FACT SHEET: **HEALTH PROVIDERS**

THE EMERGENCY SERVICES FOUNDATION

RESIDENTIAL WELLBEING PROGRAM – RETURN TO WORK INITIATIVE

A PROGRAM DESIGNED TO HELP EMERGENCY SERVICE WORKERS WITH A MENTAL INJURY RETURN TO WORK.

The Residential Wellbeing Program - Return to Work initiative (RWP-RTWi) 'the program' is a project funded by WorkSafe and facilitated by the Emergency Services Foundation (ESF) to support the return-to-work journey for workers from Ambulance Victoria, Fire Rescue Victoria, Triple Zero Victoria and Victoria Police with a **mental injury**.

The program is a small group (8 participants per program), peer-based, relationship-centred residential program run over four days and three nights at Cape Schanck on the Mornington Peninsula. This location is chosen for its privacy and amenities, homelike setting, and position in nature. These are all elements ESF research identified as critical to success.

The program aims to provide a concentrated period of learning, reflection and support to address symptoms associated with exposure to occupational stressors and trauma. The program focuses on achieving sustainable outcomes for injured workers who are motivated to return to work. It complements any other treatments that injured workers may be receiving.

rwp.esf.com.au

Residential Wellbeing Program

ESF EMERGENCY SERVICES FOUNDATION

Evidence based

- This RWP-RTWi project builds on ESF's pilot undertaken in 2024. This was an early intervention initiative which demonstrated significant and sustained clinical improvements and other far-reaching benefits. Phoenix Australia undertook an evaluation of the Victorian pilot, and a copy of the evaluation report is available on the ESF website at rwp.esf.com.au

- The pilot program was built on the success of a program in Canada called The First Responder Resilience Program evaluated by the University of Canberra and which delivered equally impressive results.

Why is WorkSafe Victoria funding the RWP RTWi?

The Return-to-Work Innovations division of WorkSafe Victoria is committed to identifying and piloting trailblazing initiatives to support injured workers in their recovery, removing return to work barriers and promoting evidence based, best practice approaches. The return to work of injured workers with a mental injury claim is multifaceted.

- Typically, the return-to-work rates for emergency service workers with a mental injury are below the scheme average.
- WorkSafe Victoria funding models are fee for service, which may not reflect current best practice for mental injury treatment
- Given the low return-to-work rates within the emergency services, WorkSafe is keen to test new treatment options for efficacy in this cohort.
- Emergency service workers consider their experiences in the high risk and specialised nature of their work to require a unique understanding. As was identified in the pilot, they often respond well when attending treatment settings with peers.
- The four emergency services (AV, FRV, TZV and VicPol) identified for this project have the lowest return to work rates for mental injury across the emergency services sector.

The opportunity this project presents is to test whether the program improves return to work rates for injured emergency service workers when provided early in the claim lifecycle. An independent evaluation will take place to determine outcomes and impact.

Who is eligible to participate?

To be eligible for the program injured workers must meet the following eligibility criteria:

- Be employed by either Ambulance Victoria (AV), Fire Rescue Victoria Triple Zero Victoria or Victoria Police
- Have an approved mental injury claim.
- Be within the first 26 weeks since their claim lodgment.
- Have no or partial capacity to work.
- Have a GP Health Provider referral
- Be 50 years or younger – some discretion allowed for injured workers motivated to return to work.
- Demonstrate motivation to return to work.
- Meet the intake requirements including the completion of a wellbeing survey which uses various standard tools (RAS-SF, SSQ-6, PCL-5, PHQ-9, GAD-7, RTW-SE) and an intake assessment conversation with the ESF program clinician to determine suitability for group therapy and capacity to meet the inherent psychological and emotional requirements of the program safely and effectively.
- Agree to program conditions including participation in a comprehensive project evaluation process and identification of a support person.

What else do health providers need to be aware of?

1. Each program is co-facilitated by two clinicians with deep experience of the emergency services work environment and challenges. ESF has a team of facilitators who share the role of intake assessment and facilitation (AHPRA registered psychologists with clinical endorsement / Psychotherapist and Counselling Federation Australia registered clinical member)
2. WorkCover Agent Case Managers are the referral source for this program with a GP Healthprovider referral.
3. Participating in the program will not impact on an injured workers' ability to access other suitable treatments and benefits that they are eligible for as part of their claim,
4. The program is funded entirely by Return-to-Work Innovations, WorkSafe Victoria. It is not a claims cost and is not considered a referred service so there is no requirement for GP support or referral, but ESF encourage injured workers to discuss the program as treatment options with their health provider
5. Injured workers need a genuine commitment to actively engage in return-to-work recovery, willingness to participate in program activities and any ongoing evaluation.
6. Injured workers must demonstrate through the intake process that they are emotionally ready and stable enough to engage in group work and reflection as undertaken in the program. If you have concerns, please discuss with your patient/client before referring them to the Case Manager..

What does the program involve?

The program involves four intensive days of learning and reflection focused on skill development and behaviour change intervention. The program draws on multiple therapeutic modalities including Cognitive Behavioural Therapy (CBT), Exposure Therapy, Written Exposure Therapy, and Life Review. In addition, participants will be introduced to a range of nervous system reset techniques and develop skills to prepare with return to work.

The psychoeducational components of the first day provide the evidence-based rationale underpinning the program so

that participants understand both the 'what', and the 'why' of all activities.

On day four participants are taught a system of strategic goal setting and set short-term personal goals for return to work, career, relationships and self-care, and develop a personal emergency resiliency recovery action plan for activation in relation to future experiences. Participants are provided with the DREAMS (Diet, Rest, Exercise, Activities, Meditation/ Mindfulness and Social Connection) Self Care Framework.

Working with an allocated partner, they spend time practicing skills learned, concluding with a group debrief.

The final session focuses on clarifying the goals that participants have identified, making lessons learned explicit, consolidating new knowledge and skills, and planning for knowledge transfer into daily life and preparing for a return to the workforce. This will be based on the Health Benefits of Good Work® (HBGW) initiative from the Australasian Faculty of Occupational and Environmental Medicine (AFOEM) of The Royal Australasian College of Physicians (RACP). This

is underpinned by compelling Australasian and international evidence that good work is beneficial to people's health and people in it as well as and obvious care for each participant.

The opportunity for a period of retreat to totally focus on recovery.

- The opportunity to have a support person engaged in the recovery process.
- The safety and trust that is created in a residential setting.
- Multi-day residential programs provide participants with a consistent and immersive environment that supports reflection, learning, and personal growth. Remaining connected to the group throughout the program helps participants maintain momentum, deepen insights, and build confidence in applying new perspectives and strategies before returning to their everyday lives.
- Continuous attendance strengthens both individual and group outcomes. A stable group environment fosters trust, psychological safety, and meaningful connections, enabling participants to engage more fully in the process. Consistent participation also allows facilitators to build on previous learning and maximise the impact of the program for all participants.
- Opportunity to join a program that is highly credentialled and recommended by past participants as 'life changing.' wellbeing, and that long-term work absence, work disability and unemployment generally have a negative impact on health and wellbeing.

Various self-regulation and grounding techniques are introduced throughout the program.

What are the potential benefits of the program?

No other program is available in Victoria for injured workers, which presents the opportunities provided by the Residential Wellbeing Program. In addition to the opportunity to complement other treatments, the benefits of attending the program include:

- Being with seven other people from the sector who 'get' what it is like to work in emergency services and understand the challenges and risks.
- Support from two trauma informed clinician/facilitators with deep sector experience and working with people in it as well as and obvious care for each participant.
- The opportunity for a period of retreat to totally focus on recovery.
- The safety and trust that is created in a residential setting.
- Day programs involve participants returning to 'normal life' which often creates setbacks, disappointments and regression being in an environment that may not support the changes experienced by the participant. This is ground that needs to be recovered when re-convening which is disruptive and time consuming and erodes safety of the group and impact of the program and its outcomes.
- Day programs have inherent non-attendance, causing significant disruption to the treatment of the individual who does not attend as well as disturbance to the sense of stability for those who must persist in the absence of a group member.
- Opportunity to join a program that is highly credentialled and recommended by past participants as 'life changing.'

How are health providers kept 'in the loop'?

Injured workers are encouraged to discuss attendance at the program with their health provider and receive a referral from you to nominate one as a point of reference for program clinician/facilitators.

Nominated health providers will be provided with an end of program report prepared by the clinician/facilitators.

Four weeks post program, participants and a program clinician/facilitator arrange an online handover meeting with the nominated health provider.

More informaton

Go to the ESF website rwp.esf.com.au or scan here for more information including a short video prepared for health providers by the program clinicians.

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More information is available on the ESF Website
rwp.esf.com.au

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