* **NCI 1**
* CWC <12 months
* Where there’s evidence that the worker will/may have a capacity in the next 12 months (i.e. retraining/recovery from surgery/treatment plans)

Examples and considerations include:

* Fear of re injury
* Lack/decline in home based responsibilities
* Lack of discernible treatment, vocational and personal goals
* Medical support of a capacity but low transferable skills and little experience.
* No/little experience in job seeking i.e. worked as a cleaner since arriving to Aust. some 10+ years ago.
* Other motivations such as childcare commitments
* Transport barriers such as limited driving tolerance, fear of transport/public (psych claims)
* English as a second language
* Conflicting medical opinions
* Unable to manage side effects of medication
* Comorbid conditions such as learning disabilities etc.
* Lack of confidence
* Strong illness belief
* Interpersonal conflict issues with pre injury employer
* Stigma in return to work at the pre injury employer or new employer
* Accommodation issues

Support programs to consider:

* Supported retraining
* Exercise physiology
* GPCC
* FD and mediation/arbitration
* Alternative therapies
* Pain education
* Worker interviews
* THP worksite visits
* Functional assessments
* MD-IME
* Literacy assessments
* ADL assistance
* Supported Coordination Program
* Functional Capacity Evaluations (FCE)
* Ergonomic Assessment

Resources:

* Mobile Case Manager
* Clinical Panel (Peer to peer contact)
* ORPs
* THPs
* Union Representatives
* Agent psych resources
* IMEs (worksite visits)
* HR within the organisation
* RTW coordinator at potential employers
* **NCI 2**
* CWC 12-24 months
* Further claims management activities required (i.e. work conditioning/increase in independence, volunteer work etc.)
* Recovery Support Service
* Community Reconnection Program

Examples and considerations include:

* Deconditioned
* Secondary psych
* Comorbid conditions such as obesity, diabetes
* Lack of confidence
* Deteriorated communications skills from lack of use
* Transport barriers such as limited driving tolerance, fear of transport/public (psych claims)
* Illness focused
* Failed treatment
* No direct contact with Agent staff (communicating through third party)
* Chronic pain and lack of pain education
* Drug and alcohol dependency issues
* Loss of identity (i.e. prison officers, Ambulance Victoria, PCAs)
* Disengagement with their networks/social connections
* No/little RTW planning or OR involvement
* Stigma association

Support programs to consider:

* Chronic pain education
* 5x pain spec sessions
* Support Coordination Program
* Capacity Support Services
* Retraining
* ADL education
* GPCC
* Recovery Support Services
* Community Reconnect

Resources:

* Anne Daily/Clinical Panel
* Sleep specialist
* IMEs
* Occ Rehab
* **NCI 3**
* >24 months – indefinite
* Unlikely to ever have a capacity
* Worker in need of greater recovery support
* Recovery Assistance Program

Examples include:

* Dependant on services or adversely, large gaps between treatment
* Failed surgery
* No OR plans or active treatment plans within the last 12 months
* Lack of discernible personal goals
* Secondary psych driving factor
* Comorbid conditions
* Dependency on medication and/or a treatment service

Support programs to consider:

* Community reconnect
* Recovery Assistance
* GPCC
* Pain education
* MD-IME