate objects in 3 dimensions
- Ability to maintain balance in a range of challenging positions, including ladders, uneven surfaces etc.
- Staying in the same body position as required, such as sustained sitting, kneeling, standing, squatting etc.
- Full reach and coordination of both arms and hands to perform manual tasks, including fine motor control.
- Ability to carry out the daily routine, including prioritizing, integrating work tasks, punctuality etc.

**Difficulties**

- Shifting focus of attention from one task to another
- Ability to carry out a sequence of steps to complete a task (e.g. drive a car)
- Ability to learn new information or skills
- Ability to produce written work to the required level, including reports, emails etc.
- Social language skills
- Walking on even surfaces, managing stairs and general safety in walking
- Ability to independently drive a car.
- Sustaining energy levels across the work day, including physical and mental energy.

**Specific Strategies**

- Try to complete one task before moving onto the next
- Practice the task on multiple occasions so that it becomes habit
- Requesting or reviewing information to improve learning; build on existing knowledge rather than introduce unfamiliar work
- Reduce work hours, take frequent breaks; schedule concentration-based tasks when most alert; reduce workload

**General Strategies**

- Commence working part-time and gradually increase hours of work
- Initially avoid consecutive days of work if possible
- Allocate work that is most familiar and routine
- Allow extra time to complete tasks
- Reduce disruptions in the work environment
- Use diary, checklists and written notes to assist with memory and organizing skills
Step 3: List is converted to word doc
**Fast Track: Stages**

1. **Referral**
   - Early discussions between employer, employee and rehabilitation providers.

2. **Assess and plan**
   - Joint initial assessment
   - Workplace assessment
   - Develop RTW plan

3. **Implement RTW**
   - Implement strategies
   - Gradual upgrading
   - Employer education & support

4. **Case closure**
   - Case review and onward referral if further supports required.

1 month

6 months
Case study 1: Fast Track

Gareth

TBI July 2014

- PTA = 30 days
- Orthopaedic injuries

Referral to VIP June 2015

Worked as IT analyst
Assessment

- BICRT goals – PT; SP; OT
- Initial liaison with the Employer
- Duties established
- Strategies identified
- Equipment trial
- RTW plan
- Medical approval
RTW Program: Plans 1-2

RTW Sept 2015 – 8 hours per week

Strategies:

• Use daily organisers, planners, checklists, and calendars to help organise daily activities from a week to week level.

• Minimise dual thinking or multi-tasking multiple activities

• Allow more time for planning and generating ideas and solutions when dealing with more complex problems.

• Attempt to check, and recheck work to minimise errors
RTW program: Plans 3-4

Upgraded to 12 hours per week from week 10

Duties:

• Delivered change to existing and development of new Oracle processes and .NET applications.
• Oracle and .NET development
• Analysis of business requirements
• Recommend technical solutions to new business requirements
• Determine system requirements
Gareth trajectory of hours

Hours per week
Combination of physical injuries and TBI, requiring different strategies to facilitate the return to work.

Engagement with the employer was paramount due to the highly specialised nature of the role and job tasks.

Team approach
New Track: stages

Referral

1 month
Assess and plan

6 weeks
Locate placement

12 weeks
Implement placement

Case closure

- Vocational assessment
- Identify vocational goal and level of supports
- Canvass for host employer
- Workplace assessment to determine suitability
- Develop work training plan
- Educate & support employer
- On-job support and training as required.
- Onward referral if required.
Case study 2: New Track

Andy
46 year old man
TBI December 2014
PTA = 24 days
Referred to VIP June 2015
Vocational assessment

- Availability
- Travel
- Neuro-psychological
- O.T
- Physio
- Speech
- Psycho-Social Factors
- Interests & Hobbies
- Employment history
- Reference checks
- Observation in volunteer work or in the community
- Transferable Skills
- Education
- Participant
- Family & Friends
Work training placement

- Function Centre Catering Assistant
- Supportive employer
- Relaxed pace, not relaxed standards.
- Building on the familiar.
VIP: different to standard practise

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<th>BIRP teams</th>
<th>VR Providers</th>
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<td>RTW program integrated with other rehabilitation goals.</td>
<td>Greater understanding of VR processes and management of industrial issues</td>
<td>Access to crucial client reports and information</td>
</tr>
<tr>
<td>Self-paced RTW program</td>
<td>Central point of contact with Providers opens communication channels</td>
<td>Access to ABI-specific resources to add expertise to RTW process</td>
</tr>
<tr>
<td>No bureaucratic hurdles</td>
<td></td>
<td>Continued involvement from the treating team whilst RTW is progressing.</td>
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<td>Handover of information creates better understanding of needs from the start</td>
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