The Agency for Clinical Innovation (ACI) is the lead agency for innovation in clinical care.

We bring consumers, clinicians and healthcare managers together to support the design, assessment and implementation of clinical innovations across the NSW public health system to change the way that care is delivered.

The ACI’s clinical networks, institutes and taskforces are chaired by senior clinicians and consumers who have a keen interest and track record in innovative clinical care.

We also work closely with the Ministry of Health and the four other pillars of NSW Health to pilot, scale and spread solutions to healthcare system-wide challenges. We seek to improve the care and outcomes for patients by re-designing and transforming the NSW public health system.

Our innovations are:

- person-centered
- clinically-led
- evidence-based
- value driven.

www.aci.health.nsw.gov.au
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Background

Overview and aims
The theme of the 15th NSW Brain Injury Rehabilitation Program (BIRP) Forum was **Connections: Promoting consumer outcomes through partnerships.**

The forum aimed to address the many facets of key stakeholders working together to benefit children, young people and adults following a traumatic brain injury (TBI) and spanning from inpatient rehabilitation through to community re-integration and social participation outcomes.

Key identified stakeholders included clinicians working in brain injury rehabilitation, consumers with lived experience, public and private health and disability providers, researchers, policy planners, educators and insurers. Consumers, clinicians and interested others were presented with up-to-date concepts and evidence-based research upon which to base their work by building knowledge and skills.

Venue
The Forum was held at Park Royal, 30 Phillip Street, Parramatta NSW.

Program and presenters
The program was divided across three days. Six half-day workshops (2.5 hours each) were held on Wednesday 13 November; three in the morning and three in the afternoon. Table 1 lists the workshop titles and their presenters.

The main forum day was held on Thursday 14th November, consisting of a mix of plenary speakers, panel discussion and platform presentations. The opening message was delivered by Steven Davison of the NSW Ministry of Health. Four plenary addresses were held across the day.

In the morning, the plenary address, titled ‘Brain injury meets doctor: 10 years on and still learning’, was provided by consumer representative Dr Anne Woodhouse from Glenrock Country Practice. This was followed by Dale Forbes (consumer representative from the Burn Network Agency for Clinical Innovation (ACI) and NSW Family and Community Services) and Anne Darton (Agency for Clinical Innovation) with their presentation ‘Shared value of consumer engagement, how we have applied this in the NSW Burn Service’. The morning session concluded with a panel discussion facilitated by Jenni Johnson from the ACI consisting of Steven Davison, Dr Anne Woodhouse, Dale Forbes and Anne Darton.

The afternoon session consisted of a plenary presentation from Nick Rushworth (Brain Injury Australia) titled ‘Bringing to light: an Australian-first study into domestic and family violence and brain injury’ and concluded with a plenary presentation by Naomi Deck (consumer representative) titled ‘Identifying the ‘true’ consumer in partnerships’.
In addition, there were 30 platform presentations held across two concurrent sessions with four streams in each session. These presentations and the day one workshops were provided by a variety of speakers, the majority of whom were clinicians from the NSW BIRP (n=19). The remaining presenters were consumers, researchers, NSW health or private clinicians, other government and non-government agencies, or ACI network representatives.

Brain Injury Rehabilitation Directorate (BIRD) Network meetings were held on the third day of the Forum. This included the regular meeting of BIRP directors and managers, the Paediatric Reference Group and a BIRP clinician focus group, a component of the evaluation of the Vocational Implementation Program by the University of Wollongong.

Table 1: Workshops: Wednesday 13 November 2020

<table>
<thead>
<tr>
<th>Workshop 1</th>
<th>Realising the potential of assistive technology (AT) for the NSW BIRP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Professor Grahame Simpson, Brain Injury Rehabilitation Research Group; Liza MacLean, icare; Reem Rendell, Liverpool Brain Injury Rehabilitation Unit; Nick Taylor, icare</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workshop 2 and 5</th>
<th>Positive behavior support (PBS) for individuals with brain injury: the active ingredients for success</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dr Alinka Fisher, Flinders University</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workshop 3</th>
<th>NSW guardianship and brain injury updates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Joshua Allum &amp; Carolina Gonzalez, NSW Department of Justice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workshop 4</th>
<th>Resilience, spirituality and hope: Strengths-based approaches to working with families supporting relatives with acquired brain injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Professor Grahame Simpson, Brain Injury Rehabilitation Research Group, Ingham Institute of Applied Medical Research, Liverpool</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workshop 6</th>
<th>Assessment and interventions with perpetrators of domestic and family violence with an acquired brain injury (ABI)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Stephen Walton, New South Wales Health Education Centre Against Violence</td>
</tr>
</tbody>
</table>
Sponsorship
The forum was sponsored by ACI and icare Lifetime Care.

Registrations and attendance
Registrations were managed online through the Eventbrite platform. A total of 191 people registered to attend the forum on Thursday, with 179 of them attending (94%), inclusive of presenters and BIRD organising staff.

Altogether, 97 unique individuals registered to attend one or two workshops on Wednesday, with 90 of them attending on the day (93%). Of these, 33 attended one workshop, and 57 attended two workshops for a total of 147 workshop attendances. Across both days, 221 unique individuals registered with 206 individuals attending on one or both days (93%). A breakdown of attendees by individual workshops is provided in Table 2 below.

Attendees were predominantly clinicians from the NSW BIRP (57%). There were a significant number of private providers (practitioners/rehabilitation services) in attendance (n=35, 17%) and representatives from icare/icare LTC (7%). A breakdown of attendees’ organisation across the two days is provided in Table 3 below.

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Registered</th>
<th>Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workshop 1: Assistive Technology</td>
<td>26</td>
<td>23 (88%)</td>
</tr>
<tr>
<td>Workshop 2: Positive Behaviour Support</td>
<td>28</td>
<td>27 (96%)</td>
</tr>
<tr>
<td>Workshop 3: Guardianship Updates</td>
<td>30</td>
<td>26 (87%)</td>
</tr>
<tr>
<td>Workshop 4: Family Resilience</td>
<td>26</td>
<td>25 (96%)</td>
</tr>
<tr>
<td>Workshop 5: Positive Behaviour Support</td>
<td>31</td>
<td>27 (87%)</td>
</tr>
<tr>
<td>Workshop 6: Domestic Violence</td>
<td>20</td>
<td>19 (95%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>161</strong></td>
<td><strong>147 (91%)</strong></td>
</tr>
</tbody>
</table>
Table 3: Breakdown of unique individual attendees by organisation

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Number of Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW Brain Injury Rehabilitation Program</td>
<td>117 (57%)</td>
</tr>
<tr>
<td>BIRD ACI</td>
<td>8 (4%)</td>
</tr>
<tr>
<td>Dubbo BIRP</td>
<td>3 (1%)</td>
</tr>
<tr>
<td>HBIS</td>
<td>4 (2%)</td>
</tr>
<tr>
<td>IBIS</td>
<td>7 (3%)</td>
</tr>
<tr>
<td>LBIRU</td>
<td>9 (4%)</td>
</tr>
<tr>
<td>MNC BIRS</td>
<td>8 (4%)</td>
</tr>
<tr>
<td>MW BIRP</td>
<td>5 (2%)</td>
</tr>
<tr>
<td>NBIRS</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>NEBIRS</td>
<td>9 (4%)</td>
</tr>
<tr>
<td>Royal Rehab</td>
<td>16 (8%)</td>
</tr>
<tr>
<td>SABIS</td>
<td>6 (3%)</td>
</tr>
<tr>
<td>SWBIRS</td>
<td>3 (1%)</td>
</tr>
<tr>
<td>Westmead BIRS</td>
<td>16 (8%)</td>
</tr>
<tr>
<td>Hunter Kids – PBIRT</td>
<td>4 (2%)</td>
</tr>
<tr>
<td>SCHN – Randwick</td>
<td>6 (3%)</td>
</tr>
<tr>
<td>SCHN – Westmead</td>
<td>11 (5%)</td>
</tr>
<tr>
<td>Consumers</td>
<td>5 (2%)</td>
</tr>
<tr>
<td>icare/icare LTC</td>
<td>15 (7%)</td>
</tr>
<tr>
<td>Other NSW Health</td>
<td>8 (4%)</td>
</tr>
<tr>
<td>Private providers</td>
<td>35 (17%)</td>
</tr>
<tr>
<td>Disability Employment/Vocational Rehab Services</td>
<td>7 (3%)</td>
</tr>
<tr>
<td>Advocacy/not-for-profit organisations</td>
<td>7 (3%)</td>
</tr>
<tr>
<td>Researchers</td>
<td>3 (1%)</td>
</tr>
<tr>
<td>Other/Unknown</td>
<td>9 (4%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>206</strong></td>
</tr>
</tbody>
</table>
Evaluation

Evaluation was online via email distribution of a survey monkey link to all attendees. A total of 77 evaluation forms were completed for the main forum day (40% of attendees) with results presented below.

Overall rating

The vast majority (97%) of respondents rated the forum as ‘very good’ or ‘good’, while the remainder said it was ‘okay’. Most other aspects of the forum were also rated highly with the overwhelming majority of respondents selecting ‘very good’ or ‘good’ ratings (e.g. good use of personal time, 95% sequence of forum content, 91% networking opportunity, 90%; see Table 4 and Figure 1).

Table 4: Overall forum rating

<table>
<thead>
<tr>
<th></th>
<th>Very Good</th>
<th>Good</th>
<th>Okay</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>Forum overall</td>
<td>38 (49%)</td>
<td>37 (48%)</td>
<td>2 (3%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Time allocated to each session</td>
<td>19 (25%)</td>
<td>49 (64%)</td>
<td>8 (10%)</td>
<td>1 (1.3%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Sequence of forum content</td>
<td>23 (30%)</td>
<td>47 (61%)</td>
<td>6 (8%)</td>
<td>1 (1.3%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Usefulness of content to workplace</td>
<td>27 (35%)</td>
<td>41 (53%)</td>
<td>9 (12%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Networking opportunity</td>
<td>39 (51%)</td>
<td>30 (39%)</td>
<td>8 (10%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Good use of personal time</td>
<td>32 (42%)</td>
<td>41 (53%)</td>
<td>4 (5%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>
Figure 1: Overall forum rating

Session 1: Morning plenary addresses
All morning presentations were rated highly (see Table 5 and Figure 2), particularly the two consumer presentations from Dr Anne Woodhouse (‘Brain injury meets doctor’, 90% ‘very good’ and ‘good’) and from Anne Darton and Dale Forbes (‘Shared value of consumer engagement’, 92% ‘very good’ and ‘good’). The opening message by Steven Davison was similarly well received (86% ‘very good’ and ‘good’) and most respondents felt the panel discussion was a good addition (86% ‘very good’ and ‘good’).

Table 5: Morning plenary addresses

<table>
<thead>
<tr>
<th></th>
<th>Very Good</th>
<th>Good</th>
<th>Okay</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>Opening message</td>
<td>29 (38%)</td>
<td>37 (48%)</td>
<td>10 (13%)</td>
<td>1 (1%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>‘Brain injury meets doctor: 10 years on and still learning’</td>
<td>47 (61%)</td>
<td>22 (29%)</td>
<td>8 (10%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>‘Shared value of consumer engagement – how we have applied this in the NSW Burn Service’</td>
<td>53 (69%)</td>
<td>18 (24%)</td>
<td>6 (8%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Panel discussion</td>
<td>20 (26%)</td>
<td>46 (60%)</td>
<td>10 (13%)</td>
<td>1 (1%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>
Session 2: Morning concurrent session
A relatively even number of respondents attended each of the four available streams in the morning concurrent session. Stream one and three had 21 respondents, while Stream two and four each had 23 respondents. As there was no real difference in responses across the streams, results are presented aggregated for this session (see Table 6 and Figure 3). The majority of papers presented in this session were rated highly with respondents finding the topics interesting (98% “strongly agree” or “agree”), of high quality (94% “strongly agree” or “agree”) and relevant to their work (88% “strongly agree” or “agree”). Some felt that more time was needed in this session for asking questions (6% “disagree”).

Table 6: Morning concurrent sessions

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Papers were interesting</td>
<td>23 (30%)</td>
<td>52 (68%)</td>
<td>1 (1%)</td>
<td>1 (1%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Presenters were of high quality</td>
<td>24 (31%)</td>
<td>48 (62%)</td>
<td>5 (6%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Topics were relevant to work</td>
<td>19 (25%)</td>
<td>49 (64%)</td>
<td>8 (10%)</td>
<td>1 (1%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Adequate time for questions</td>
<td>13 (17%)</td>
<td>51 (66%)</td>
<td>8 (10%)</td>
<td>5 (6%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>
Session 3: Afternoon concurrent session
A relatively even number of respondents attended each of the four available streams in the afternoon concurrent session.

Stream one had 22 respondents, while Stream three and five each had 27 respondents. Stream six had slightly less, with 12 respondents.

As there was no real difference in responses across the streams, results are presented aggregated for this session (see Table 7 and Figure 4). Again, this session was rated highly with respondents finding there was adequate time for questions (90% “strongly agree” or “agree”), the papers relevant to their work (88% “strongly agree” or “agree”), of high quality (88% “strongly agree” or “agree”) and interesting (87% “strongly agree” or “agree”).
### Table 7: Afternoon concurrent sessions

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neither agree or disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Papers were interesting</td>
<td>26 (34%)</td>
<td>41 (53%)</td>
<td>8 (10%)</td>
<td>2 (3%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Presenters were of high quality</td>
<td>28 (36%)</td>
<td>40 (52%)</td>
<td>7 (9%)</td>
<td>2 (3%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Topics were relevant to work</td>
<td>24 (31%)</td>
<td>44 (57%)</td>
<td>8 (10%)</td>
<td>1 (1%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Adequate time for questions</td>
<td>22 (29%)</td>
<td>47 (61%)</td>
<td>6 (8%)</td>
<td>2 (3%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

### Session 3: Afternoon concurrent sessions

![Bar chart showing the percentage of respondents' agreement with different aspects of the sessions.](chart)

### Session 4: Afternoon plenary addresses

In the afternoon plenary addresses, the consumer presentation "Identifying the ‘true’ consumer in partnerships" by Naomi Deck was well received with 93% of respondents rating it as "very good" or good". Similarly the presentation by Nick Rushworth titled "Bringing to light" was rated “very good” or good” by 87% of the respondents (see Table 8 and Figure 5).
Table 8: Afternoon plenary addresses

<table>
<thead>
<tr>
<th></th>
<th>Very Good</th>
<th>Good</th>
<th>Okay</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>&quot;Bringing to light: an Australian-first study into domestic, family violence and BI&quot;</td>
<td>27 (35%)</td>
<td>40 (52%)</td>
<td>9 (12%)</td>
<td>1 (1%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>“Identifying the ‘true’ consumer in partnerships”</td>
<td>41 (53%)</td>
<td>31 (40%)</td>
<td>5 (6%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

Figure 5: Afternoon plenary addresses

Forum aims
The respondents were asked to rate the forum in terms of achieving its aim. The aim was defined as follows:

“The conference theme of this forum, Connections: Promoting consumer outcomes through partnerships, aimed to address the many facets of working together to benefit children, young people and adults following traumatic acquired brain injury and spanning from inpatient rehabilitation through to community re-integration and social participation outcomes. Consumers, clinicians and interested others were presented with up-to-date concepts and evidence-based research upon which to base their work by building knowledge and skills. Looking back on the day, do you consider that the Thursday Forum met these identified aims?"

Fourteen respondents (18%) thought the aims were “exceeded”, while 50 (65%) felt they were “fully met”. Only 13 respondents (17%) felt that the aims were only “partially met” while none felt they were “not met at all” (see Figure 6).
Open-ended questions

Top liked aspects of the forum
Respondents were asked to list up to three things they liked most about the forum. A total of 147 things were listed by 59 of the respondents. A full list of responses is provided in Appendix one and a word cloud of the most popular responses in Figure 7 below. The consumer presentations were very well liked amongst respondents, with both the words “consumer” and “Dale Forbes” (one of the consumer presenters) receiving multiple mentions. Other well liked aspects included the opportunity to network, all the plenary addresses in general, the opportunity to hear consumer experiences and listen to personal stories and the workshops and their hands on nature.

Figure 7: Word cloud for “Which parts of the forum did you like most”

* All word clouds produced by SurveyMonkey reporting system.
Improvements to the forum
Respondents then had the opportunity to list up to three things that could have been improved. A total of 76 improvements were suggested by 42 of the respondents. A full list of responses is provided in Appendix two and a word cloud of the most popular responses in Figure 8 below. There were a few suggestions about having longer sessions and more time for questions, particularly with regards to the concurrent sessions with some respondents stating they felt a bit “rushed”. Other suggestions included having a separate pediatric stream, allowing for more networking opportunities and some suggestions about improving the catering.

Figure 8: Word cloud for “Three things that could have been improved were”

Take-home messages
Next, respondents were asked about what they had learnt during the forum that they might use to change in their practice. Responses were received from 45 attendees. A full list of responses is provided in Appendix three. A word cloud of the most popular responses is provided in Figure 9 below. Some of the popular responses were around implementing the use of technology in practice and increasing their engagement with consumers.

Figure 9: Word cloud for “Is there anything you learnt today that you will use to change in your practice?”
Ideas for next forum
Respondents were then asked about what they would like to hear about in the next forum or what could have been done differently. Responses were received from 40 attendees. A full list of responses is provided in Appendix four. A word cloud of the most popular responses is provided in Figure 10 below. Responses were varied with popular suggestions around having longer presentations, more consumer presentations and listing other specific presentation topics/discipline specific sessions. A way of disseminating copies of the presentations was also a popular request.

Figure 10: Word cloud for “What would you like to hear more about or see done differently when another Forum is held?”

Venue, catering and location
Feedback was also requested specifically about the venue, catering and/or location. 50 responses were received. A full list of responses is provided in Appendix five. A word cloud of the most popular responses is provided in Figure 11 below. Most respondents were positive in their evaluation of the venue, with popular thoughts being that all aspects of the venue were ‘good’, ‘excellent’ and ‘great’.

Figure 11: Word cloud for “Do you have any comments on the venue, catering and/or location?”
Further comments
Finally, respondents were asked if they had any further comments. Results are displayed in Appendix Six and a word cloud shown in Figure 12 below. Most of the responses were reiterating the positive feedback received in prior questions and expressions of thanks to the organising committee.

Figure 12: Word cloud for “Do you have any further comments?”

Summary and recommendations
Based on the evaluation responses received, the 15th NSW BIRP Forum was an overall success. The venue location in Parramatta was well received and the vast majority of respondents were satisfied with the content and presentations. They felt that their attendance was relevant, beneficial and a worthwhile endeavor. The forum was attended by clinicians, consumers and interested others from public, private and non-government organisations, reinforcing the forum aim of working together across sectors.

From the feedback received, two key areas of improvement for future BIRP forums were able to be identified.

(i) Networking with peers was identified as a key priority for many attendees. Very positive feedback was received around the opportunity given to network amongst peers in the brain injury community, yet at the same time there were ample comments about increasing that opportunity. In the future, BIRP Forums should consider the addition of a structured/formal networking event and/or extended time allowances for informal opportunities.

(ii) For the most part, the organisation and flow of the forum was rated highly. Most of the criticism that was received however, revolved around there not being enough time spent on each of the presentations or not having enough time for questioning of the presenters. This highlights a potential need for more in-depth dives into specific topic areas rather than brief overviews, with a focus on building up skillsets and knowledge in areas of interest. This was further reinforced by requests received to increase the number of workshops and the positive comments about the workshops that were provided. Future forums may want to consider focusing in detail on specific key areas of interest to consumers, clinicians and other stakeholders of the brain injury network.
The evaluation was online via email distribution of a survey monkey link to all attendees after the event. This delay probably contributed to the relatively low survey response rate for the workshops and the main forum day. A total of 77 evaluation forms were completed for the main forum day (40% of attendees). In the future, the organising committee for BIRP Forums need to consider more effective strategies for improving survey compliance, including the timing of survey distribution and options for incorporating real time feedback in the evaluation planning.
## Appendices

### Appendix 1: Open ended responses to “Which parts of the forum did you like most? (List up to 3)”

<table>
<thead>
<tr>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interesting cross section of speakers</td>
</tr>
<tr>
<td>Networking</td>
</tr>
<tr>
<td>Blend of consumer and clinical presenters</td>
</tr>
<tr>
<td>Talks from those with lived experiences</td>
</tr>
<tr>
<td>Plenary address: Dr Woodhouse and Dales Forbes</td>
</tr>
<tr>
<td>Enjoyed the presentations being clinician presenters and content that was relevant at that clinical level</td>
</tr>
<tr>
<td>The workshops on Day 1 which I attended two of</td>
</tr>
<tr>
<td>Intro and outro sessions</td>
</tr>
<tr>
<td>Panel discussions</td>
</tr>
<tr>
<td>PBS workshop</td>
</tr>
<tr>
<td>Variety of topics</td>
</tr>
<tr>
<td>Listening to personal stories of survivors</td>
</tr>
<tr>
<td>Networking</td>
</tr>
<tr>
<td>Consumer presentations</td>
</tr>
<tr>
<td>The chance to hear about programs in other centres; gain ideas for new things to try</td>
</tr>
<tr>
<td>presentation from burns service</td>
</tr>
<tr>
<td>Networking</td>
</tr>
<tr>
<td>Networking</td>
</tr>
<tr>
<td>Stream 6 - Craig and Jodie</td>
</tr>
<tr>
<td>Positive Behaviour Support with individuals with brain injury</td>
</tr>
<tr>
<td>Plenary addresses by Steven, Dr Anne, Dale and Anne and Naomi.</td>
</tr>
<tr>
<td>Presentations by consumers</td>
</tr>
<tr>
<td>Consumer representation within presentations</td>
</tr>
<tr>
<td>Networking</td>
</tr>
<tr>
<td>Consumers providing their experience and perspective</td>
</tr>
<tr>
<td>The presentation by Naomi</td>
</tr>
<tr>
<td>Dale Forbes - very engaging, well spoken</td>
</tr>
<tr>
<td>Assistive technology workshop</td>
</tr>
<tr>
<td>Streams</td>
</tr>
<tr>
<td>Having consumer input</td>
</tr>
<tr>
<td>A great opportunity to network with colleagues</td>
</tr>
<tr>
<td>Doctor's TBI 10 years on</td>
</tr>
<tr>
<td>Opportunity to see what others in my role are doing</td>
</tr>
<tr>
<td>NSW Burn Service</td>
</tr>
<tr>
<td>Networking</td>
</tr>
<tr>
<td>NDIS Data from Joe and input from Steven</td>
</tr>
<tr>
<td>Excellent consumer speakers - all different - all on point!</td>
</tr>
<tr>
<td>the three &quot;consumers&quot; - Naomi Deck, Dale Forbes &amp; Anne Woodhouse</td>
</tr>
<tr>
<td>Presentations were varied</td>
</tr>
<tr>
<td>Grahame Simpson Workshop</td>
</tr>
<tr>
<td>The speeches from consumer perspectives</td>
</tr>
<tr>
<td>Second day overall was very beneficial</td>
</tr>
</tbody>
</table>
Hearing from TBI Survivors
Speakers with lived experience
Hands-on AT workshop (Wed)
Dr Joe Gurka
Networking opportunity
Opportunity to network
Variety of presentations
Small group in day 1 allow us to discuss and focus on the topic
Consumer presentations
Morning concurrent sessions
Session 3
Speakers with lived experience
Session 4
The consumer stories
Dr Anne Woodhouse and her presentation was inspiring
Plenary address - morning - both
Key notes
Well organised and efficiently run
Hearing from other networks e.g. drug & alcohol and burns
Openness and willingness to share by the presenters
The Dunghutti project presentation
Opportunity to meet people working in the same field and making new connections
The two consumer presentations
Networking
Opportunity to network
Plenary address
Updates on projects
Gaining more clarity around NDIS
Concussion in sport information
Clinicians sharing quality projects to support own practice
The opportunity to network
Presentation from Naomi Deck
Wednesday workshops
Presentation by Regina Schultz
Plenary Naomi Deck
NSW guardianship
Networking opportunities
Venue was great. Food served 'informally' worked really well
Consumer engagement - both plenary sessions were excellent
The welcome to country address
Naomi Deck & Dr Anne Woodhouse Plenary Addresses
Final presentation around ‘True’ consumer
Networking
Variety of clinical perspectives
Hearing from speakers who have a brain injury
Joe Gurka's NDIS data analysis
Gaining inspiration for improving practice
Case Study into Paediatric Inflicted Injury
Hearing from consumers
Networking over breaks
Venue was excellent and allowed great access to all talks in easy time and not complicated mess of rooms
Nick Rushworth's presentation
Lots of choice of presentations
Plenary Address Naomi Deck
Steven Davison's openness to NDIS feedback from clinicians and consumers
Physiotherapy related outcome presentations
Good range of speakers
Short and sharp concurrent sessions presentations
Opening and closing speakers
NDIS discussions
Consumer presentations
Focus on data collection
Timing of the day
Presentation by Dr Eric from Westmead-line 2 in the small morning group session
The opportunity to network with other BIRP workers
Plenary
Session on PBS
Joe Gurka and his presentation around NDIS and brain Injury
Plenary address - Naomi Deck
Networking
Good balance between research and practice based presentations
Simple and effective research being undertaken to improve client outcomes
Hospital and school partnership presentation
The ability to network throughout the forum
Pre forum workshops
Quality of speakers knowledge of topic
Networking opportunities
Opportunity to network
Paediatric information
Practical presentations
Sessions structure
Consumer presentations
Plenary Anne Woodhouse
Opportunity to network with other BIRP clinicians
The "Tapping" presentation.
Emotional Freedom Techniques - Carol Fear
10 years on presentation
Variety
An appropriate mix of speakers
Mid Nth Coast response to client suicide
Pairing the forum with the Wednesday workshops
BI 10 years on
Hearing from other providers
Getting a sense of the diversity of ideas, views and approaches.
this was a very STRONG forum in every way - theme, speakers, the organisation
Having to choose - so many good papers in the streams
Best welcome to country
Plenary Address Nick Rushworth
Really practical talks by clinicians
Vicki McKinnon & Amy Shaw
Discussions by NSW health representative
Partnering for better outcomes Stream 3
Heading back to work following brain injury: Paul's story
Heading back to work program
NDIS discussions

Appendix 2: Open ended responses to “Three things that could have been improved were: (list up to 3)”

It would be good to have had some of the sessions a little longer - say 20-30 minutes. It is difficult in 15 minutes to provide more than a snapshot, which in turn means that at times speakers lost the desired depth. Having for example one stream with less speakers but longer timeframes would have been good.
The length of the workshops on Wednesday - too long
Catering
Offering less diverse options of topics within each stream
Case Studies/Clinical Outcomes
Morning/afternoon tea food options were very average. Nice drink selection
Stream like papers e.g. paediatrics, concussion
Too many consumer’s perspectives. One story is sufficient
Increased practical ideas, take-home messages or applications; not just updates on research projects
Grouping of sessions
High profile keynote speaker
Timing to allow for movement between sessions
Some of the presentations in the second day were not as engaging as they could’ve been
I didn’t think all the presentations met the indicated learning outcomes
Greater capacity to move around sessions in each forum
Less "Research" presentation, not relevant to frontline TLU staff
Sitting too long, need to be able to get up & stretch
Concurrent sessions at different times to attend more
More seating in main auditorium!!
The networking space was very loud
Fewer presentations, more time for questions
The plenary addresses did not feel particularly relevant
Time given to speakers - they were cut short and then there was heaps of time left at the end of the session
Some tweaking of speaker groups - overall very minor and a huge challenge
Can’t think of any!!
Timing of forum presentations
IT issues in Workshop 6: DV made this a waste of money as it was too difficult to concentrate
Political agenda of government rep was disappointing
More consistency in topics/client groups within streams
More information on Brannagan Exec Function
Stream setup a bit confusing
Session times standardised so could move between streams
A paediatric stream be implemented so that paediatric services can attend all of the paediatric focussed presentations
Different topic in different group happen the same time which I miss out some I wanted to attend
Afternoon first stream presenters
I think there should be a push for managers to give the entire team the opportunity to attend
Catering should have appropriate food choice labels. Very few options for vegetarians
Have a paediatric stream
I would have preferred the morning concurrent sessions to have been longer than 15 minutes. That felt too short to really get into the information
Workshops the first days were very long. A scheduled break midway would have been helpful
Some sessions felt a bit rushed, maybe more time for questions
More time for some keynotes
Keeping workshops practical and applicable. Less data
More time allocated to the individual streams
Higher quality research
Nice central location however had to stand around to eat
All Paediatric and Family topics in one stream (I had to room jump)
It would have been good to have a brief blurb or hear from the people with trade tables. They seemed somewhat tucked away
More consumer involvement in presentations
More scientific papers
Are the presentations available? It would be good to have them available for download in the sessions rather than taking notes
Perhaps more moderation in the session streams
Naomi’s time slot could have been earlier, felt that people wanted to get out early
Would like more hand out literature on topics
More interactive time to meet people
Better signage to where to attend streams
Research presented that was not up to date
AV support was poor for speakers - big shame on day but managed well by most
Activity to increase networking
Handouts covering the presentations would of been helpful on the second day - concurrent sessions
Having same number of speakers in each session to allow for smoother transition between streams
Opportunity to network with discipline colleagues (whom I haven’t met)
Afternoon first stream information presented
Attendee list to be distributed to allow for better networking
Increase opportunity for networking
An overview of the Directorate and what is going on
More collaborative workshops - Open discussions etc.
Allow questions after every presentation rather than hold off until all presentations are completed
A venue where there is enough accommodation for all attendees (if this is possible)
? maybe a social activity like a welcome drinks - just to grease the networking wheel
Good to know that Health Ministry is involved but too top heavy of career Public servants
Less statistics & politics
BIA presentation implied that no-one within BI works with people who have acquired their brain injury through domestic or family violence - this is completely untrue
More resources to provide to clinicians
Presentations aimed at providers outside the BIRPs
More consumer presenters

Appendix 3: Open ended responses to “Is there anything you learnt today that you will use to change in your practice?”

<table>
<thead>
<tr>
<th>Yes - I feel that a number of the speakers presented information that I will incorporate into my practice and my knowledge base around BI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, will seek further discussions with presenters around guardianship issues</td>
</tr>
<tr>
<td>Not really however reaffirmed approaches I am taking</td>
</tr>
<tr>
<td>Yes. Small changes to improve Aboriginal clients engagement better understanding of guardianship</td>
</tr>
<tr>
<td>- Suicide protocol we will be looking at implementing into our service</td>
</tr>
<tr>
<td>- New technology ideas</td>
</tr>
<tr>
<td>Use of technology within my practice</td>
</tr>
<tr>
<td>Linking one of the consumers as a peer support for one of my clients</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>Yes - ensure there is more consumer input and seek feedback from clients in a more formal way to evaluate my service provision</td>
</tr>
<tr>
<td>Consumer engagement - timely and relevant information</td>
</tr>
<tr>
<td>Some updates/information will aid/influence considerations in practice - e.g. TAG session</td>
</tr>
<tr>
<td>Yes. Be more active to include consumer voice in every step of the decision making process</td>
</tr>
<tr>
<td>- Partnering with MH services</td>
</tr>
<tr>
<td>I am interested in trying some new group programs including for young people moving to adult services</td>
</tr>
<tr>
<td>Yes. Working towards incorporating consumers into improving service delivery</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Grahame Simpson always has a few gems - he made a comment about over testing being costly that resonated with me</td>
</tr>
<tr>
<td>Greater understanding of positive behaviour support plans</td>
</tr>
<tr>
<td>Improve engaging with consumers</td>
</tr>
<tr>
<td>Improving consumer engagement - great presentation from Dale</td>
</tr>
<tr>
<td>Consumer perspectives</td>
</tr>
<tr>
<td>Use &quot;Tapping &quot; exercises</td>
</tr>
<tr>
<td>I would like to know more about EFT &amp; see if this technique could be helpful with our clients. Interesting to learn about the Burns Service Hub</td>
</tr>
<tr>
<td>Transition from paeds to adults</td>
</tr>
<tr>
<td>Assistive technology</td>
</tr>
<tr>
<td>Recognition of potential brain trauma as cause for cognitive impairment/dementia in ageing women from domestic violence</td>
</tr>
<tr>
<td>Looking forward to getting Suicide risk management information from Nth Coast BIS</td>
</tr>
</tbody>
</table>
Increased interest in the transition from paediatric to adult service for participants (I work in adult)
The PBS workshop was inspiring and the Guardianship workshop was informative
Some ideas which will be good to inform practice rather than change
Yes consumer information needs addressed
Increased profile and benefit of hearing from consumers about their experiences
Really listening to the ‘consumer’ voice
What we do is a partnership
I will be using information gathered from one of the presentations to help support a patient as she implements a support group for teen stroke survivors
There is a lot I have learnt from clinicians and individuals with lived experience I will apply. Particularly working with people’s values and staying person-centred
Yes, quite a number of ideas will be followed up
Importance of continuing to try and work together with mental health services
Increased consumer involvement in goals setting and choice of therapy
We already consider and involve our clients and their families in our work, but it is a good reminder that you can always do this more and in different ways. Especially considering simple things like sitting at a table to eat meals together
Some NDIS issues identified as recurrent and continue to try to resolve
Value of true consumer engagement. Will discuss with team how we can integrate into our service.
There is no point screening for things unless we have appropriate referral options.
That other teams have been organising how to collect AROC data and have MDT plans that meet all needs
Some technology I learn in the first day I may try
I have some more resources to use now
Yes, in a couple of sessions I gained information that will be directly relevant
PBS plans and the key ingredients
A good reminder RE: the importance of true person-centred practice
My takeaway overall and the key messages which resonated with me is that post injury, people would need information, resources, connections and supports in place. Choice and empowerment is what we need to give consumers, ongoing communication is key
Aspects of consumer engagement

**Appendix 4: Open ended responses to “If another Forum is held, what would you like to hear more about or see done differently?”**

Keep workshops practical
- Would love an opportunity for discipline specific group meet up, to make connections and have a face to face with those working in the same area

The issues facing rural clinicians
Working with care providers

See 3 things to be improved
I would like a designated session where clinicians are placed in a mixed group to allow opportunity to network and build more relationships. Some of us are shy and find it hard to reach out at morning tea or lunch to introduce yourself and make connections. It is also intimidating to approach some of the consultants. Both parties may have lots to learn from each other but the opportunity is missed. “clicky” groups remain and exchange of information only goes so far
Stream papers
Option of having copies of slides of presentations
Time to network more including in discipline specific groups
Easy way to access presentation materials/resources after the talks, through online medium
More scientific presentations around rehab interventions
Are the presentations available? it would be good to have them available for download in the sessions rather than taking notes

More workshops
I’d like to hear about trauma stats for TBI i.e., how have retrieval, surgical and acute care changed over the years and how is this reflected in case mix (?). Also be good to turn our attention to the really low functioning people - what can be done to facilitate neural recovery in the early stages for this group? Also community programs to enhance their care/QOL and family well-being

Similar would good - practical sessions with hands on relevant information to implement is good
Loved the consumer sessions but it would be good to have feedback from more recent clients - in the hope we are doing some things better

More detail on what each session is about, a blurb, to help decide which ones to attend, can't decide just on a title
Despite, to me, all the Research\Policies\Assessment scales, how to do we get actual people into our service, it seems that a lot of people with a brain injury are missing, e.g. at my unit we sometimes struggle to residents into our programmes, where are they?

Like to hear & see more hands techniques & ideas with helping clients with Brain Injury

More on cognitive assessments and physical rehabilitation i.e. spasticity management, seating, upper limb therapy

More options for interactions with presenters and conference participants throughout presentations

Case management is a big part of rehab. It seems difficult to provide training/research translation/best practice/support initiatives in this area

I think most of what was done was on track. Well done

It would be good to integrate the paediatric presentations within the adults talks - then adult workers will be able to get the paed perspective

Given v short time for presenting - being directive with speakers to DRAW out the key messages of what to do or not do as the result of research, project and case study. Give guide to speakers to help them cut to the chase and not waste time - they can give out minutiae to those who need it outside of the presentation

Combining the adult & paeds should continue
Consumer voices - very powerful, also that it does not necessarily have to be someone with a BI to present

Listening to snap shots of how information and research is being applied to real life groups and scenarios

More information about collaboration within teams to achieve client outcomes

No

More structured networking opportunities

Group similar client groups within the same stream. For example, topics about paediatrics vs. adults. I went into one stream that had presentations about return to work (adult and older) and play (pre-schoolers).

No

Nothing in particular
More clinical cases and outcomes
More pathophysiology of common brain injury causes
More on data about NDIS, NSW health and more consumer presentations
Service initiatives, and looking at models of care with other services (chronic pain and D&A ACE program for example)
No
Have a paediatric stream
Increase opportunity for networking
I would like morning session presentations to be longer, even if that meant sacrificing the number of presentations
A session related to return to work post injury and support mechanisms in place
More consumers
NDIS and Brain injury

### Appendix 5: Open ended responses to “Do you have any comments on the venue, catering and/or location?”

<table>
<thead>
<tr>
<th>Comment</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venue and catering were good. Having a location close to a train line would have been useful however not essential</td>
<td>Excellent</td>
</tr>
<tr>
<td>The food was very nice thanks</td>
<td>Venue and catering was great. A little squishy at break time</td>
</tr>
<tr>
<td>All were good</td>
<td>Catering for gluten free was very limited</td>
</tr>
<tr>
<td>No, all was good</td>
<td>Venue, Catering and Location were all great</td>
</tr>
<tr>
<td>Venue was nice and easy to access. It felt cramped at break times and the food options were not that great</td>
<td>It was fantastic, perfect location</td>
</tr>
<tr>
<td>Well organised except for audio visual glitch in one of the sessions</td>
<td>Food was reasonable</td>
</tr>
<tr>
<td>Good venue and catering</td>
<td>Parramatta was a good location - easy to access by public transport and choice of accommodation</td>
</tr>
<tr>
<td>It would have been good to have more space for lunch - both to get food and also somewhere to sit</td>
<td>Food choices were average</td>
</tr>
<tr>
<td>All very good</td>
<td>Has a regional venue ever been considered?</td>
</tr>
<tr>
<td>Was very good</td>
<td>Good Venue and catering</td>
</tr>
<tr>
<td>Food choices were average</td>
<td>By the time I came out of the morning session, there was no morning tea left. Lunch was lovely, but it was hard to access it in the space and then nowhere except the conference rooms to sit and eat</td>
</tr>
<tr>
<td>All very good</td>
<td>Excellent venue</td>
</tr>
<tr>
<td>Has a regional venue ever been considered?</td>
<td>I thought this venue was great. Catering ok</td>
</tr>
<tr>
<td>Good Venue and catering</td>
<td>This one was fine</td>
</tr>
<tr>
<td>By the time I came out of the morning session, there was no morning tea left. Lunch was lovely, but it was hard to access it in the space and then nowhere except the conference rooms to sit and eat</td>
<td>Great venue, great catering</td>
</tr>
</tbody>
</table>
Excellent venue/location. Well supplied with delicious food
The venue & the catering were all very good
Catering not great, venue was good
Was great
Grateful for the dietary options that were offered
A good venue and location
I was satisfied with the location, catering, venue
Venue was good although there was very limited variety in the vegetarian food
Venue and catering was good
Excellent - the staff were very attentive and supported the dietary requirements of those attending - would be good to have attendee NAMES on their food - some 'forgot' what they put down!! clearly not life or death for some
Good venue, generous catering (appreciated)
Parramatta, the venue included, exceeded expectations. Catering was delicious and generous
All great
The catering tables were set up really well, there were no long queues as both sides of the tables could be accessed at all times.
All good
Excellent
All very well organised and presented
Venue and catering were fine
Excellent
The venue location was easy to access with plenty of parking
The catering did not meet my expectations
Catering was a bit odd. In terms of fried things for morning tea and afternoon tea
Lunch was great
venue, catering and location was excellent
Great
The venue was great, catering phenomenal and location was easy to get to
Great venue and catering
Location great, catering good
Venue was good

Appendix 6: Open ended responses for: “Do you have any further comments?”

Thank you! Well done
I’d like to acknowledge the work done by ACI, particularly Maysaa & Barby, to pull this together
Thanks for all of the effort and time taken to put into organising the forum. It was really beneficial and appreciated. I got a great deal out of attending
No
No
Thank you very much to the organising committee. I am keen to attend the next one.
A very productive and interesting forum. Well done!
Thoroughly enjoyed the forum, thank you for having me
Thanks for organising
Workshop on behaviour support was disappointing as presenter poorly organised her time
Well done!
I felt the cost of the forum was higher than the presentations warranted
The forum had a great, relaxed feel to it. Lots of comments from other about this
Really likes the workshops on the Wednesday, found I get more out of them due to the time
allowed and detail provided
A special thank you to “Uncle Graham”
Well worth the travel & would attend again
No
Forums such as this take a lot of work - thank you to all involved
Could there be a taskforce to look at supporting case management? Ask doctors/therapists what
they look for in a case manager for best practice advice?
I had to leave at lunchtime due to last minute travel changes with the fires. The survey would
not let me leave the afternoon sessions unticked
Thanks it was a good day - well done
Very enjoyable, thank you
Make sure you send a link of presenter’s slides etc., to participants
Maysaa - YOU ARE A STAR - a very calm, efficient star! My team have expressed how great
the day was (and they are often a tough crowd to please)
This was an excellent day - thank you to the organising committee and all the presenters
A really great day, thank you to the organising committee
Thank you
A bit too much focus on consumer engagement, same information repeated
NDIS should have received greater attention- more time to ask questions
Thanks so much to the organising committee
Excellent forum girls, well done and thank you
Thanks to the coordinators and speakers for the effort they applied. Much appreciated
It was a wonderful forum, full of information and it was great being able to network and meet
people from different communities and agencies

Abbreviations

ACI  Agency for Clinical Innovation
BIRD  Brain Injury Rehabilitation Directorate
BIRP  Brain Injury Rehabilitation Program
LTC  Lifetime Care
NDIS  National Disability Insurance Scheme
SCHN  Sydney Children’s Hospital Network
TBI  Traumatic Brain Injury