

RTW Fund evaluation report

AUGUST 2013 TO JUNE 2014

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WISeR
Informing Decisions





RTW Fund
Evaluation
Report
August 2013
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WISeR also specialises in socio-economic impact assessment including the distributional impacts and human dimensions of change on different population groups and localities. Our research plays a key role in informing policy and strategy development at a national, local and international level.

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EXECUTIVE SUMMARY

While diverse in detail, workers' compensation systems across Australian jurisdictions demonstrate similarities in a number of key areas. By and large the systems share a focus on improving entitlements for seriously injured workers while tightening entitlements for less seriously injured workers. In the case of South Australia, the evolution of legislation has followed a similar trajectory to other jurisdictions, in initially expanding and later retracting entitlements for injured workers, in the face of increasing financial pressures on the Scheme and the need to reduce the employer premiums to a competitive rate.

In 2007 the *Clayton Review* was published. Commissioned by the South Australian Government, this provided a review of the workers compensation system. The establishment of the *Return to Work (RTW) Fund* was a recommendation of this review to support 'innovative and quality initiatives for improving return to work outcomes'. The Australian Workplace Innovation and Social Research Centre (WISeR) at The University of Adelaide has been engaged by *WorkCover SA* to evaluate the RTW Fund since 2009.

On 22 August 2012, WorkCover SA announced the appointment of Employers Mutual Ltd (EML) and Gallagher Bassett (GB) to deliver claims management services, with the contract to commence 1 January 2013. Transitioning from a sole to a dual claims agent environment was not without its challenges. The first three months involved a transition period including the transfer of fifty percent of the market to GB (from the formerly sole agent, EML). Each organisation was subsequently structured and administered their claims management services in different ways.

In December 2012, WorkCover SA called for expressions of interest and subsequent proposals for Projects to be funded during the 2013-2014 period. Projects have been selected to address injured workers, health care providers, and industry or employer groups.

- The **Adelaide Comedy School** (ACS) was engaged to deliver six **Stand Up with Confidence** (SUwC) courses in 2013 (following the six courses presented in 2012). Courses were designed to be provided in an intensive two week period, to develop confidence and motivation in injured workers. A total of 255 injured workers commenced one of the twelve SUwC courses completed in 2012 and 2013. At the group level, significant improvements from pre- to post course assessments were found across both intake years. It is difficult to determine whether the results were sustainable at three months due to the relatively small (and self-selected) number of responses at this time. The logistic regression model found the **number of days injured** (at pre-course assessment), **level of energy** (pre-course) and **extent of recovery from work injury** (pre-course) were able to explain a significant 21% of the variance in the return to work outcome measure. However, it is clear there were other (unassessed) factors influencing return to work.
- The **Interwork Post Course Support** project was designed to provide targeted post course support to participants on completion of the SUwC program (following the Pathways to Work model). Gallagher Bassett was to provide up to 30 clients for this project, however ceased after seven referrals. Two clients had achieved a return to work at 30 June 2014.
- **Career Systems/ Maxima Group** were engaged to provide post course and job seeking support to SUwC clients referred by EML only. The **Post Course Support** project design included a three month case management program with fortnightly appointments. The Pathways Program will be implemented to provide individualised tailored support to address non-vocational barriers. Twenty clients were referred with four having achieved return to work outcomes (at 24 February 2014).

- Following the successes of the **Pathways to Work Project** commissioned in the first phase of the RTW Fund from 2010. **Interwork** were commissioned to **upscale** their Project to provide services to 100 participants. This project provides an opportunity to review the process of injured worker recruitment and engagement in a dual Agent environment aiming for 50 participants to be supplied by Employers Mutual Ltd (EML) and 50 by Gallagher Bassett (GB). The project applied a service funding model (per client) for information sessions, client assessment, skills training and career development support and an outcome funding model for a durability assessment and sustained RTW at 4, 13 and 26 weeks. As at 7 July 2014:
 - 92 clients had been referred at an average of 764 days post injury.
 - 35 clients had been approved for training at a total cost of \$36,647 – an average of just over \$1,000 each
 - 22 clients had ceased involvement in the program (9 due to a work capacity review)
 - 22 clients had returned to work (16 for a period of at least four weeks, including seven of whom had reached 13 weeks).
- Family dynamics are often disrupted when a family member experiences a work injury and this in turn may impact on attempts at rehabilitation and return to work. The **Insite Family Coaching** project Involves the application of constructive solutions focused approaches to such disruption. A total of eight referrals have been made over nine months, half of whom commenced the program, considerably lower than had been anticipated.
- Recognising the impact of psychological sequelae to workplace injury, **GPSA** is working in the **Network Links** project with general practitioners to develop and trial a protocol to identify psychosocial impediments to RTW after injury. Stages 1 and 2 included the development of Clinical Operating Guidelines and associated documentation. Given the poor response to the expression of interest email broadcast in Stage 2, it was agreed that priority in Stage 3 would be given to recruiting GPs/practices with multiple WorkCover clients by phone. Stage 4 commenced with few GPs recruited and at June 2014, only one eligible patient had been recruited to the project.
- The **Preventing Chronicity** project by **Mindful Movement Physiotherapy** involves the development of an early intervention framework to help physiotherapists identify and modify physical, psychological and behavioural factors contributing to chronicity. The two day training programs will be presented to 50 physiotherapists and held in both metropolitan and regional SA. As at July 2014, three course had been delivered to 44 physiotherapists. Participant ratings increased from pre- to post-course assessments for all questions and agreed the course was valuable to them. Most learning occurred in the following areas:
 - *I am confident in helping my patients manage their stress response*
 - *Pain is not a limitation for returning to work*
 - *I feel confident in using inquiry to reframe beliefs*
 - *I feel confident in teaching specific practices to facilitate body awareness*
 - *I feel confident in teaching specific practices to facilitate physiological regulation*
- **Business SA** plan to address the needs of small employers in priority SAWIC codes in the retail and wholesale industry, by developing and delivering an early intervention aid to help facilitate the timely return to work of injured workers - the **Development of an Early Medical Assessment Framework to assist the early return to work in priority areas of the Retail and Wholesale Industry** project. This involves workplace assessments in selected targeted workplaces, with the development of job dictionaries and early medical assessment tools to identify suitable duties. The project was slow to commence and had problems

identifying employers who were prepared to participate. At July 2014, four businesses had agreed to participate.

- The **Working together to RTW** project aims to optimise RTW outcomes through the creation and implementation of job dictionaries tailored by the **Motor Trade Association** for members and for use by employers, workers, rehabilitation providers and health professionals. An occupational therapist was engaged to prepare information about risk factors and suitable corrective actions to minimise body stressing while undertaking key functions. The first dictionary was prepared in May 2014, with more to follow.
- The **Improving work, health and safety (WHS) and injury management (IM) in civil construction** project by the **Civil Construction Federation** aims to improve work, health, safety and injury management in the industry through the engagement of a specialist in these areas. Through this work, the project hopes to reduce the incidence, severity and cost of workplace injury and improve sustainable RTW outcomes in this high risk industry.
- **Business SA's** second project **Recognition and management of psychological injury in the workplace** plans to develop an innovative 'industry standard' systematised resource to enable employers to recognise and proactively and appropriately manage psychological industrial risk factors in the workplace to minimise the occurrence and severity of related WorkCover claims. The resource would consist of a policy, procedure, assessment and decision matrix, and an external resource directory.

RTW Fund projects have struggled to gain traction amongst those working in the workers compensation system. The projects have been innovative and challenging – both for the project teams themselves and for the system. They asked for something more than what was legislated, and they required the agents to take a different approach and to work outside the procedure manual. They have been small and innovative test cases for new approaches to return to work, and as such have often not been taken seriously enough by those working in the system. Recruitment of participants remains the largest stumbling block to the successful implementation of RTW Fund projects. This is true whether project recruitment has been for injured workers, health care practitioners or businesses.

It is evident that RTW Fund projects rely on the central role of case managers for their successful implementation. However, this is not straightforward and a number of techniques have been used to support case manager engagement with projects and to support appropriate client recruitment. Projects have developed information resources and brochures, and delivered information sessions for case managers and injured workers. Acknowledging that in a busy claims agent environment it is necessary for case managers to remember a range of projects in order to target clients to the most suitable project at the right time.

The Return to Work Bill was first read in the House of Assembly on 6 August 2014 and is expected to come into operation on 1 July 2015. Its name defines the clear objectives of the Act and the focus of Return to Work SA, which is to ensure injured workers receive timely and appropriate support to recover from that injury, to be treated with dignity and to re-establish themselves in the workforce, wherever this is possible. The Act has sought a balance between the interests of workers and employers, this includes reducing the risk of work injuries and also reducing the social and economic costs of work injuries.

It is the opinion of these evaluators that the findings of the RTW Fund over the last five years provide opportunities for learning as we enter the new era. In many ways the RTW Fund projects have been given the mandate to break new ground but have been constrained by the protocols and processes of the current Act. There have been successes, most critically with supporting long term intransigent injured workers to find opportunities in new workplaces. For some injured workers this has involved training and skill development, for others it has incorporated intensive one-on-one job seeking and post placement support. We acknowledge that such support is not necessary for all

injured workers, but we also believe that the costs of intensive and targeted support are considerably lower than ongoing income maintenance.

We know there will be many challenges ahead, WorkCover has not enjoyed a positive image in the community – where both businesses and injured workers often complain they get a raw deal. *Return to Work SA* will need to ensure the new approach is transparent, responsive and reflexive so the old tarnish doesn't reappear.

1 BACKGROUND

Workers' compensation legislation incorporating a 'no-fault' principle first came into effect in Australia at the turn of the 20th Century, with the introduction of the *Workmen's Compensation Act 1900* in South Australia, with other jurisdictions to follow with their own legislative versions. The 'no-fault' principle was a key development as previously injured workers had to rely on suing employers for negligence which rarely proved successful in court. The introduction of a 'no-fault' system signalled a new way of thinking about accepting social responsibility for key social problems (Purse, 2005).

Reforms between 1920 and 1970's were principally about broadening the definition of injury and improving compensation benefits for workers. However, a downturn in economic conditions between the mid-1980's and 1990's signalled a new direction focused on 'reducing the cost of workplace injuries, containing insurance premiums, underwriting arrangements and administrative efficiency' (Safe Work Australia, 2013; 210). Subsequent developments focused on strengthening the role of work health and safety and the rehabilitation of injured workers in the hope that this would ease cost pressures on the system. In reality these strategies did not deliver the expected dividends, so attention turned increasingly to cutting back benefits in order to constrain premiums and make businesses more competitive.

While the escalation of employer costs is frequently pinned to increases in compensation payments to injured employees, Purse (2005) notes that other factors also play an important role. For example, the failure to address poor workplace health and safety management, the lack of effective rehabilitation to assist return to work, excessive claims disputation, delays in payment of compensation to injured workers and prohibitive costs of scheme administration (especially for schemes underwritten by private as opposed to public insurers) have all been implicated in rising costs. Historical evidence reveals broad-ranging efforts to build efficient and effective workers' compensation systems across Australian jurisdictions, driven at different times by diverse ideological and material interests. These typically refer to an inherent tension between serving the interests of workers and employers respectively, feeding into a cycle of rolling out and then rolling back worker entitlements (Purse, 2009).

A notable feature of workers' compensation systems in Australia is that for the most part responsibility for their design and administration sits with each jurisdiction separately. Consequently, systems have evolved in diverse and complex ways, resulting in disparate eligibility criteria, available compensation payments, underwriting arrangements, dispute resolution mechanisms and pricing of employer premiums. This has proven problematic to the extent that multi-state businesses have had to grapple with different systems. In response the Commonwealth has initiated a centralised system Comcare, giving large employers the ability to become self-insurers. This has led to certain jurisdictional challenges as this can contribute to more viable companies taking vital resources out of jurisdictional schemes, thereby increasing their exposure to liability. The jurisdictions have been trying to increase uniformity across schemes, but have not been particularly successful.

1.1 DEVELOPMENTAL TRENDS IN AUSTRALIAN WORKERS' COMPENSATION SYSTEMS

1.1.1 NEW SOUTH WALES

The Workers Compensation Legislation Amendment Act 2012 was passed in NSW in June 2012 with the focus of reform on early recovery and return to work and improving benefits for seriously injured workers (Whole of Person Impairment (WPI) of >30%). This included an increase in the minimum amount used to calculate the weekly payment, no time cap on weekly payments except for the Commonwealth retirement age, no time

limit on payment for reasonable medical expenses, and an exemption from work capacity assessments every two years (unless requested by the worker to explore return to work options).

Weekly payment arrangements:

- Up to 13 weeks: 95% of pre-injury average weekly earnings (PIAWE);
- 14 - 130 weeks: 80% of pre-injury average weekly earnings (if worker returns to work for at least 15 hours per week, weekly payments made up to 95%).
- 130 week limit for all workers except where a) workers who are fit to work achieve actual return to work of more than 15 hours and earn at least \$155 per week; b) workers have no capacity for work or have WPI of more than 30%.
- 5 year limit: workers with WPI of 20% or less (no limit for those above).

Changes to medical and related treatment expenses: where no weekly payments for compensation are payable, payments for treatment limited to 12 months after claim is made or 12 months after the last payment of weekly benefits (whichever occurs last).

1.1.2 VICTORIA

The *Accident Compensation Amendment Bill 2009* contained reforms to the Accident Compensation Act 1985 and associated legislation, with most changes taking effect in 2010. A WorkSafe Victoria summary of the changes included increases in no-fault lump sum entitlements for injured workers with permanent impairments; an increased focus on return to work rights and responsibilities, with a staged approach to consequences for workers who do not comply with their return to work obligations and increased compliance monitoring and tougher penalties for employers not complying with their obligations; employers given the right to request a review of their premium and premium avoidance measures introduced to improve compliance; stronger dispute resolution measures; and new powers for WorkSafe to suspend payments to a service provider while they are under investigation for a breach of the Act and to disqualify service providers from the scheme (WorkSafe Victoria, 2010).

Weekly payment arrangements:

- Up to 13 weeks: 95% of PIAWE; less what injured workers earn per week if they have returned to work
- 14 - 130 weeks: 80% of PIAWE; less 80% of what injured workers are currently earning per week if they have returned to work
- After 130 weeks: 80% of PIAWE if they still cannot work and this is not likely to change. Payments may continue until retirement age (i.e. no age limit) unless there is a change in the worker's capacity. If there is some assessed work capacity weekly payments may continue (less 80% of current earnings) if the worker has returned to work and is working at least 15 hours per week and earning \$184 (indexed annually) or more a week.

1.1.3 QUEENSLAND

The *Workers' Compensation and Rehabilitation and Other Legislation Amendment Act 2010* was developed in response to a review of WorkCover Queensland's financial position in November 2009. The amendments sought to strengthen return to work provisions, for example requiring insurers to notify Q-COMP if an injured worker is unable to return to work with their former employer when their entitlement to weekly payments has stopped and - with the worker's consent - to refer the worker to programs that may help the worker return to work, including vocational assessment, re-skilling or retraining, job placement or host employment. The Act requires workers to satisfactorily participate in return to work programs or suitable duties (Queensland Government, 2014).

In June 2012 the Queensland parliament commissioned a Finance and Administration Committee inquiry into the Queensland Workers' Compensation Scheme. This was followed by the passing of the *Workers Compensation and Rehabilitation and Other*

Legislation Amendment Act 2013 in the Queensland parliament which heralded the merger of the Workers' Compensation Regulatory Authority (Q-COMP) into the Office of Fair and Safe Work Queensland. Some key changes of this Act included limiting access to common law on the basis of demonstrating a 5% Degree of Permanent Impairment (DPI) arising from the injury, which replaces the concept of whole person impairment; insurers are to provide a mandatory accredited Return to Work (RTW) program for common law claimants; amending the definition of injury for psychiatric or psychological injuries whereby employment is "the" (rather than "a") major significant contributing factor to the injury; allowing employers to seek disclosures from prospective workers about prior injuries/conditions and obtain their workers compensation claims history; and changes to the criteria stipulating whether employers are obliged to have a Rehabilitation and Return to Work Coordinator (RRTWC), based on risk status and amount of wages paid. A further amendment removed the requirement for RRTWCs to complete a workplace rehabilitation course through a registered training organisation, replaced by being 'appropriately qualified' (Clayton Utz, 2013; Workcover Queensland, 2013).

Weekly payment arrangements (Workcover Queensland, 2014):

- Up to 26 weeks: 85% of normal weekly earnings (NWE);
- 26-104 weeks: 75% of (NWE);
- More than 104 weeks: If a worker is unfit for work after two years, the level of compensation will depend on the degree of impairment.

1.1.4 WESTERN AUSTRALIA

In 1991 the *Workers' Compensation and Injury Management Act 1981* was renamed the *Workers Compensation and Rehabilitation Act 1991* signalling a general shift to emphasise rehabilitation. Subsequent to this, Safe Work Australia (2013) notes key changes heralded by the *Workers Compensation Reform Bill 2004* applying to statutory benefits, injury management, access to common law, employer incentives in relation to return to work for disabled workers, and fairness in dispute resolution. A further review in 2009 resulted in the removal of aged based limits on entitlements, extended safety net arrangements for workers awarded common law damages against uninsured employers, and various administrative amendments.

A WorkCover WA Review of the *Workers' Compensation and Injury Management Act 1981* considered that the Western Australian workers' compensation scheme was working well in general but that the complexity of legislation was a source of confusion and frustration for scheme participants. Two rounds of amendments ensued: round one involved a restructure of the workers' compensation dispute resolution system, and changes to address legislative anomalies and specific policy issues; round two was addressed to a new workers compensation statute. These reform stages were not intended to address fundamental design aspects of the scheme, rather structural and process improvements to the Act (WorkCoverWA, 2014).

Weekly payment arrangements (WorkCoverWA, 2010):

- Up to 13 weeks: 100% of average weekly earnings
- From week 14 onwards: 85% of average weekly earnings
- Weekly payments can cease if a worker gives consent for them to stop; an order to stop payments is issued by the Conciliation and Arbitration Services (CAS); a treating doctor has certified the worker totally or partially fit for work; the workers' compensation claim is finalised through a settlement; the worker registers to pursue a common law claim; the worker has reached the maximum limit on all entitlements to weekly payments (known as the 'prescribed amount' – extensions applicable where the injured worker has permanent total incapacity for work).
- An employer may lodge an application with the Conciliation and Arbitration Services to temporarily suspend weekly payments if the injured worker does not comply with their return to work program, fails to attend a medical review

arranged by the employer or their insurer and/or the injured worker is in custody or serving a term of imprisonment.

1.1.5 TASMANIA

A 2007 review of the Tasmanian scheme was undertaken to address specific areas of performance rather than financial stressors on the compensation system. The subsequent *Workers Rehabilitation and Compensation Amendment Act 2009* (commencing on 1 July 2010) in response to the Clayton Review made specific provision for payment of medical and other expenses up to 12 months after entitlement to weekly compensation ceases (with possibility of extension); an increased maximum lump sum payment for permanent impairment and payable on the death of worker; increased weekly payments to dependent child/ren of a deceased worker; and payment of counselling services for families of deceased workers. The threshold for access to common law damages was reduced from 30% to 20% WPI. Return to work mechanisms were also strengthened, including employer obligations regarding early reporting of injuries and claims, requirements for work and injury management plans, and the engagement of injury management coordinators to oversee the injury management process.

Weekly payment arrangements (Workcover Tasmania, 2010):

- Up to 26 weeks: 100% of NWE
- 27-78 weeks: 90% of NWE, or if the worker is able to return to some form of work but their employer fails to provide suitable alternative duties, then the worker will receive 95% of normal weekly earnings.
- More than 78 weeks of NWE: weekly payments are reduced to either 80% or 85% of normal weekly earnings. Again, a worker is entitled to 85% rather than 80% if the employer fails to provide suitable alternative duties.

The step-downs do not apply (i.e. the worker is to continue to be paid at 100% of normal weekly earnings) if the worker is back at work for 50% or more of the worker's normal weekly hours. If the worker is back at work for less than 50% of the worker's normal weekly hours, they are entitled to weekly payments to make up the difference between what they are earning for the duties they are performing and their normal weekly earnings/ordinary time rate of pay. Step-downs only apply to the amount of weekly payment that the worker receives.

The maximum period that weekly payments can be paid depends upon the worker's level of whole person impairment (WPI):

- A worker with a WPI of less than 15% is entitled to weekly payments for up to nine years;
- A worker with a WPI of at least 15% but less than 20% is entitled to weekly payments for up to 12 years;
- A worker with a WPI of at least 20% but less than 30% is entitled to weekly payments for up to 20 years;
- A worker with a WPI of 30% or more is entitled to weekly payments until the worker reaches 65 years of age (it may be possible for a worker to receive weekly payments beyond 65 years of age in some circumstances).

1.1.6 THE NORTHERN TERRITORY

In the mid-1980s the NT Government commissioned a review of workers' compensation laws, culminating in 'the 'Doody Report'. This report recommended the introduction of a compulsory, planned and coordinated rehabilitation program, the abolition of the right to sue at common law, and the introduction of umbrella occupational health and safety (OHS) legislation to cover all workplaces. The Work Health Act ensued, coming into effect in January 1987. In 2008 OHS was removed from the Act, which was renamed the *Workers Rehabilitation and Compensation Act 2008* (Roussos & Crossin, 2013). The *Workers' Rehabilitation and Compensation Legislation Amendment Bill 2011* was passed

in parliament in March 2012. Amendments included strengthening access to compensation for workers injured in Australia but who reside overseas, and access to compensation for older workers who are injured to reflect the increase in the qualifying age for the pension (Safe Work Australia, 2013).

The focus of the NT scheme is largely in line with the rest of the nation in targeting rehabilitation and early return to work. Incentives built into the legislation include reduced payments after a certain period of time, limited availability of lump sums, and rehabilitation obligations. Employers have a positive requirement to rehabilitate workers, and an obligation to take active steps to assist the injured worker in finding suitable employment (Roussos & Crossin, 2013).

Weekly payment arrangements (NTWorkSafe, 2013):

- Up to 26 weeks: 100% of NWE for total or partial incapacity. If a worker has a work capacity and returns to work then the compensation entitlement is the difference between the income received for that work and their NWE.
- More than 26 weeks: 75% of the injured worker's loss of earning capacity subject to a weekly maximum of 150% of statistical Average Weekly Earnings, indexed on 1 January each year, continuing to age 65-67 years. Loss of earning capacity is the difference between the amount a worker is reasonably capable of earning in a week and their pre-injury NWE.
- 104 weeks provision: At any stage of long term incapacity (after 26 weeks) a worker can be deemed to have an earning capacity. Up until 104 weeks of incapacity has elapsed, suitable employment must be reasonably available. After 104 weeks (2 years) of total or partial incapacity, the worker can be assessed for earning capacity on the most profitable employment that could be undertaken by that worker, whether or not such employment is available to the worker and entitlements could be reduced or ceased accordingly. This will not affect those who, because of the seriousness of their injury, will have little or no real ability to return to the workforce.

1.1.7 THE AUSTRALIAN CAPITAL TERRITORY

The *Workers Compensation Act 1951* was significantly amended in 2002 'to create a workers' compensation scheme based upon the principles of early rehabilitation and return to safe and durable work for injured employees' (Safe Work Australia, 2013: 225). The Scheme was reviewed in 2007, leading to a range of legislative amendments embodied in the *Workers Compensation Amendment Act 2009*. Legislative drivers included reducing red tape and streamlining business requirements associated with the Scheme, implementing the National Framework for the Approval of Workplace Rehabilitation Providers and to strengthen the existing compliance framework.

Weekly payment arrangements (WorkSafeACT, 2014):

- Up to 26 weeks: 100% of PIAWE for total incapacity. Partial incapacity payments may be paid to make up the difference between the partial return to work earnings, and the injured worker's average pre-incapacity weekly earnings.
- Over 26 weeks: 65% of pre-injury earnings or statutory floor. Where the injured worker has a partial incapacity, payments may make up the difference up to an amount calculated in accordance with the Act.
- No financial or time limit; age limit 65 years unless worker is over 63 years at time of injury, then the maximum is 2 years.
- Payment may cease if the injured worker fails to participate and cooperate with their Personal Injury Plan and any medical examinations that have been arranged. An injured worker must make all reasonable efforts to return to work as soon as practicable.

1.2 THE SOUTH AUSTRALIAN WORKERS' COMPENSATION SYSTEM

South Australia was the first Australian jurisdiction to establish workers' compensation legislation in 1900, making provision for injured workers in specified or dangerous occupations through the *Workmen's Compensation Act 1900* (O'Neill, 2011). The Act was consolidated in 1932 and remained largely unchanged until the *Workers Compensation Act 1971* was passed. This Act introduced a complete restructure of the legislation, increased the level of compensation payable, and broadened the grounds for receiving compensation (Safe Work Australia, 2011).

The mid-1980s onward heralded a new era in workers' compensation in South Australia in line with what was happening nationally. Increasing scheme costs combined with wider economic pressures had triggered a general rollback of workers entitlements to a greater or lesser extent in all States, in the interests of making industries and businesses more competitive with other states. Victoria set the precedent by abolishing rights to sue employers for negligence, curtailing weekly payments for partially incapacitated workers via 'step downs'; tightening eligibility rules for compensation; and prohibiting claims for injuries incurred while travelling between home and work. The dispute resolution system was overhauled and governance arrangements changed to favour Board membership. This led to a reduction of the average premium rate for Victorian employers by 25% and is said to have inspired South Australia to align its approach with the Victorian system (Purse, 2009).

By June 2003, South Australia's funding position had deteriorated to the extent of holding an unfunded liability of \$591m. A new Board was appointed to improve management of the Scheme based on a business model of governance giving priority to board members with business backgrounds and outlooks, while reducing the number of worker representatives. Another significant step was the appointment of new claims agent - Employers Mutual Limited (EML) – as previous claims agents were believed to have contributed to the financial and operational problems of the Scheme by taking a 'hands off approach to claim management', failing to pursue Return to Work (RTW) activities for injured workers, demonstrating a reluctance to follow up employers who were not discharging their responsibilities properly, and failing to communicate adequately with stakeholders. In 2006, the WorkCover Board adopted 'radical new agenda based on wholesale legislative change targeting reductions in compensation payments combined with restricting the rights of injured workers to challenge WorkCover claims decisions' (ibid., p. 60).

Table 1 below outlines the timeline of legislative review and reform as it unfolded in South Australia:

TABLE 1 TIMELINE OF WORKERS' COMPENSATION POLICY REVIEW AND REFORM IN SOUTH AUSTRALIA

1900	<i>Workmens' Compensation Act 1900</i>	Introduced the doctrine of 'no-fault liability', did not have to establish employer negligence. Provisions for injured workers in specified or dangerous occupations, limited range of payments to which workers were entitled.
1971	<i>Workers' Compensation Act 1971</i>	Involved a complete restructure of legislation, increased compensation payable, broadened grounds for receiving compensation
1980	1980 release of the ' <i>Byrne Report</i> ' - <i>A Workers Rehabilitation and Compensation Board for South Australia – the key to rapid rehabilitation and equitable compensation for those injured at work</i>	Recommended the repeal of the Workers' compensation Act 1971, establishment of a Board to administer a workers compensation scheme, oversee and confirm rehabilitation programs.
1986	<i>Workers' Rehabilitation and Compensation Act 1986 (SA)</i> <u>Subsequent Amendments:</u> - <i>Workers Rehabilitation and Compensation (Administration) Amendment Act 1994</i> - <i>Workers Rehabilitation And Compensation (Dispute Resolution) Amendment Act 1995</i> - <i>Workers Rehabilitation & Compensation (Territorial Application of Act) Amendment Act 2006</i> - Statute Amendment (Domestic Partners) Act 2006	WorkCover established in September 1987. Key changes: <ul style="list-style-type: none"> Abolished access to common law Scheme now publicly owned and operated; and replaced the 55 insurance companies that had previously administered and underwritten workers' compensation in South Australia; Vocational rehabilitation became the centerpiece of the scheme; Review of OHS legislation to reduce work-related injuries and fatalities; Average premium rate was reduced to 3% of payroll; Entitlements were increased for injured workers - removal of the artificial limit placed on an injured worker's ongoing entitlement to weekly payments, payments could continue to retirement age in cases where a worker was unable to return to work as a result of the incapacity caused by their injury New dispute resolution based on a specialist Workers Compensation Tribunal established Commutation/Redemptions allowed, at discretion of Workcover
2008	Release of the 'Clayton Report', February 2008	Recommended a package of legislative and non-legislative changes to the Scheme aimed at increasing return to work rates, reducing employer levies, ensuring full funding in the medium term. Changes include (varied implementation timetable): <ul style="list-style-type: none"> Work capacity assessments, Medical Panels, restrictions on redemptions, changes to weekly payments ('step-downs')
2008	<i>Workers' Rehabilitation and Compensation (Scheme Review) Amendment Act 2008</i>	Amendments to both the WRCA and WorkCover Corporation Act, aimed at increasing worker return to work rates. Key changes include : <ul style="list-style-type: none"> All employers employing 30 or more people must designate an employee as a Rehabilitation and Return to Work Coordinator. Implementation of step-downs at 13 weeks (90%) and 26 weeks (80%) Work capacity assessments to be made at the 130 week point (end of third entitlement period) – payments cease for those with work capacity, continued for those with no work capacity to 65 or retirement age. Prescribed circumstances for reducing/discontinuing payments (e.g. not cooperating with requests relating to medical examinations and treatment, rehabilitation and return to work objectives) Limiting access to redemption of liabilities Penalties for employers in breach of the employer's obligation to provide appropriate work for an injured worker Implementation of provisional liability Introduction of Medical Panels and Workcover Ombudsman (Cossey & Latham, 2011)

2008	WorkCover SA Regulation Review <u>Subsequent changes:</u> - <i>Worker Rehabilitation and Compensation Regulations 2010</i> , commencing 1 November 2010	Standard process after 10 years. The main change was the consolidation of most of the current regulations into one simplified document. Other changes included: <ul style="list-style-type: none"> • Updating obsolete terms and legislative references • Removing obsolete or irrelevant regulations • Standardising the indexation and rounding processes applied to sums • Including transitional provisions to enable smooth implementation • Making general updates to ensure the regulations correctly reflect the Act.
2011	PriceWaterhouseCooper review of the Vocational Rehabilitation Framework, released March 2011.	Key findings: <ul style="list-style-type: none"> • Fee structures do not encourage short term and targeted vocational rehabilitation • The vocational rehabilitation market needs to be defined by quality and skills • A stronger regulatory influence is required • There is limited upfront strategic case management and early referral • Capability enhancement is required by the claims agent WorkCover approved a schedule of activities to address key findings across the four categories of fees, quality and capability, regulatory and early intervention.
2011 2012	<i>Workers Rehabilitation and Compensation (Employer Payments) Amendment Act 2011 and Workers Rehabilitation and Compensation (Employer Payments) Variation Regulations 2012</i>	New premium payment system for employers from 1 July 2012 – mandatory Experience Rating System for medium and large employers registered with the Scheme, optional Retro-Paid Loss arrangement for large employers; no change for small employers. Designed to encourage employers to focus on work health, safety and injury management practices.
2013	<i>WorkCover Corporation (Governance) Amendment Act 2013</i>	Structure of the WorkCover Board changed from nine member board with stakeholder representation to a seven member board with a strong commercial focus.

1.2.1 SNAPSHOT OF THE CURRENT SOUTH AUSTRALIAN SCHEME

The South Australian Workers Rehabilitation and Compensation Scheme is regulated and overseen by the WorkCover Corporation of South Australia (WorkCover SA). The aim of the scheme is to rehabilitate and compensate workers who have incurred a work-related injury. The primary objective is to keep injured workers at work, or to safely return them to work and the community as soon as possible.

The Scheme targets four key areas:

- Effective injury management
- Employer involvement
- Return to work services
- Addressing barriers additional to the primary injury (e.g. industrial disputes, psychosocial issues)

WorkCover SA reinforces the role of the workplace by:

- overseeing the accreditation and education of return to work coordinators
- enforcing compliance of employer obligations
- providing advice and education to employers on return to work
- facilitation of return to work when employers are not cooperating

WorkCover SA manages return to work providers through policy advice, registration of providers, and auditing and evaluating provider performance.

Under the scheme, employers are required to pay a premium based on the level of remuneration provided to their employees and for some employers their claims experience. In 2010-2011 South Australia had 512 industry classes (SAWIC codes) with industry rates set to reflect relative experience of each class (based on declared claim costs and recent wages, using a data-based rating methodology). Industry rates have been reviewed annually by external actuaries, and are calibrated to achieve average premium rate.

From January 2013, the management of WorkCover workers compensation claims has been outsourced to two Scheme agents – Employers Mutual Ltd (EML) and Gallagher Basset Services Pty Ltd (GB). In addition there were 91 self-insured employers (66 private and 25 Crown registrations) at 30 June 2013. The small number of Scheme agents is in contrast with most other jurisdictions, where there are multiple private sector insurers (ranging from five to eight) engaged by the jurisdictional regulator, with the exception of Queensland where WorkCover Queensland manages all non self-insurer claims.

1.2.2 ISSUES IDENTIFIED WITH THE SOUTH AUSTRALIAN SCHEME

A report produced by Business SA in 2007 noted that South Australia had the worst performing Scheme across jurisdictions, based on indicators ranging from unfunded liability, assets to liabilities ratio, return to work outcomes, number of long-term claims and cost of compensation payments. This was attributed to overly generous benefits acting as a disincentive to return to work, the ‘lure’ of redemption payments (payouts from WorkCover) increasing pressure on continuance rates, and an ineffectual mechanism for getting workers with capacity back into employment (i.e. issues with the vocational rehabilitation scheme) (Business SA, 2007).

An alternative argument is that escalating scheme costs (and by extension employer premiums) were less to do with a lack of worker motivation pinned to a high level of benefits, and more to do with structural deficiencies. Purse (2005: 14) has argued that “the failure to address poor workplace health and safety management and the lack of return to work services to assist injured workers to return to work were fundamental problems and important underlying cost drivers”. Inflexible administration of workers compensation schemes, particularly those underwritten and administered by private insurers, was also identified as a cost pressure.

A 2011 review of the South Australian Workers Compensation Scheme identified a problem with increasing utilisation and costs resulting in minimal improvement in return to work outcomes (PriceWaterhouseCooper, 2011). This was attributed to three main factors:

- **Benefit structure** - the relatively generous level of weekly benefit entitlement was considered a potential obstacle (by way of a financial disincentive) to return to work, especially in the absence of skilled support for injured workers.
- **Compensation structure** – the system was judged to have a compensation-focused culture rather than a culture promoting co-operative outcomes for injured workers and employers.
- **Ineffective claim management and vocational rehabilitation model** – whereby the model has failed to achieve targeted early referral to rehabilitation in appropriate cases.

Safe Work Australia (2013) identified that South Australia has higher dispute rates than other comparable jurisdictions, noting that the definition and handling of ‘disputes’ by jurisdictions vary. In 2011–12 all jurisdictions with the exception of New South Wales recorded increases in the proportion of expenditure associated with *services to claimants*, however South Australia recorded the highest increase (up by 26%). Six of the nine Australian jurisdictions (including Comcare and Seacare) recorded a decrease in the proportion of total expenditure for *insurance operations* since 2007–08, with the most substantial falls recorded by Queensland (down by 14%), the Northern Territory (down by 12%) and Tasmania (down by 11%). These decreases were offset by the substantial

increases recorded by Seacare (up by 36%) and South Australia (up by 21%). Costs associated with insurance operations include expenditures for insurer's representatives in legal matters, medical reports, investigation and fees paid to agents. For a jurisdictional comparison of selected scheme features see Table 2 below.

The PriceWaterhouseCooper (2011) report recommended developing a performance based vocational rehabilitation remuneration structure (as opposed to an hourly rate billing practice and fixed fee for service) and improved performance management of both the claims agent and service providers, with a stronger focus on return to work rates and outcomes. It flagged scope for improved professional development (targeted and mandatory internal training and development supported by coaching and mentoring), in alignment with the Victorian model which includes a requirement for rehabilitation consultants to undertake 30 hours of PD each year to increase and/or update their skills. The report also recommended developing a strong recruitment strategy, including a focus on clear career progression pathways to attract and retain high quality case managers. Following this, the report recommended that the vocational rehabilitation remuneration structure be funded by savings from current return to work monitoring expenditure. Associated risks to note with the performance based system included providers 'cream-skimming' and pushing injured workers back to work before they are medically or otherwise fit and able.

In developing the most recent reform agenda for the workers compensation scheme, the South Australian government acknowledged that structural arrangements underpinning recovery and return to work activities were not working to an optimal level. In particular, the following key issues needed to be addressed to improve outcomes across the board (Government of South Australia, 2014):

- The current case management structure is not successful in identifying injured workers that would most likely benefit from return to work services;
- A lack of active engagement by case managers and the return to work provider sector is undermining the provision of constructive return to work support. This is particularly pronounced in the following areas:
 - Limited monitoring of claims and stakeholders involved in the return to work process;
 - A lack of communication and delays in decision-making (e.g. delayed referral to return to work providers is compromising outcomes);
 - Case managers have limited autonomous decision-making capacity; decisions are frequently escalated to team leaders who have a work overload;
- Return to work services are more frequent and prolonged than in other states, with poor outcomes, attributed to:
 - Provider fee structures that do not encourage short term and targeted return to work services;
 - An over-supply of vocational rehabilitation providers, compromising skills and quality of service;
- The strategic rehabilitation focus is on assessing ongoing entitlement to income maintenance payments rather than focused on early intervention and timely return to work;
- Return to work providers tend to lack capacity in re-training and job seeking skills.

TABLE 2 WORKERS COMPENSATION SCHEME FEATURES BY JURISDICTION

2011-12		SA	NSW	VIC	QLD	WA	TAS	NT	ACT	Australia
Scheme funding		Central fund	Managed fund	Central fund	Central	Private insurers	Private insurers	Private Insurers	Private Insurers	-
Standardised Average Premium rate (% of payroll)	2010-11	2.47	1.74	1.35	1.24	1.20	1.51	1.81	2.10	-
	2011-12	2.51	1.70	1.34	1.42	1.21	1.51	1.81	1.99	1.51
Excess/Unfunded liability (at 30 June 2012)		\$1389m unfunded	\$1497m unfunded	\$461m unfunded	\$541m funded	N/A	Not provided	Nil	N/A	-
Assets to liabilities ratio ¹		60%	104%	116%	132%	N/A	N/A	N/A	N/A	-
Incidence rate of serious claims per 1000 employees		12.5	13.5	9.0	14.8	12.1	14.6	8.7	13.2	12.2
Incidence rates of long term (12 weeks or more compensation) claims		3.1	3.0	3.5	3.7	3.5	3.2	2.1	4.2	1.8
Incidence rate of serious compensated injury and musculoskeletal claims per 1000 employees	Base rate ²	18.3	17.1	11.3	16.6	12.5	16.2	12.4	11.4	14.8
	2011-12 projected rate	10.3	11.5	7.9	13.2	13.2	13.4	8.6	12.8	10.7
	%Improvement ³	43.7%	32.5%	30.1%	20.5%	7.2%	17.3%	30.6%	-12.3%	27.7%
Access to Common Law (as at 1 January 2012)		No	Yes	Yes- limited	Yes	Yes	Yes	No	Yes	-
Disputation rate		7.4%	4.2%	10.3%	3.0%	2.2%	7.2%	5.4%	-	5.0%
Durable return to work rate ⁴		66%	76%	76%	75%	-	-	74%	78%	-

Source: Comparative Performance Monitoring Report, Fifteenth Edition October 2013 (Safe Work Australia, 2013). SafeWork Australia (2013) notes that difference in funding arrangements may have an impact on the data shown in this table, which should be taken into consideration when comparing performance.

¹ Ratios above 100% indicate that the scheme has more than sufficient assets to meet its predicted future liabilities. Conversely, low ratios could be an indication of the need for a scheme to increase its premium rates to ensure assets are available for future claim payments. Assets to liabilities ratio is not applicable to privately underwritten schemes (

² Baseline for the national targets was calculated as the average incidence rate for the three-year period 2000–01 to 2002–03

³ Shows how the jurisdictions are progressing towards the injury target. To be 'on target', jurisdictions would need to have recorded a 40% improvement from the base period.

⁴ Data drawn from the 2011–12 Australia and New Zealand Return To Work Monitor (RTW Monitor); includes injured workers who have been paid 10 days or more compensation, but does not include injured workers from organisations who self-insure their workers' compensation risk. WA and ACT did not participate.

1.2.3 CHANGES PROPOSED BY THE SOUTH AUSTRALIAN GOVERNMENT

The South Australian Government has labelled the current workers' compensation scheme 'a failure' and flagged reducing employer premiums to a nationally competitive rate between 1.5% and 2% (the March 2014 rate stands at 2.75%) as a priority. Key changes proposed to present WorkCover laws include replacing the **Workers Rehabilitation and Compensation Act 1986** with the **Return to Work Bill 2014**, to be implemented by July 2015.

Underpinning principles of the Bill include (Government of South Australia, 2014):

- A strong commitment to the support and wellbeing of the most seriously injured at work;
- An absolute focus on recovery, retraining (where required) and return to work for those less seriously injured (shifting away from current predominant focus on income maintenance);
- Clear return to work responsibilities for all parties that are enforceable and have consequences;
- Simple and fast processes to resolve disputes.

Key features of the new legislative framework include:

- **Providing full income maintenance benefits to retirement and lifetime care and support for seriously injured workers.** This involves creating a legal distinction between seriously and less seriously injured workers to replace the current 'one-size-fits-all' compensation approach:
 - Clear objective criteria to define seriously injured workers (e.g. significant amputations, quadriplegia, blindness, significant burns);
 - Full benefit entitlements for seriously injured workers, with income maintenance paid at 100% of notional weekly earnings (capped as per current legislative requirements at twice State average earnings);
 - No obligations for seriously injured workers to return to work, however support to be provided should they wish to pursue return to work options;
 - Ensuring that SA service provision model is consistent and integrates with the National Injury Insurance Scheme.
- **Reinstatement of access to common law.** This recognises that a variety of compensation approaches can be useful, with the anticipated benefit that the 'dependency cycle' might potentially be avoided through common law settlement. This will be available to workers with compensable work-related injury, subject to appropriate thresholds and restrictions. This brings South Australia in line with most other jurisdictions, noting that Northern Territory is the exception, and Victoria and Tasmania provide limited access.
- **Strengthened thresholds for compensability.** The South Australian test for adjudicating whether injury is arising from employment has been viewed as less stringent than in some other jurisdictions. Key features of the new legislation include:
 - Strengthened entry provisions for psychiatric injury so employment is *the* significant contributing cause (rather than *a* significant contributing cause);
 - Entry provisions for other injuries to be similarly reviewed;
 - Removal of the separation between primary and secondary injuries which is intended to facilitate recovery and return to work activities.
- **Strengthened return to work responsibilities for employers and workers.** This seeks to build the accountability of different parties involved in the workers compensation system by outlining clear responsibilities and boundaries:

- The current provisions for supplementary payments to be imposed on employers will be used as a strong tool to influence employer behaviour;
 - Current provisions requiring employers to provide suitable employment for their workers will be strengthened to include the worker's right to request an investigation by WorkCover and to apply for re-instatement;
 - Current provisions for workers to return to suitable employment when they have work capacity will be strengthened to ensure all parties effectively participate in the return to work process;
 - Strengthened legislative provisions relating to early intervention, involvement of the employer's return to work coordinator and a timely focus on re-training and job placement when required;
 - Strengthened requirements for employers to maintain the relationship with their workers, including requirements to pay income maintenance and seek reimbursements from WorkCover in a timely manner.
- **A capped scheme for workers less seriously injured** which involves a roll-back of entitlements, for example:
 - Income maintenance payments to cease at two years (extended to workers on current long-term injury arrangements), while giving workers the option to pursue common law;
 - Access to medical and related services to cease after a further 12 months for less seriously injured workers.
 - **New approach to dispute resolution.** Income maintenance will continue to be paid when a dispute exists regarding the cessation or reduction of income maintenance payments (with payments recoverable if appropriate, once the matter is settled). Also, the existing Medical Panel is to be replaced with Independent Medical Assessors, established within the jurisdiction of the Workers Compensation Tribunal. These are considered to be better placed to consider complex and mixed issues of medical opinion and non-medical facts.
 - **Outcome focused incentive structure.** This is intended to reward more experienced and better performing return to work service providers, and to weed out the under-performing providers. The current perception is that South Australia has too many providers, making it difficult to provide oversight across the full range.
 - **Capacity of the unit with oversight of the return to work service providers to be increased in the short term** to boost capacity to address immediate challenges.
 - **Model strategic case management and early referral drawing on successes of other jurisdictions.** This has particular reference to proactive management of high risk and complex files using capable staff with manageable case loads, improved face to face contact with key stakeholders, and targeted and purposeful referral to return to work service providers.
 - **Build internal capacity around case management.** The South Australian claims agent experience is seen to be failing. Consequently there is a need to build the experience level of staff working in this space, through enhanced training and development. Model options for a new referral and management structure will consider the following elements:
 - Strong claims agent presence;
 - Mixed claims agenda and regulator management approach;
 - Mixed claims agent and return to work service provider management approach;

- Current model with redistribution of resources.

1.3 CONCLUSION

While diverse in detail, workers' compensation systems across Australian jurisdictions demonstrate similarities in a number of key areas. By and large the systems share a focus on improving entitlements for seriously injured workers while tightening entitlements for less seriously injured workers. All systems now incorporate 'step downs' in their payment schedules, at varying times and levels; and all have built in provisions to incentivise injured workers to return to work in some capacity as early as possible, and to oblige workers who are assessed as fit for work to eventually take up employment by imposing financial and/or time limits on payments. A key theme across all jurisdictions is building a strong culture and structures to strengthen injured worker rehabilitation and return to work outcomes, as the corner stone of the workers' compensation system. This is argued on grounds of both Scheme feasibility and what is in the best social, psychological and economic interest of workers.

In the case of South Australia, the evolution of legislation has followed a similar trajectory to other jurisdictions, in initially expanding and later retracting entitlements for injured workers, in the face of increasing financial pressures on the Scheme and the need to reduce the employer premiums to a competitive rate. Indeed, on many key performance measures South Australia has performed well below most other jurisdictions, giving pause for sober reflection on what has gone wrong and how best to turn the situation around.

In response, the South Australian Government has implemented a range of measures including using Medical Panels to conduct work capacity assessments, imposing restrictions on redemptions (pay outs), and introducing changes to weekly payments ('step-downs' over time). It also introduced a new employer premium system designed to incentivise employers to focus on effective work health, safety and injury management practices, and has adopted a strong commercial focus in the governance of the Scheme (namely reshaping the constitution of the Governing Board). However there is a recognition that more needs to be done.

In its latest proposed agenda for reform the South Australian Government explicitly recognises that injured workers, employers, Scheme agents, and return to work service providers all share a responsibility and a role in fixing the endemic problems in the Scheme. In particular, the Government focuses on the case management structure used to manage the services and return to work of injured workers. This response is noteworthy in pinpointing internal cultural and structural impediments to an effective functioning system rather than unilaterally blaming the poor attitude of workers ('lacking the desire to work') for poor return to work outcomes.

The planned approach going forward shares important synergies with other jurisdictions in strengthening provisions for seriously injured workers while powering an approach to getting workers with capacity back into the workplace, as early as possible. This involves gearing the system to shift away from a focus on income maintenance to worker rehabilitation, gearing employers to support return to work opportunities for their injured employees, and gearing injured workers to embrace a positive return to work intentions. In each case, cooperation (or compliance) is secured through the application of strengthened responsibilities and enforceable obligations (with consequences) for employers and workers, and a performance based, outcomes focused return to work service structure underpinning the provision of services.

The legislation behind this new approach is scheduled to take effect from July 2015 and will set a new and hopefully more successful course for the South Australian workers' compensation system. However, in this new space there is much to be learnt from the successes and challenges of the Return to Work Fund in working with employers, injured workers, rehabilitation providers, health care providers and claims agents.

2 THE RETURN TO WORK FUND

In 2007 the *Clayton Review* was published. Commissioned by the South Australian Government, this provided a review of the workers' compensation system. The establishment of the *Return to Work (RTW) Fund* was a recommendation of this review to support 'innovative and quality initiatives for improving return to work outcomes'.

The RTW Fund was implemented by the *WorkCover SA* Board in June 2008, with \$15 million to support initiatives that contribute to the improved return to work of injured workers. This continued the proactive role in addressing South Australia's return to work challenges that had been adopted by *WorkCover SA* in initiating a program of research designed to enhance the evidence base about achieving effective return to work.

The Australian Workplace Innovation and Social Research Centre (WISeR) at The University of Adelaide has been engaged by *WorkCover SA* to evaluate the RTW Fund during 2009-2013⁵ and 2013-2016. The evaluation is designed to address RTW Fund objectives (see Box 1) through developing, implementing, collecting and analysing both performance (monitoring) data and outcome and impact (evaluative) data to provide an assessment of the efficiency, effectiveness and appropriateness of the Initiative.

Box 1: RTW FUND OBJECTIVES (REVISED 2012)

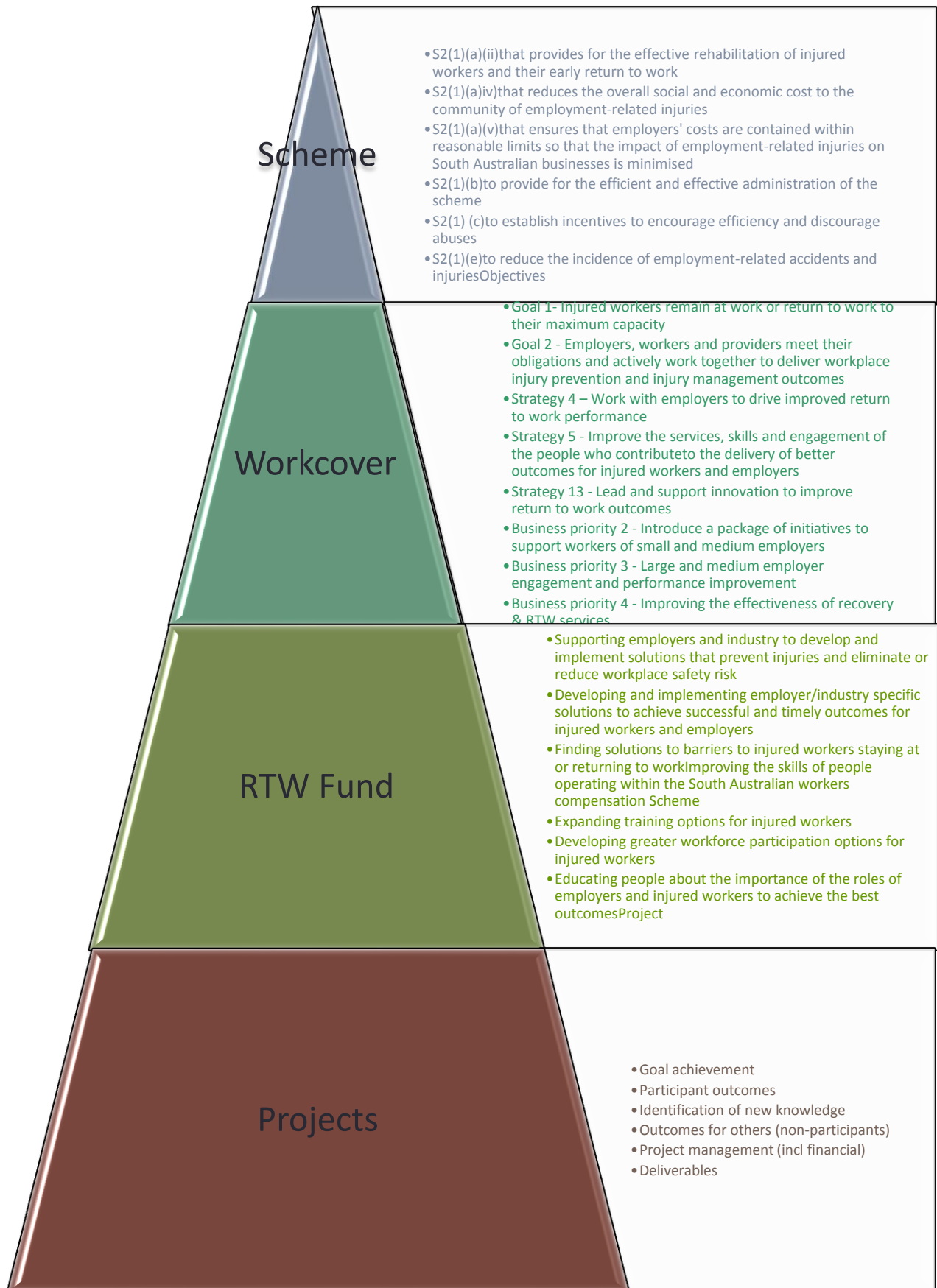
RTW FUND OBJECTIVES

1. Supporting employers and industry to develop and implement solutions that prevent injuries and eliminate or reduce workplace safety risk
2. Developing and implementing employer/industry specific solutions to achieve successful and timely outcomes for injured workers and employers
3. Finding solutions to barriers to injured workers staying at or returning to work
4. Improving the skills of people operating within the South Australian Worker's Compensation Scheme
5. Expanding training options for injured workers
6. Developing greater workforce participation options for injured workers
7. Educating people about the importance of the roles of employers and injured workers to achieve the best outcomes.

WISeR delivered an updated evaluation framework for the RTW Fund to WorkCover SA in October 2013. This provided details of the approach, process and performance indicators that will guide the evaluation. The impact of Return to Work Fund Projects will be measured across four levels as indicated in Figure 1. However, it is noted that the direct impact of any Project will reduce as it moves higher up the pyramid.

⁵ A number of papers and reports have been produced to date documenting the evaluation process and learning from the RTW Fund, the Projects and associated activity. These are available on the WorkCover SA and WISeR websites <http://www.workcover.com/workcover/return-to-work-fund/project-learning-and-reports> and <http://www.adelaide.edu.au/wiser/>

FIGURE 1: RTW FUND EVALUATION PYRAMID (4 LEVELS)



2.1 PERFORMANCE INDICATORS

RTW Fund performance indicators are designed to meet RTW Fund Objectives. In addition, RTW Fund indicators will address the broad evaluation questions of efficiency, effectiveness, appropriateness, impact and sustainability.

Efficiency
Are Projects and the Fund achieving the planned outputs & outcomes?
Are the Fund's resources being used to achieve outputs & outcomes of the desired quantity and quality?
Could the use of resources be improved by the Project or by the RTW Fund?
Is the Project/Fund adequately resourced to enable the output and outcome?
Effectiveness
To what extent are the Project/ Fund's outputs and outcomes being achieved?
What factors have affected outcomes (barriers, facilitators)?
Could the Project/Fund be modified to achieve better outcomes?
What are the factors most critical to achievement of a successful Project/Fund?
Appropriateness
Is there a need for the Project/Fund?
Do the desired outcomes address identified needs?
Are the desired outcomes consistent with - RTW Fund objectives? WorkCover goals? Scheme requirements?
How well do Project processes reflect the needs identified?
Can the Project be streamlined and achieve the same outcomes?
Impact
What impact has the Project/Fund made – On individuals? On organisations? On the RTW Fund? On WorkCover? On the workers' compensation system?
What innovations are evident, and what are their impact?
What outcomes have been achieved, and what is their collective impact?
Sustainability
What are the appropriate options for future funding of this activity?
Can the Project activities be successfully integrated into the workers compensation system? And what changes are necessary for this?
How long lasting is the identified impact expected to be?

2.2 AGENTS

On 22 August 2012, WorkCover SA announced the appointment of Employers Mutual Ltd (EML) and Gallagher Bassett (GB) to deliver claims management services, with the contract to commence 1 January 2013. Transitioning from a sole to a dual claims agent environment was not without its challenges. The first three months involved a transition period including the transfer of fifty percent of the market to GB (from the formerly sole agent, EML). Each organisation was subsequently structured and administered their claims management services in different ways.

Agents were expected to facilitate recruitment of injured workers for the projects *Stand Up with Confidence*, *Pathways to Work – Upscale* and postcourse support projects administered by Interwork and Career Systems/ Maxima. Although direct recruitment wasn't required, they were also advised about other projects, to ensure a consistency of message. EML and GB have both provided information about how their staff engage with the RTW Fund and recruit clients to projects.

EML

At November 2013, EML reported two staff were working full-time to facilitate access to information and provide support to WorkCover, RTW Fund Projects and EML case managers. In addition, they had a Claims Specialist in each department charged with embedding business initiatives within organisational practice and with responsibility for driving the Projects 'on the floor'.

EML reported changes to its method of recruiting clients to RTW Fund projects in 2013 with case managers actively involved with the Projects. Changes that contributed to this include –

- Project information sessions explaining the Project and recruitment criteria, and providing an opportunity for case managers to ask questions about the projects.
- Participant inclusion/exclusion criteria being clearly articulated
- The involvement of the Claim specialist, who is present in team meetings and alerting case managers to the opportunities presented by projects
- Appropriate feedback provided by Projects to case managers – keeping them informed of client progress.

The maturity of the RTW Fund relationship between WorkCover and EML has meant that projects are becoming better embedded in the workers compensation system. Rather than being managed by the EML RTW Fund team *outside* 'usual business' EML reported that processes integrating client recruitment were occurring within usual business. Case managers were informed directly about the initiatives to improve the opportunities and potential of injured workers. Whether they allocate clients to projects (or not) case managers have been more actively involved and aware of the opportunities RTW Fund projects present.

GB

Two staff were given primary responsibility to support and encourage RTW Fund activities within GB. In addition, GB staffing structure includes injury management advisors (IMA) who mentor and provide assistance with rehabilitation and treatment services and provide strategic direction to promote cost effective and appropriate injury management, including RTW Fund activities and Projects (with one IMA per team).

In terms of process, GB advised that case managers have been informed by IMAs about active RTW Fund projects in several ways. The main method is during regular case manager conferences held every six weeks where individual claims are reviewed. Case managers have also been informed during regular team meetings and tool box meetings. In addition, IMAs and case managers review claims outside of case management conferences to assist in moving the claim forward and achieving outcomes. Case management conferences involve the case manager, IMAs and technical advisor (legal) and provide an opportunity for the client to be highlighted for the Pathways project.

In effect, GB provides case managers with a toolbox of options from which case managers are able to pick appropriate options for injured workers. Case managers are viewed as the most appropriate person to make decisions about project engagement for the injured workers on their case list with the support from their IMAs, technical managers, team leaders and team managers.

3 PROJECTS

In December 2012, WorkCover SA called for expressions of interest and subsequent proposals for Projects to be funded during the 2013-2014 period. Projects have been selected to address injured workers (see Section 3.1), health care providers (see Section 3.2), and industry or employer groups (see Section 3.3), they are presented below under these headings. The following Projects were active during the August to March 2014 period. Projects have been supported to develop their own evaluation frameworks including objectives and performance indicators. These have been designed to address RTW Fund objectives and Project specific goals.

3.1 INJURED WORKERS

3.1.1 STAND UP WITH CONFIDENCE (ADELAIDE COMEDY SCHOOL)

The Adelaide Comedy School (ACS) was engaged to deliver six Stand Up with Confidence (SUwC) courses in 2013 (following the six courses presented in 2012). Courses were designed to be provided in an intensive two week period, to develop confidence and motivation in injured workers.

A total of 255 injured workers commenced one of the twelve SUwC courses completed in 2012 and 2013 (see Table 3) with 87.3% participants completing seven or more days of the nine day course (see Table 4). There were *no significant differences* between the attendees from each year in terms of age, gender, years with pre-injury employer, days since injury or type of injury (see Table 5 for prevalence of injury type).

TABLE 3: SUMMARY OF SUwC COURSES AND PARTICIPANTS

Course	Date	Agent	Commenced	Completed	%
2012					
Course 1	14 - 24 Feb 2012	EML	21	18	85.7%
Course 2	5 - 15 June-2012	EML	24	21	87.5%
Course 3	24 July – 3 August 2012	EML	24	19	79.2%
Course 4	18 – 28 Sep-2012	EML	20	18	90.0%
Course 5	2 – 12 Oct-2012	EML	22	22	100.0%
Course 6	23 Oct – 2 Nov 2012	EML	20	20	100.0%
2012 Total			131	118	90.1%
2013					
Course 1	7 -17 May 2013	EML – Job seeking	28*	24	85.7%
Course 2	18 – 28 June 2013	GB – <90 weeks	20	20	100.0%
Course 3	23 July – 2 August 2013	EML - Attached	20	20	100.0%
Course 4	27 August – 6 Sept 2013	GB – 90+ weeks	19	15	78.9%
Course 5	17 – 27 Sept 2013	EML – Job seeking	17*	15	88.2%
Course 6	22 Oct – 1 Nov 2013	GB - <90 weeks (15) EML job seeking (5)	20	18	90.0%
2013 Total			124	112	90.3%
Overall			255	230	90.2%

**One Course 1 and one Course 5 participant did not complete and were assigned to a later course. They are not included in the numbers presented in the above table. Accordingly, 126 referrals were made for these 124 injured workers.*

TABLE 4: SUWC PARTICIPANT CHARACTERISTICS

	2012 Courses	2013 Courses	All
Commenced (n)	131	124	255
Attended 7 or more days (%)	85.1	89.4	87.3
Age - average (yrs)	43.5	44.1	43.8
Age - range (yrs)	21 to 63	20 to 65	20 to 65
Male (%)	55.4	53.2	54.3
Employed with pre-injury employer (yrs)	8.7	8.5	8.6
Time since injury (average approx days)	951	1106	1025
Reported return to work (n, in some capacity)	10	7	17

TABLE 5: SUWC WORKERS (%) WITH A GIVEN TYPE OF INJURY BY YEAR OF PROGRAM INTAKE

Injury type*	2012 Courses	2013 Courses	All
Traumatic joint, soft tissue	24.1	23.1	23.6
Stress, anxiety, depression	21.4	18.3	19.9
Disc displacement	14.3	15.4	14.8
Musculoskeletal, connective tissue diseases	39.3	43.3	41.2
Bursitis	9.8	10.6	10.2

*Type of injury categorised by WorkCover using Neuro Orthopaedic Institute classifications.

PARTICIPANT EXPERIENCE OF THE COURSE

The ACS anticipated the SUwC program would impact on injured worker's *confidence, verbal communication, self-esteem, personal presentation* and *interaction*. Therefore, participants were asked to provide a rating of how they usually felt on items addressing these elements pre-, post course and three months later.⁶ More than three-quarters of program participants provided *valid* ratings at both the pre-course and post course assessments.⁷ The comparative analysis that follows excludes those who failed to complete a survey at one or both assessment periods as well as those who provided the 'unsure/not applicable' response to a question.

Significant improvements from pre- to post course assessments were found for all items across both intake years. At the outset of the program, participants tended to either disagree or strongly disagree with the statements whereas at conclusion of the program they were either ambivalent or agreed with the statements. There was consistent improvement in confidence ratings with more variable improvements shown for other evaluation dimensions. From the return to work perspective, there was limited improvement for some aspects although significant gains were made regarding the optimism of participants getting a job.

Results were analysed by program year, 2013 program participants were significantly more confident, interactive, better communicators, well presented and had greater self-esteem prior to the course than the 2012 intake (despite not differing on socio-demographic or injury characteristics). However, most of these differences were not evident at the post course assessment - a few items on the confidence, self-esteem and return to work dimensions showed significant differences but in the opposite direction.

⁶ At the request of the Adelaide Comedy School the pre-course assessment was conducted on the second day of the course.

⁷ Ratings from 1=Strongly disagree to 5= Strongly agree.

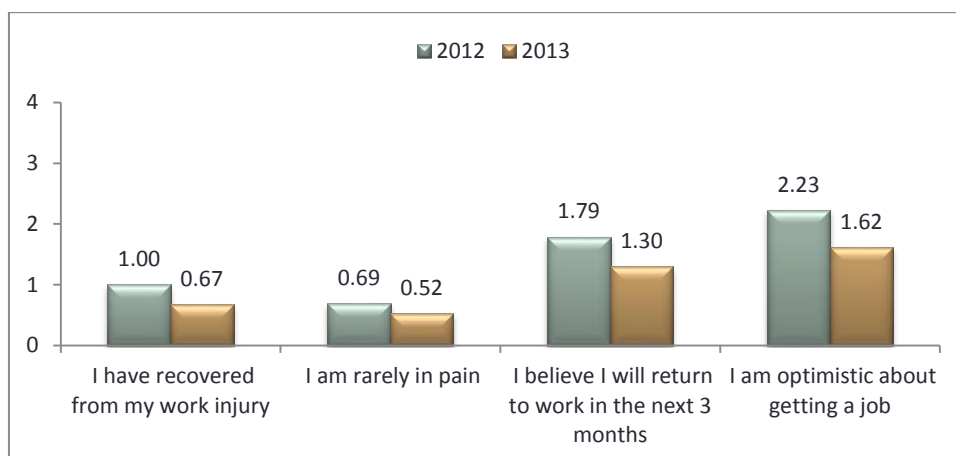
For example, at post course assessment participants completing in 2012 were more likely to report that they:

- have control over their life (average rating=4.2 compared to 3.9 for 2013 participants);
- can learn new things quickly (4.4 compared to 4.1);
- have more energy (3.9 compared to 3.6);
- are happier (4.3 compared to 4.1);
- are optimistic about getting a job (4.2 compared to 3.8); and
- believe they will return to work in the next 3 months (3.7 compared to 3.3).

In the absence of any notable differences between participant characteristics from each intake, these program evaluation differences may simply reflect that 2013 participants were more conservative in their self-evaluations, providing higher initial ratings and lower outcome ratings.

Of note, after participating in the course respondents increased their levels of optimism about getting a job and belief they would return to work in the next three months (see Figure 2). Comparatively, respondents indicated only minor improvements in their pain level and injury recovery.

FIGURE 2: DIFFERENCE BETWEEN PRE AND POSTCOURSE RATING OF RETURNING TO WORK PRE- AND POST COURSE



THREE MONTH ASSESSMENT

Please note that individuals responding at the 3 month assessment were **self selected** creating a potential bias in the results. Surveys with 'volunteer' respondents tend to contain more individuals with strong opinions.

At end of February 2014, participants from all Courses had been sent a copy of the 3 month post course survey. Sixty-eight responses (33 from 2012 and 35 from 2013) were received representing 26.7% of all program participants. There were no significant differences in evaluation responses between 2012 program participants and those from 2013. Therefore, results are combined and presented for the overall sample.

Figures 3 to 8 show the responses of participants at each of the three assessment periods (noting that only the 68 participants with valid ratings at each period are shown). These results show the immediate impact at the conclusion of the course (post course) in all assessed areas – confidence, verbal communication, self esteem, personal presentation, interaction and ability to return to work.

FIGURE 3: RATING OF CONFIDENCE AT THE PRE, POST AND 3 MONTH ASSESSMENT

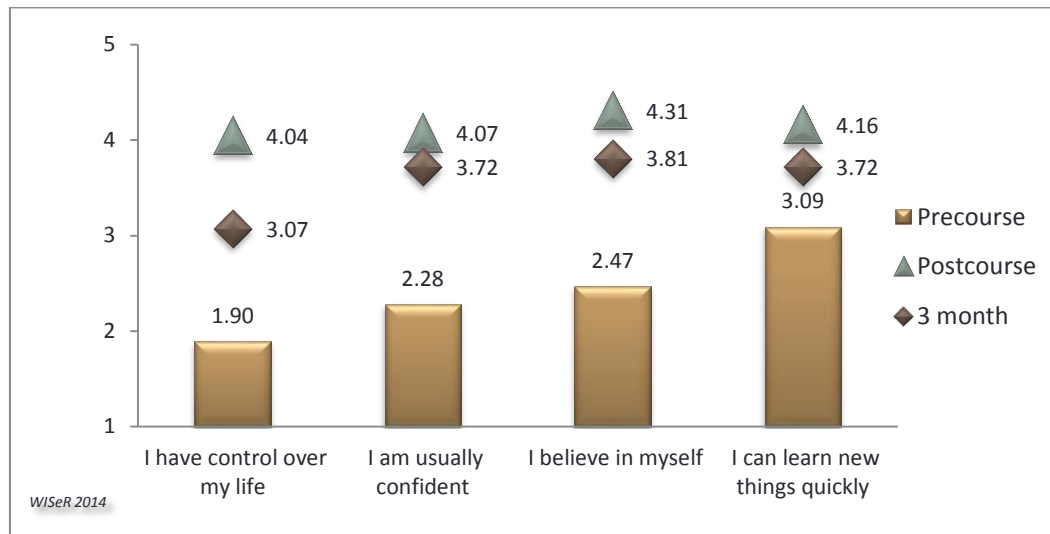


FIGURE 4: RATING OF VERBAL COMMUNICATION AT THE PRE, POST AND 3 MONTH ASSESSMENT

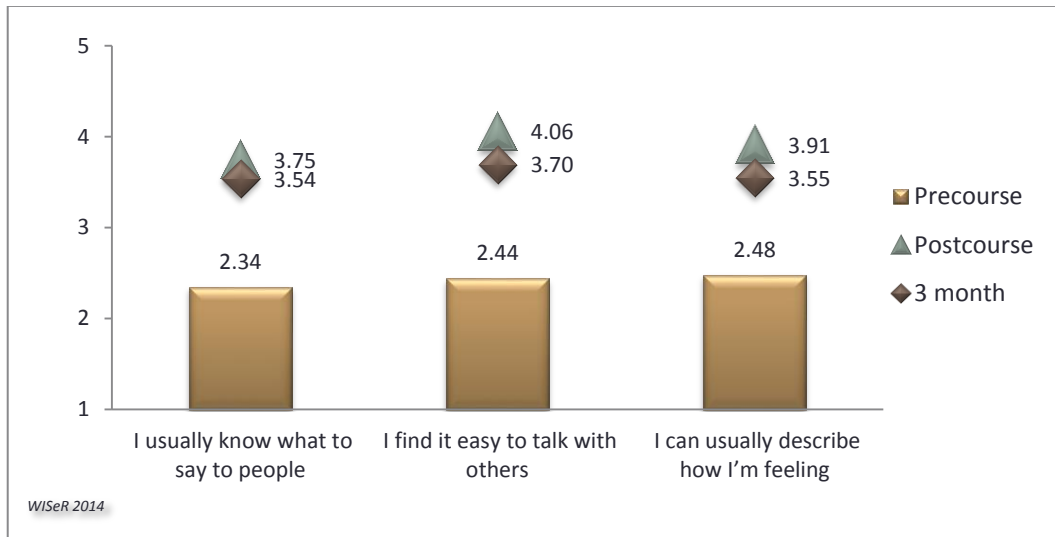


FIGURE 5: RATING OF SELF ESTEEM AT THE PRE, POST AND 3 MONTH ASSESSMENT

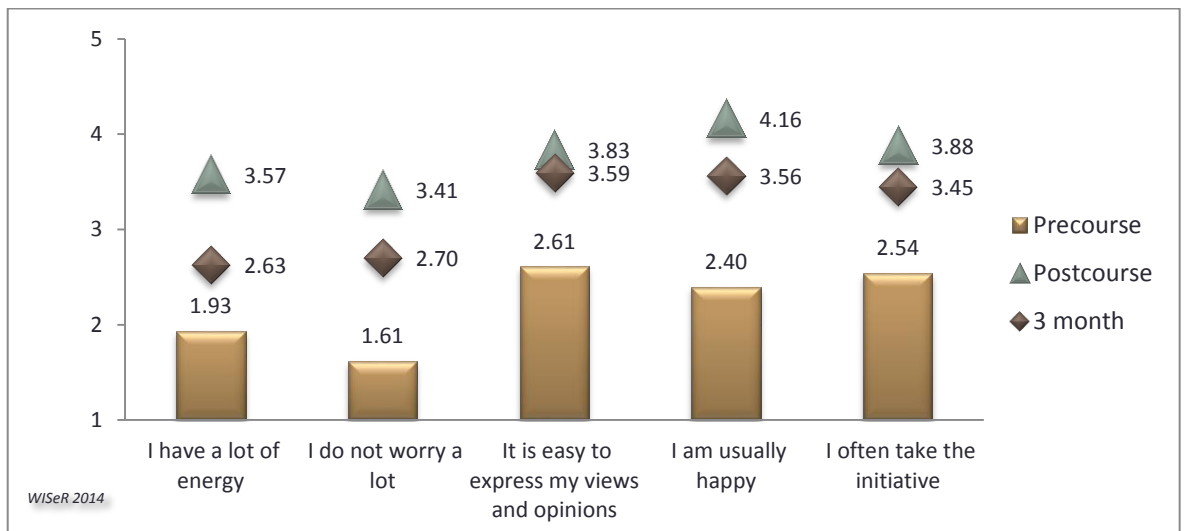


FIGURE 6: RATING OF PERSONAL PRESENTATION AT THE PRE, POST AND 3 MONTH ASSESSMENT

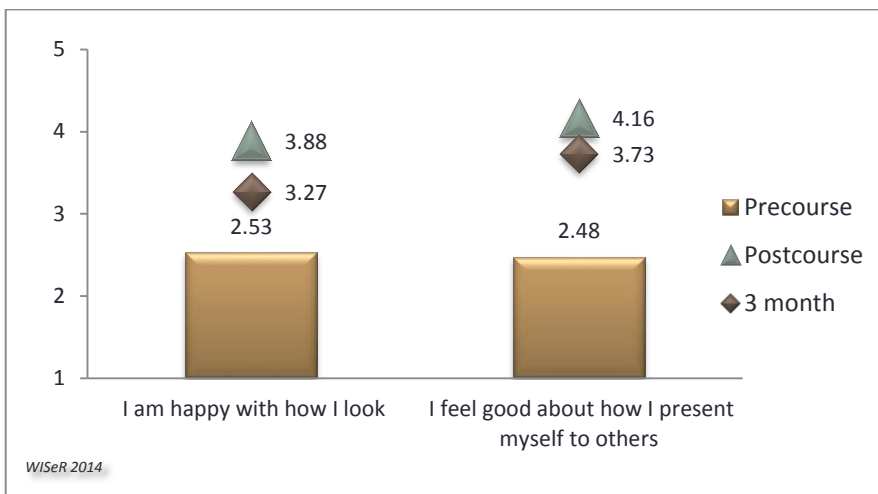


FIGURE 7: RATING OF INTERACTION AT THE PRE, POST AND 3 MONTH ASSESSMENT

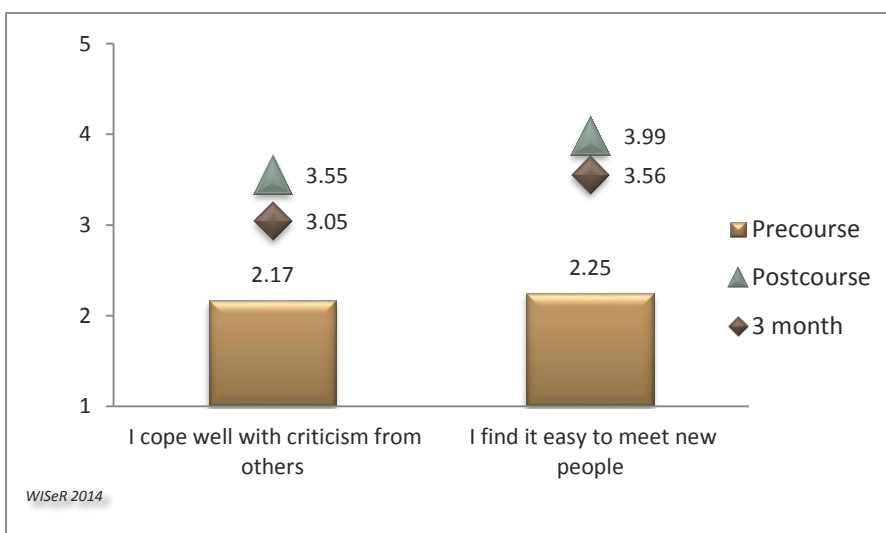
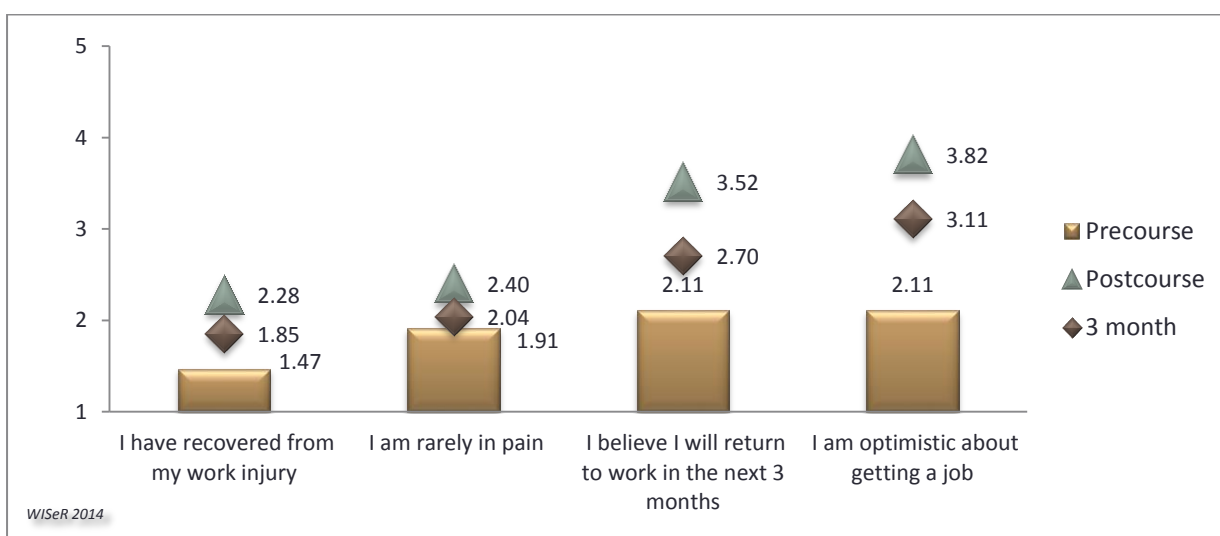


FIGURE 8: RATING OF RETURNING TO WORK AT THE PRE, POST AND 3 MONTH ASSESSMENT



There were significant improvements in all ratings between pre and post course. However, there were also significant declines in ratings between post course and at 3 months. This emphasises the difficulty of delivering interventions with long-lasting effects, regardless of the issue or investigative discipline. It is important to note that despite the drop in three month ratings, these participant views were still significantly more positive at three months compared to initial ratings (except for pain which resembled pre-course ratings). Self-selection and non-response bias may have had a role in three month outcome results as individuals with strong opinions or positive experiences are more likely to respond (Olsen, 2008).

AGENT SELECTION OF PARTICIPANTS

Of the 124 participants who commenced courses in 2013, 70 were recruited by Employers Mutual Ltd (EML) and 54 by Gallagher Bassett (GB). Table 6 tracks the attrition of participants across the program period by agent. There were no significant differences in the attrition rate or responses to the survey at any stage between the agents (although with a smaller sample size differences become less reliable).

TABLE 6: SUWC PARTICIPANT ATTRITION BY AGENT, 2013

2013	EML		GB		Overall	
	N	Attrition rate %	N	Attrition rate %	N	Attrition rate %
Total participants	70		54		124	
Baseline demographic	70		52	4%	122	2%
Precourse survey	70		52		122	
Postcourse survey	63	10%	47	13%	110	11%
3 month survey	22	69%	14	74%	36	71%

CLAIM STATUS

Of the 124 participants who commenced courses in 2013, the majority were job seeking (n=50) followed by those on claims for less than 90 weeks (n=35), attached to pre-injury employer (n=20) and on claims for more than 90 weeks. Attrition at the 3 month survey was least for those attached (65%) and greatest for those unemployed for more than 90 weeks; see Table 7 for more details. The differences in attrition between claim groups were not significant at any stage of the program.

TABLE 7: SUWC PARTICIPANT ATTRITION BY RTW STATUS, 2013

2013	Job seeking		<90 weeks unemployed		90+ weeks unemployed		Attached to pre-injury employer		ALL	
	N	Attrition rate %	N	Attrition rate %	N	Attrition rate %	N	Attrition rate %	N	Attrition rate %
Total participants	50		35		19		20		124	
Precourse	50		34	3%	18	5%	20		122	2%
Post course	43	14%	32	9%	15	21%	20		110	11%
3 months post course	15	70%	10	71%	4	79%	7	65%	36	71%

Attached workers tended to be the most negative about all dimensions of their injury pre-course and those unemployed for less than 90 weeks were most positive.

A small number from each employment stage completed all precourse, postcourse and 3 month surveys (n=14 of job seekers, n=10 of less than 90 weeks unemployed, n=7 of attached workers, and n=4 of workers unemployed for more than 90 weeks). Based on

these samples (which are small, so caution needs to be used in the interpretation of the results), in keeping with findings from the overall sample, significant gains were made from pre to post course. However, less improvement was noted for those who have been unemployed for more than 90 weeks. In terms of sustained improvement at 3 months post course assessment, attached workers were most likely to maintain ratings.

As at 24 May 2014, WorkCover SA data showed 34 (13%) injured workers who participated in SUwC in either 2012 or 2013 had returned to work, 188 (74%) had not and this information was unknown for 33 (13%) people. Of note, at the precourse assessment⁸:

- those returning to work (n=33, average=601 days) had been **injured for significantly fewer days** compared to those who remained unemployed (n=174, average=1086 days).
- those returning to work (n=34, average=3.38) were significantly more likely to agree that they can **learn new things quickly** compared to those who remained unemployed (n=182, average=3.00).
- those returning to work (n=34, average=2.74) found it significantly easier to **meet new people** compared to those who remained unemployed (n=180, average=2.32).
- those returning to work (n=33, average=2.55) were significantly more likely to agree they would **return to work in the next 3 months** compared to those who remained unemployed (n=180, average=1.87);
- those returning to work (n=34, average=2.41) were significantly more **optimistic about getting a job** compared to those who remained unemployed (n=180, average=1.98).
- those returning to work (n=34, average=2.35) had significantly **more energy** compared to those who remained unemployed (n=181, average=1.77).
- those returning to work (n=34, average=2.35) were significantly more likely to agree they were **rarely in pain** compared to those who remained unemployed (n=178, average=1.58); and
- those returning to work (n=34, average=1.88) were significantly more likely to indicate they had **recovered from their work injury** compared to those who remained unemployed (n=182, average=1.31).

These eight measures were entered into a logistic regression model, the **number of days injured** (at pre-course assessment), **level of energy** (pre-course) and **extent of recovery from work injury** (pre-course) were able to explain a significant 21% of the variance in the returning to work outcome measure. The number of days injured (as at pre-course assessment) best predicted return to work, explaining 12% of this outcome. The regression results are encouraging but also suggest there are a lot of other factors not assessed which can influence the outcome of returning to work, perhaps aspects such as social support.

Despite reaching a significant regression model, overall classification accuracy was poor (83.3%). That is, number of days injured, energy level and extent of recovery from work injury were able to predict 100% of the 'unemployed workers' group correctly but none of the 'returning to work' group.

EVALUATION SUMMARY

The SUwC course was the most extensive injured worker engagement project supported by the RTW Fund. Over the two project years, 12 courses were run with 255 commencing participants. Although 87% of participants completed 7 days or more of the 9 day intensive course, anecdotal evidence from both course providers and participants indicated it was often a challenging and confronting course.

⁸ Survey data is analysed at the pre-course assessment.

Injured workers who were engaged in the SUwC course were generally very favourable in their postcourse assessment survey. A common thread was seen in the importance and significance of meeting a group of people with similar experiences both in terms of injury and with the workers compensation system. However, a few participants reported the course was a negative experience which they felt was intimidating and emotionally challenging (without appropriate support to deal with the fallout).

Both Agents struggled to recruit the number of participants required for this course. Expectations were that around 25 clients would be recruited per course, but this was rarely achieved. While selection criteria was not overly complicated, the number of clients required at regular intervals proved difficult.

This project was designed and funded as a ‘motivational’ course. It targeted clients who had been on the system for some time with the aim of rebuilding confidence and motivation. In this it was successful in the short-term for most course participants, and in the longer term – for many of those returning the three month survey.

In May 2014, WorkCover SA data showed a total of 13% of SUwC participants had a known return to work outcome. However, details about the sustainability or hours at work were not available for this review.

SUwC was not specifically designed to return injured clients to work. However, where there is work capacity, returning to sustainable work is the ultimate goal for WorkCover clients. Feedback from SUwC in 2012 suggested clients were motivated and primed for work at the end of the course, but without explicit and targeted follow-up job-seeking support would quickly become demotivated when they were ‘returned to the system’.

In addition, many participants were highly critical of their claims agent and subsequent engagement with their case manager with some confounding of the roles of the case manager and rehabilitation consultant. In a few cases, participants reported they were ‘cut off’ workers compensation entitlements immediately after the course and were feeling rather bitter and let down by this experience. It is not clear whether expectations were unrealistically raised by the SUwC team – anecdotally this would seem to be the case. However, in a couple of instances, participants reported positive post course involvement with the agent citing support for further study or access employment opportunities forthcoming. Given that post course support relied on individual case managers, the agents agreed that a specific program of activity could be put in place to better support SUwC clients. Two projects subsequently submitted successful expressions of interest to provide follow-up job seeking support for clients participating in SUwC courses. These projects are described in detail in Sections 3.1.2 and 3.1.3.

TABLE 8: SUWC PROGRESS AGAINST RTW FUND PERFORMANCE INDICATORS

Efficiency	
Did the Project achieve the planned outputs & outcomes?	In part
Are the Fund’s resources being used to achieve outputs & outcomes of the desired quantity and quality?	The project delivered inline with contractual agreement
Is the Project adequately resourced to enable the output and outcome?	Yes

Effectiveness	
To what extent are the Project outputs and outcomes being achieved?	Short term goals to improve confidence and motivation were achieved, these were sustained for some clients (although with only one quarter of clients responding to the three month follow-up survey it can be expected that many returned to previous levels).
What factors have affected outcomes (barriers, facilitators)?	The claims agents struggled to identify 75 eligible participants each in 2013. Exclusion criteria were limited but the specified target groups were likely to have increased the difficulty in reaching recruitment targets. The SUwC lead presenter had a very confrontational approach which was clearly a barrier for some (and a facilitator for others).
Could the Project be modified to achieve better outcomes?	More sustained outcomes could have been achieved by reconfiguring the course structure with a one week intensive and weekly follow-ups.
Appropriateness	
Is there a need for the Project?	Many WorkCover clients are demotivated after extended time on workers compensation. There is a need for targeted client support to build sustained confidence and personal capacity. However, a number of models have been trialled through the RTW Fund since 2009.
Do the desired outcomes address identified needs?	Yes
Are the desired outcomes consistent with - RTW Fund objectives? WorkCover goals? Scheme requirements?	Yes
How well do Project processes reflect the needs identified?	Project processes are aligned to needs
Can the Project be streamlined and achieve the same outcomes?	Given the lack of details about the specific program and delivery available to the evaluators it is unclear whether this project could be streamlined.
Impact	
What impact has the Project made – On individuals? On organisations? On the RTW Fund? On WorkCover? On the workers' compensation system?	Individuals recorded significant improvements on a range of items after completing the course feeling a greater sense of control over their lives and confidence. Many indicated the best thing about the course was meeting others in similar circumstances as themselves. The management of the project was extremely time consuming and a significant burden to the RTW Fund. No known impact on WorkCover or the workers compensation system.
What innovations are evident, and what are their impact?	No known innovations
What outcomes have been achieved, and what is their collective impact?	No known collective impact
Sustainability	
What are the appropriate options for future funding of this activity?	RTW Fund management and claims agents agreed that future courses could be negotiated by them on a needs basis. We are not aware that any courses have been run since those supported by the RTW Fund.
Can the Project activities be successfully integrated into the workers compensation system? And what changes are necessary for this?	See above
How long lasting is the identified impact expected to be?	May be sustained for individuals, noting 13% of participants have gained employment since participating in the course, although we cannot say if participation in the course contributed to these outcomes.

3.1.2 INTERWORK POST COURSE SUPPORT

Interwork post course support follows a similar process and protocols as the Pathways to Work – Upscale project described in Section 3.1.4. However, the project was designed to provide targeted post course support to participants on completion of the SUwC program. GB was to provide up to 30 clients for this project.

Interwork were engaged to provide post course support to up to 30 GB clients referred to SUwC. The project was scheduled to commence 11 June 2013 to be completed 30 April 2014. The project applied a service funding model (per client) for information sessions, client assessment, skills training and career development support and an outcome funding model for a durability assessment and sustained RTW at 4, 13 and 26 weeks.

Referrals could include SUwC clients from 2012 who had not achieved a return to work or SUwC clients from 2013. Support delivered under this Project is similar to that provided via the *Pathways to Work – Upscale* (see Section 3.1.4).

The project aimed to address the following RTW Fund objectives:

- Finding solutions to barriers to injured workers staying at or returning to work
- Expanding training options for injured workers
- Developing greater workforce participation options for injured workers
- Improving the skills of people operating within the South Australian Workers compensation Scheme

PROGRESS TO DATE

Only seven clients were referred from GB to Interwork for the purposes of this project, all referred clients had attended the second SUwC course that concluded on 28 June 2013. At 30 June 2014, two clients had achieved a return to work outcome with one of these having completed 26 weeks post placement support, and the other having completed the 13 week post placement support milestone and due to reach 26 weeks in August.

Interwork expressed some frustration about the low number of referrals, with additional concern that all referred clients had attended the same course. GB indicated their referrals were determined by case managers in consultation with their injury management advisor and based on need. Decisions were often made to retain the client’s existing rehabilitation provider (as long as the client was progressing), rather than break the relationship. No further referrals are expected.

EVALUATION SUMMARY

This project was designed to use the skills and learning from the successful *Pathways to Work Project* commissioned in the first phase of the RTW Fund (2010) and apply them to injured workers who were primed for work after completing the SUwC course. However, a number of factors impacted on this project’s ability to demonstrate success:

- GB referred seven clients promptly from the first SUwC course they were involved with and then determined all other clients were better remaining with their existing rehabilitation provider.
- It had been envisaged that SUwC clients would be referred promptly on completion of the SUwC course to make the most of the motivation and confidence built by the course. While this occurred, anecdotal evidence from Interwork indicated that these clients were no more or less motivated than other WorkCover clients.

TABLE 9: INTERWORK POST COURSE SUPPORT PROGRESS AGAINST RTW FUND PERFORMANCE INDICATORS

Efficiency	
Did the Project achieve the planned outputs & outcomes?	In part
Are the Fund’s resources being used to achieve outputs & outcomes of the desired quantity and quality?	The project delivered inline with contractual agreement
Is the Project adequately resourced to enable the output and outcome?	Yes, but costs low given poor referrals

Effectiveness	
To what extent are the Project outputs and outcomes being achieved?	Two clients had achieved RTW outcomes.
What factors have affected outcomes (barriers, facilitators)?	The project was designed to support up to 30 injured workers. Only seven clients were referred by GB, therefore the project was unable to properly test the model and whether injured worker's engaged in SUwC were more job ready than those engaging in similar job seeking support without having separate motivational training. Moreover, due to the low number of participants it was also not possible to test the difference in outcomes between Interwork and Career Systems/Maxima.
Could the Project be modified to achieve better outcomes?	No longer applicable, but better Agent engagement with project was necessary to properly test the model.
Appropriateness	
Is there a need for the Project?	The project model was developed as a direct result of client feedback indicating inadequate case manager support after SUwC course.
Do the desired outcomes address identified needs?	Yes
Are the desired outcomes consistent with - RTW Fund objectives? WorkCover goals? Scheme requirements?	Yes
How well do Project processes reflect the needs identified?	Project processes are aligned to needs
Can the Project be streamlined and achieve the same outcomes?	Not applicable
Impact	
What impact has the Project made – On individuals? On organisations? On the RTW Fund? On WorkCover? On the workers' compensation system?	Any impact likely to be low, given poor referral numbers.
What innovations are evident, and what are their impact?	No known innovations
What outcomes have been achieved, and what is their collective impact?	No known collective impact
Sustainability	
What are the appropriate options for future funding of this activity?	Not applicable
Can the Project activities be successfully integrated into the workers compensation system? And what changes are necessary for this?	Not recommended in its current form
How long lasting is the identified impact expected to be?	Not applicable

3.1.3 CAREER SYSTEMS/ MAXIMA POST COURSE SUPPORT

Career Systems/ Maxima Group (CS/MG)⁹ were engaged to provide post course and job seeking support to SUwC clients referred by EML only. The project design included a three month case management program with fortnightly appointments. The Pathways Program was implemented to provide individualised tailored support to address non-vocational barriers. Subject to eligibility, workers may be included in the Abilities for All program which includes certificate level training and work experience.

The project was scheduled to commence on 13 May 2013 with completion by 1 September 2014. If sufficient referrals could not be achieved from SUwC clients, EML were able to provide additional referrals for appropriate clients.

Service funding included the initial assessment and completion of activity reports at 10 and 20 weeks (of the 20 week RTW plan), an incentive bonus was to be paid if employment was achieved during this 20 week period. Outcome funding was paid for sustained RTW at 13 and 26 weeks.

The project aimed to address the following RTW Fund objectives:

- Finding solutions to barriers to injured workers staying at or returning to work
- Expanding training options for injured workers

⁹ Career Systems are working with Maxima Joblink⁹ to deliver a package of job seeking and post placement support services.

- Developing greater workforce participation options for injured workers
- Improving the skills of people operating within the South Australian Workers compensation Scheme

It is noted that in January 2014, Career Systems was sold to Maxima Group who took on all responsibility for completing the project. However, it is fair to say at this stage the project lost its way and it was difficult to receive reports on outcomes from them.

PROGRESS TO DATE

Twenty clients commenced working with CS/MG, eight after completing a SUwC course. At February 2014, 18 clients had achieved the 10 weeks of the 20 week RTW Plan, with three having completed the entire plan, and 11 expected to complete soon. Further details about client progress are not available at this time.

Four (20%) clients returned to work (one of whom had completed post course support). Three of these positions were casual/ seasonal and one was on a contract. Three had returned to their previous field of work. There was an average of 72 days from project commencement to the date of return to work. Two were employed for 10 hours per week, one each at 20 and 25 hours.

The Abilities for All program was not used as CS Case Managers assisted with non-vocational barriers, while two workers had engaged in other training. In addition, short work placements were used for a few to build confidence and helped to eliminate inappropriate career choices.

CS identified the following **challenges** for the project:

- Most workers had unrealistic goals about their employment prospects at the initial meeting. For example applying for work with no experience or qualifications.
- There were some disagreements with EML about appropriate employment for workers, with EML not supporting workers to seek work in areas deemed suitable by CS/MG.
- Injured workers lacking confidence in their physical capacity.
- Workers were not used to the need to engage in regular and consistent job search or to respond quickly to vacancy opportunities.
- Mixed responses and engagement with EML Case Managers. Some difficulties with case manager's understanding of current labour market and delays with medical clearances resulting in missed job opportunities.

A number of **successes** were identified by CS:

- Workers found modules providing job search techniques and interviews techniques of most value and used for workers with low confidence.
- RISE provided a good platform for initial engagement with new employers.
- Utilising existing CS job network proved successful.
- Seeking jobs (reverse marketed) rather than waiting for vacancies.

EVALUATION SUMMARY

The program was initially envisaged to provide post-course support to motivated and work ready participants who recently completed the Stand Up with Confidence course. However, due to timing issues, fewer than expected SUwC participants were engaged in the program. EML indicated that they were only able to identify eight injured workers who attended SUwC (two in 2012 and six in 2013) who were eligible for the job seeking support provided through the project and who didn't have active and suitable rehabilitation support already in place.

Career Systems had limited prior involvement with WorkCover which resulted in some of the issues raised by previous projects being repeated. There appeared to be some lack of knowledge about policies and procedures within the workers compensation system, and a

lack of appropriate and clear communication between the Project and the Agent. The latter problem was not one-way as the project was frustrated by mixed responses from different case managers and process delays resulting in missed opportunities; while the Agent was concerned about the lack of information being provided about the client's progress.

While Career Systems and Maxima were contracted to work on the project together, the sale of Career Systems to Maxima mid-project resulted in a loss of continuity in the project. While this may not have contributed to the poor return to work outcomes, the momentum of the project appeared to slow at this time.

TABLE 10: CAREER SYSTEMS/ MAXIMA POST COURSE SUPPORT PROGRESS AGAINST RTW FUND PERFORMANCE INDICATORS

Efficiency	
Did the Project achieve the planned outputs & outcomes?	In part
Are the Fund's resources being used to achieve outputs & outcomes of the desired quantity and quality?	The project delivered inline with contractual agreement
Is the Project adequately resourced to enable the output and outcome?	Yes
Effectiveness	
To what extent are the Project outputs and outcomes being achieved?	Four clients had achieved RTW outcomes.
What factors have affected outcomes (barriers, facilitators)?	Only eight clients were referred by EML on completion of the SUwC course (two of these were referred months later), therefore the project was unable to properly test the model and whether injured worker's engaged in SUwC were more job ready than those engaging in similar job seeking support without having engaged in dedicated motivational training. Moreover, due to the low number of participants in the Interwork project it was not possible to test the difference in outcomes between Interwork and Career Systems/Maxima. In addition, Career Systems had limited prior experience in the workers compensation system which led to avoidable problems.
Could the Project be modified to achieve better outcomes?	No longer applicable, but better Agent engagement with project was necessary to properly test the model.
Appropriateness	
Is there a need for the Project?	The project model was developed as a direct result of client feedback indicating inadequate case manager support after SUwC course.
Do the desired outcomes address identified needs?	Yes
Are the desired outcomes consistent with - RTW Fund objectives? WorkCover goals? Scheme requirements?	Yes
How well do Project processes reflect the needs identified?	Unclear
Can the Project be streamlined and achieve the same outcomes?	Not applicable
Impact	
What impact has the Project made – On individuals? On organisations? On the RTW Fund? On WorkCover? On the workers' compensation system?	Limited impact as little engagement demonstrated beyond working directly with clients.
What innovations are evident, and what are their impact?	No known innovations
What outcomes have been achieved, and what is their collective impact?	No known collective impact
Sustainability	
What are the appropriate options for future funding of this activity?	Not applicable
Can the Project activities be successfully integrated into the workers compensation system? And what changes are necessary for this?	Not recommended in its current form
How long lasting is the identified impact expected to be?	Not applicable

3.1.4 PATHWAYS TO WORK - UPSCALE (INTERWORK)

Following the successes of the Pathways to Work Project commissioned in the first phase of the RTW Fund from 2010. Interwork were commissioned to upscale their Project to provide services to 100 participants. This project provides an opportunity to review the process of injured worker recruitment and engagement in a dual Agent environment aiming for 50 participants to be supplied by EML and 50 by GB. The project applied a service funding model (per client) for information sessions, client assessment, skills training and career development support and an outcome funding model for a durability assessment and sustained RTW at 4, 13 and 26 weeks.

Interwork were contracted by WorkCover SA on 7 June 2013 to deliver the project Pathways to work – Upscale project. This 26 month project is due for completion 30 July 2015 with outcome monitoring until 28 January 2016.

The project aims to address the following RTW Fund objectives:

- Finding solutions to barriers to injured workers staying at or returning to work
- Expanding training options for injured workers
- Developing greater workforce participation options for injured workers
- Improving the skills of people operating within the South Australian Workers compensation Scheme

The Interwork hybrid model incorporates features of the disability employment services model with those of a workplace rehabilitation consultant as shown below.

RTW Employment Consultant (DES model) Employment focus	In-house Workplace Rehabilitation consultant (usual model) Medical and Rehabilitation focus
Accepts referrals from EML to the Project	Accepts referrals from EML for workplace rehabilitation
Explain Project and employment consultant roles and responsibilities	Explain workplace rehabilitation consultant roles and responsibilities
Participant receives an Interwork diary containing disability service standards, complaint policy, code of conduct etc	
Establishes a contact regime (minimum of one face-to-face contact per week)	Establishes a contact regime (generally less than one contact per week)
Collaborative assessment focusing on employment options	Clarification of capacity, establish RTW Plan, confirm medical support for employment goal and training, address compliance barriers, provide ongoing rehabilitation services focusing on empowering workers through health literacy
Career plan development	
Resume development, job search and interview skills	
Supported job search	
Development and submission of applications for suitable employment	
Identification and referral to skills and/or vocational training	
Reverse marketing (contacting potential employers on behalf of workers to promote services from Interwork and RISE)	
Supported interview	
Clarify RTW expectations of employer and worker, support learning and education processes	Ensure workplace assessment/job analysis is complete (if required), RISE negotiations, establish work placement agreements
Ensure employer understands benefits of post placement support	
Provides post placement support for 6 months (included site visits and phone)	
File closure	File closure

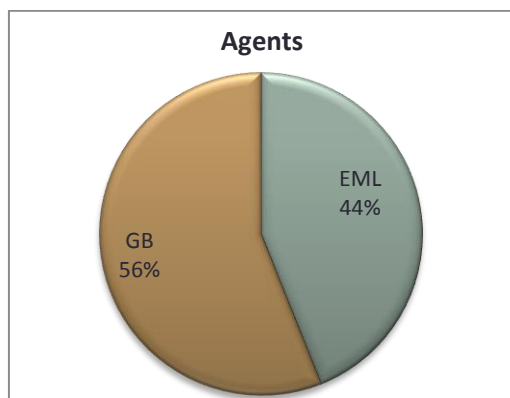
CLIENT PROFILE

Data was provided to WISer on 7 July 2014, capturing information on the progress of 92 clients in the Interwork Pathways (scale up) Project.

EML had referred 39 (43%) clients

- Forty injured clients were referred by 20 EML case managers with ten referring one injured client and ten case managers referring between two and five clients.
- Fifty-one eligible injured clients had been referred by 31 GB case managers, with eighteen referring single clients and thirteen referring two to five clients.

FIGURE 9: REFERRALS BY AGENT



Just over two-thirds of Interwork clients were male (70%) with an average age of 43 years, slightly younger than female clients (47 years).

Participants had been employed in a wide range of occupations from administration to management, farm hand to medical laboratory technician. Eleven clients had worked in health or caring professions, around 14 in retail, food or sales, and 29 in production/manufacturing.

Clients had been with their pre-injury employer an average of 5.7 years (ranging from a few weeks to 27 years), with 42% having been employed there for 2 years or fewer.

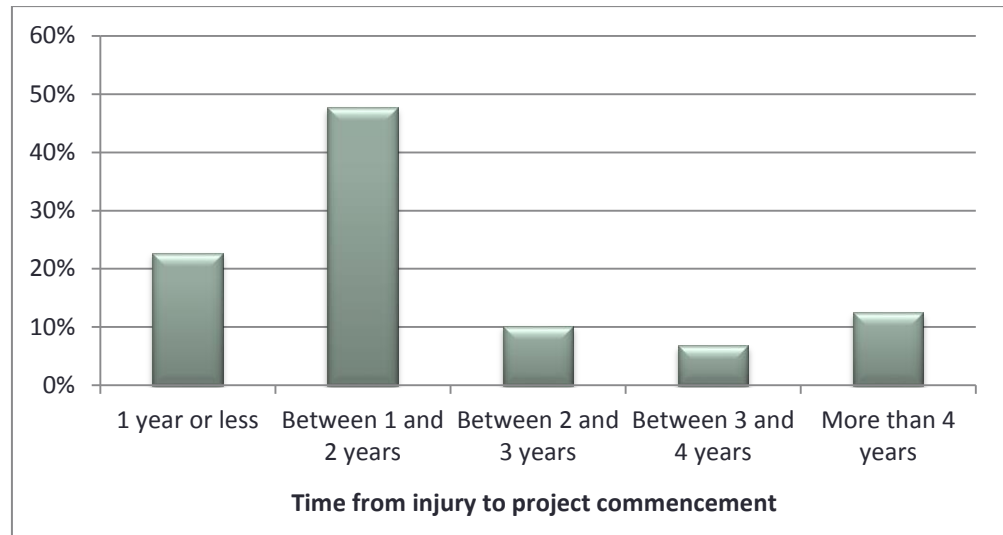
FIGURE 10: CLIENT EMPLOYMENT (IN YEARS) BY PRE-INJURY EMPLOYER



Just over three-quarters of clients (77%) reported their primary injury was physical with many citing primary psychological injury (19%) and a few unknown. Clients report injury

dates between 109 and 3078 days prior to commencing the project, averaging 764 days from injury to project commencement. Of note, just under a third (30%) of participants had been injured more than two years before commencing with Interwork.

FIGURE 11: TIME FROM INJURY TO PROJECT COMMENCEMENT



In terms of their capacity for work, 43% had a recorded maximum capacity (hours) equivalent to their pre-injury paid hours of work while 6% had increased capacity (usually related to part-time employment prior to injury). The remainder had some level of decreased capacity (47%) or had an unknown capacity.

Thirty-five of the 92 (38%) injured workers had been approved for training to date to a total cost of \$36,647 ranging from a minimum of \$189 through to \$4,730 per client (the latter involving training in a range of architectural, engineering and construction software). Thirty clients had commenced work experience, although two had been cancelled due to the injured worker’s inability to cope.

Twenty-two (24%) clients had ceased involvement in the program to date –

- Two had completed a successful RTW and the end of their post placement support
- One worker chose to cease involvement in the project.
- Nine due to a work capacity review
- Two had a Section 36 discontinuance
- Three on the request of their case manager
- Three on the request of their rehabilitation provider
- One full non-RTW liability release
- One file was transferred to another rehabilitation provider.

EMPLOYER ENGAGEMENT

Interwork has used the same multi-method approach for engaging employers as used previously. This includes using existing employer relationships, supporting participants to access their personal networks and prior employers for opportunities and leads, cold canvassing to specific industries for placement and employment opportunities to match specific client needs, and use of online job search resources and websites. The Durability Assurance Assessment (DAA) was designed to be completed early in employment (at 4-6 weeks) to ensure potential (workplace or worker) barriers to ongoing employment are identified and addressed early. Post Placement Support (PPS) is then provided as required to worker and/or employer for up to 26 weeks.

While support through DAAs and PPSs are available to both employers and workers, not all clients wished to disclose Interwork's involvement in the return to work process. Therefore, only some employers have been able to take advantage of these services. Where possible, the DAA can be used to provide feedback to employers about how the worker is coping and as a tool to help towards a more supportive work environment. When barriers were identified the employment consultant increased the frequency of contact and can facilitate a worksite discussion about the barrier. Generally employers are happy to work with Interwork during the early period. However, this involvement decreases as the worker becomes more familiar and more embedded in the organisation.

Employers appear to be highly motivated by the RISE wage incentives. The Interwork team smooths the pathway to eligibility and helps ensure ongoing benefit requirements are met for both the employer and the claim agent.

RTW OUTCOMES

At this time, 22 (24% of 92) clients had returned to work almost two years from injury and an average of 157 days from project commencement to the date of return to work. The RTW rate increased to 30% of eligible clients if those ceased by agents, rehabilitation providers or due to work capacity review (or related) are excluded. This can be compared with a 12% RTW rate for those off work for 2 years (Carabelas, 2007).

Thirteen workers had pre- and post-injury work hours¹⁰ recorded and were employed an average of 13 fewer hours per week (compared with their pre-injury employment), ranging from a reduction of 2 to 36 hours. Earnings were reported for seventeen workers, three of whom recorded a reduction (compared to their pre-injury earnings) with an average reduction of \$113, ranging from \$34 to \$1365.

Sixteen (17% of total) clients had been employed for a period of at least four weeks, with no changes to initial work conditions at this time. Of these seven had reached 13 weeks employment and another three had reached 26 weeks employment.

EVALUATION SUMMARY

Interwork has been engaged by the RTW Fund since 2010, with the current project the third iteration of a successful model (and with each project testing evolving elements of the model). This was the first application of the Project in a dual Agent environment with this change adding to the project challenges. Amongst other things, the Upscale Project was designed to engage more broadly with case managers and other claims agent staff and also to compare the capacity of the Agents to participate in the Project. Previously, Interwork had liaised with one primary RTW Fund Project Officer within EML (who had helped to coordinate referrals across all RTW Fund Projects).

During the recruitment phase, Interwork reported (continued) challenges working with Claims Agents and the referrals process (ie provision of referrals to align with project plan). The initial problem appeared to be in engaging Case Managers in a busy claims environment. Different strategies were employed by Interwork to overcome this (including developing information and education strategies). However, it appears the competing demands in the claims agent environment meant new processes were difficult to integrate into the business of individual case managers. While this hybrid model has proved successful in delivering employment outcomes, it has continued to prove challenging for the Claims Agents and their staff.

This was compounded by a lack of understanding about the different model used by Interwork (based on that used in the disability sector rather than the usual rehabilitation model). Once referrals occurred, Interwork reported case managers did not understand the innovative approach taken by RTW Fund Projects and had the expectation that Interwork deliver the same services as usual rehabilitation providers. Moreover, there

¹⁰ Note, that earning and hours worked was not currently recorded for all injured workers.

was a lack of understanding about the roles of the employment consultant and the workplace rehabilitation consultant within the Project. Interwork reported difficulties were more pronounced working with GB. Noting that GB experienced the same teething problems with requirements for client recruitment, previously experience by EML in earlier RTW Fund projects.¹¹

Interwork report there has been an increased focus (by Agents) on Work Capacity Reviews in the last year. While Interwork recognise this is part of broader scheme changes to address cost concerns, nine clients allocated to Interwork had been ceased for this reason by July 2014, impacting on Interwork's ability to deliver employment outcomes for referred clients.

On 1 July 2014, WorkCover SA introduced a new schedule of services which involved the appointment of a panel of Employment Services Providers to implement Job Placement Services (JPS).¹² Despite Interwork clients being quarantined from the new JPS process, on a number of occasions they have been asked to cease services to clients who have been identified for transition to providers delivering the new services. This has caused consternation within Interwork as they have had to repeatedly defend their clients from being transferred to another provider.

Interwork also report challenges with the attitudes and biases of some employers who view people on WorkCover claims as a 'risk' to their organisation. Wage incentives help smooth out the perceived risk with successful work placements helping to overcome negative perceptions. Workers were somewhat aware of these perceptions as they reported one of their biggest concerns was in knowing when and if they should disclose their condition and medical restrictions for fear of jeopardising employment opportunities. The Health Literacy Workshops delivered by Interwork have worked with clients to develop skills and confidence around disclosure.

Two-thirds (66%) of Interwork clients had engaged in Health Literacy Workshops to date, with Interwork expecting to meet its target of 80% completion in September 2014. Health Literacy Workshops were developed to provide information to injured workers who had little understanding about the nature of their medical condition and little contribution to its ongoing management. However, clients commented that the information would have been more useful early in the claim, and they had learnt much of it since their injury. The workshop focus was therefore realigned to ongoing condition management in the context of gaining and maintaining employment. Injured workers have indicated that an understanding of workplace systems and support services helps with their confidence when commencing employment and contributes to sustained employment - when it may have otherwise failed.

It is of note that Interwork reported injured workers claimed they understood the information provided to them by their health providers and had no need to ask questions. However, when clients were asked for information about their health or injury, they often struggled to provide clear responses indicating a lack of understanding.

Individual client factors can contribute to employment outcomes. Some clients who have been reluctant to actively seek employment find the support and encouragement from the Interwork model can increase motivation and reduce perceived barriers. Other clients are intransigent and remain resistant to, and unable to gain, employment. In some cases access to short term work placements can help unlock barriers which can be addressed prior to placement in paid employment.

Interwork had facilitated training for almost one-third of their caseload. Selected training is often identified in consultation with the client. However, it was noted that some client's

¹¹ Noting that it took some time for EML to develop existing processes and procedures for their case managers.

¹² Noting the Interwork Project and the Job Placement Service model have a number of similar features including the use of non-accredited staff and a fee model based, in part, on employment outcomes (rather than fee for service).

expectations of the type and extent of training that should be supported through scheme were unrealistic.

Interwork remain committed to the hybrid service model they have developed and trialled which has been challenging but remained rewarding for those working on the project.

TABLE 11: INTERWORK PATHWAYS PROGRESS AGAINST RTW FUND PERFORMANCE INDICATORS

Efficiency	
Did the Project achieve the planned outputs & outcomes?	The project is on track with 22 RTW outcomes to date.
Are the Fund's resources being used to achieve outputs & outcomes of the desired quantity and quality?	The project delivered inline with contractual agreement. The Interwork Project used a model based on the Disability Employment Services (DES) Case Management Model whose key features include services being delivered by an employment consultant trained in the DES model (rather than a workplace rehabilitation consultant), and a funding model based on outcomes rather than hourly service fees.
Is the Project/Fund adequately resourced to enable the output and outcome?	Yes
Effectiveness	
To what extent are the Project outputs and outcomes being achieved?	22 clients have achieved RTW outcomes with 7 of these reaching 13 weeks and 3 having sustained employment for 26 weeks
What factors have affected outcomes (barriers, facilitators)?	Client recruitment continues to present challenges. In addition, the changing workers compensation system with the introduction of JPS and increased work capacity determinations have meant challenges for the project as claims agents sought to redirect clients.
Could the Project be modified to achieve better outcomes?	Better Agent engagement with project in recruitment phase was necessary to properly test the model.
Appropriateness	
Is there a need for the Project?	The project model previously proved successful in providing appropriate and targeted support to long term and difficult to place injured workers. The project uses a 360 degree approach, working with injured workers to build capacity, confidence, and job seeking skills; liaising with the workers' compensation system and with employers as and where necessary and appropriate. There is a need for this type of wraparound service for the clients who have become entrenched in the system.
Do the desired outcomes address identified needs?	Yes
Are the desired outcomes consistent with - RTW Fund objectives? WorkCover goals? Scheme requirements?	Yes
How well do Project processes reflect the needs identified?	The project model has been clearly defined
Can the Project be streamlined and achieve the same outcomes?	The Health Literacy Workshops might be better directed to the beginning of the claim.
Impact	
What impact has the Project made – On individuals? On organisations? On the RTW Fund? On WorkCover? On the workers' compensation system?	22 injured workers have RTW, around 30% of eligible participants.
What innovations are evident, and what are their impact?	The use of the disability employment services model in supporting RTW in WorkCover clients has proved a successful innovation
What outcomes have been achieved, and what is their collective impact?	Analysis of WorkCover data is planned.
Sustainability	
What are the appropriate options for future funding of this activity?	This project uses outcomes based funding.
Can the Project activities be successfully integrated into the workers compensation system? And what changes are necessary for this?	Funding this model for difficult to place and longterm injured should be considered. This could be applied as per the Jobs Services Providers. However, successful integration of this model requires improved engagement from Agents in identifying and referring clients.
How long lasting is the identified impact expected to be?	The model aims for sustainable RTW for clients with the post placement support and final outcome based funding payment at 26 weeks timed to deliver this.

3.1.5 FAMILY COACHING (INSITE)

Family dynamics are often disrupted when a family member experiences a work injury and this in turn may impact on attempts at rehabilitation and return to work. The Insite Family Coaching project involves the application of constructive solutions focused approaches to such disruption.

Insite were contracted by WorkCover SA on 27 August 2013 to deliver the project *Family coaching*. This 18 month project is due for completion 28 February 2015. The project target was 40 referrals (approximately ten per quarter) for the six to eight week family coaching sessions.

The project aims to address the following RTW Fund objective:

- Finding solutions to barriers to injured workers staying at or returning to work

PROGRESS TO DATE

Insite prepared promotional material and information brochures for the Agents. These were designed to be provided by the Agents to clients identified as suitable for the project. The project accommodated a rolling intake of participants. Table 12 shows the referrals made to the Insite project by EML and GB over the last 9 months. A total of eight referrals have been made (five from EML and 3 from GB), half of whom had commenced the program.

TABLE 12: INSITE REFERRAL AND COMMENCEMENTS

	EML	GB
Stage 1 (1/10/13 – 31/12/13)	3 referrals - 1 commencement - 2 did not commence	No referrals
Stage 2 (1/1/14 – 31/3/14)	No referrals	No referrals
Stage 3 (1/4/14 – 30/6/14)	2 referrals - 1 commencement - 0 did not commence	3 referrals - 2 commencement - 1 did not commence

Recruitment for the project has not been as successful as anticipated. Insite indicated they were prepared to provide additional information sessions for the agents and case managers. However, this has not been taken up. Notably, Insite report that many of the referrals have been initiated by Insite RTW consultants who have identified suitable candidates for the project and negotiated this with the case managers.

Insite also report a modification to their process. They report that conducting the initial session with the injured worker (alone) means the worker can be supported and guided to engage their family in the project. Without this, the injured worker has difficulty explaining the program to and seeking participation from their family.

EVALUATION SUMMARY

As with all projects engaged with injured workers there were problems with recruitment. To some extent the resolution for this appears to be self-referral – in-house consultants identifying and facilitating referral to the project. While this has meant there have been participants, it does not resolve the real issues of recruitment to innovative projects in the workers compensation system.

Recruitment issues have been compounded by the implementation of other reforms and changes to the rehabilitation service model, which has meant neither agent has given more than scant attention to the project. It is also complicated by the fact that family

issues fall outside ‘normal business’ for the agents. So while there is little doubt about the impact of worker-family interactions and relationships on a person’s well-being, this is likely to be something that would be addressed rarely in case manager – client interaction. Moreover, as there was no specific requirement for participant numbers, other claims priorities have, no doubt, overwhelmed this project.

Insite have invested considerable time and effort into presenting to the agents and case managers - some of these costs were to be recouped in payments on client completion of the project. However, with few clients this is unlikely to be realised.

TABLE 13: INSITE FAMILY COACHING PROGRESS AGAINST RTW FUND PERFORMANCE INDICATORS

Efficiency	
Did the Project achieve the planned outputs & outcomes?	No
Are the Fund’s resources being used to achieve outputs & outcomes of the desired quantity and quality?	The project delivered inline with contractual agreement, noting that payment followed referrals and completion of the program by participants
Is the Project/Fund adequately resourced to enable the output and outcome?	Yes
Effectiveness	
To what extent are the Project outputs and outcomes being achieved?	Not known at this stage
What factors have affected outcomes (barriers, facilitators)?	Recruitment to the project has proved the biggest obstacle.
Could the Project be modified to achieve better outcomes?	Better Agent engagement with project in recruitment phase was necessary to properly test the model.
Appropriateness	
Is there a need for the Project?	The importance of family support on recovery and return to work has been identified by rehabilitation providers, with a lack of support impeding recovery. However, the current workers compensation model does not provide funding for rehabilitation provider engagement with families.
Do the desired outcomes address identified needs?	Yes
Are the desired outcomes consistent with - RTW Fund objectives? WorkCover goals? Scheme requirements?	Yes
How well do Project processes reflect the needs identified?	The project was planned to meet the identified needs.
Can the Project be streamlined and achieve the same outcomes?	Unknown
Impact	
What impact has the Project made – On individuals? On organisations? On the RTW Fund? On WorkCover? On the workers’ compensation system?	No information at this time.
What innovations are evident, and what are their impact?	Engaging with families to support injured workers and return to work
What outcomes have been achieved, and what is their collective impact?	Not applicable
Sustainability	
What are the appropriate options for future funding of this activity?	This project uses outcomes based funding.
Can the Project activities be successfully integrated into the workers compensation system? And what changes are necessary for this?	There are obstacles to identifying and funding families in the current system.
How long lasting is the identified impact expected to be?	Not applicable

3.2 HEALTH CARE PROVIDERS

3.2.1 NETWORK LINKS (GENERAL PRACTICE SA)

Recognising the impact of psychological sequelae to workplace injury, GPSA is working in the Network Links project with general practitioners to develop and trial a protocol to identify psychosocial impediments to RTW after injury. This project is designed to pilot the

recommendations of the Work-related back pain study: Measuring biopsychosocial risk (BSR) factors (Stratil & Swincer, 2012).

General Practice SA (GPSA) was contracted by WorkCover SA on 28 June 2013 to deliver the project *Network links: Addressing psychosocial impediments to returning to work*. This 24 month project commenced on 1 July 2013 and is due for completion 30 June 2015. A minimum of 75 injured workers are to complete the trial of the *proposed* best practice model, and an additional 75 injured workers to complete the trial of the *refined* best practice model.

The project aims to address the following RTW Fund objectives:

- Developing and implementing employer/industry specific solutions to achieve successful and timely outcomes for injured workers and employers
- Finding solutions to barriers to injured workers staying at or returning to work
- Improving the skills of people operating within the South Australian Workers compensation Scheme

Project specific objectives include the aim

- to minimise the impact of work-related injuries and improve support for clients through early intervention and treatment for those at risk of developing psychosocial problems
- to implement a client-centred and holistic treatment methodology for injured workers to assist them in recovery and return to work
- to support participating practitioners through provision of easily accessible tools and resources for identification, early intervention and treatment of work injured clients with psychosocial risk factors impacting on their ability to return to work
- to increase the capacity of general practitioners to support clients within the target group.

The target group of patients for this project include South Australian adults (aged 18 years and over) who are referred via a GP with a work-related injury no more than 6 months old and are at risk of developing a mental health problem (as a result of the injury) as indicated by a score of 25 or higher on the Kessler Psychological Distress Scale (K10).

PROGRESS TO DATE

Stage 1 of the Project involved the establishment of a steering group (to oversee the progress of the project, provide project leadership, strategic direction and advice) and a clinical advisory group (to provide clinical advice and recommendations on program development and implementation, and develop project materials). Project resources to be made available to participating health practitioners include Clinical Operating Guidelines and the Project Pathway were also developed during this period.

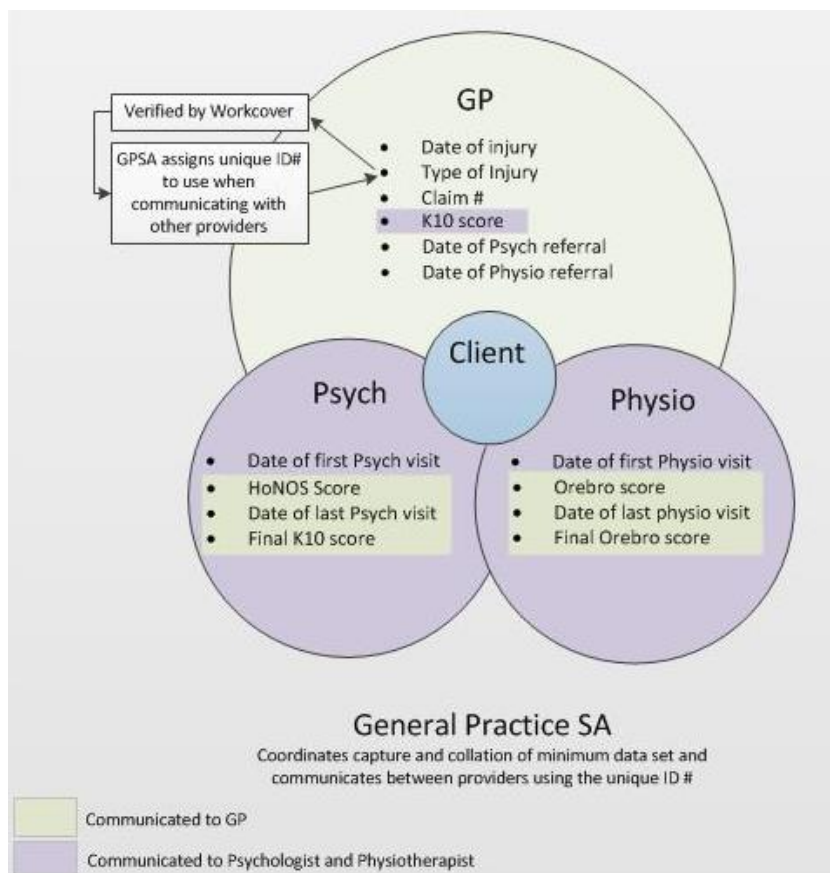
The Clinical Operating Guidelines were the main focus of work for the clinical advisory group and provide documentation of accepted best practice approaches to effective clinical risk management and quality service delivery. They set the minimum operational standards for use by service providers.

While it was determined that patient access to the project would be exclusively by referral from a GP, physiotherapists will also be contacted about the project in the event they see a potentially eligible client that could be subsequently referred to the project through a GP.

All patients eligible for the project will be assigned a unique client ID for the duration of the project. GPs were to receive \$200 per patient enrolled in the project at the end of the trial period on submission of an invoice, psychologists received \$100 per patient. Figure

12 provides a summary of the data collection protocols and points for GPs, psychologists and physiotherapists.

FIGURE 12: NETWORK LINKS DATA COLLECTION PROTOCOLS



Source: GPSA

Stage 2 of the project ran from 1 October to 31 December 2013. This stage saw the further development of the Clinical Operating Guidelines and the Client Pathway. The development of protocols for the Unique ID numbering system continued during this time. Although the claims agents are not required for participant recruitment, it is critical that they understand the project and support GP decisions regarding psychological interventions. Accordingly, a meeting was held with EML to brief them about the project. GB indicated they were not ready to discuss the project and they will be recontacted in Stage 3.

The Clinical Advisory Group met twice during Stage 2. Work included the mapping of the participant pathway, and the draft development of the clinical operating guidelines (up to version 4).

This stage also saw commencement of recruitment strategies with the expression of interest campaign emailed on 17 December 2013 to GPs and practices identified on the Health Provider Registry who were interested in mental health issues (see Table 14). Responses were very low with close to half the 142 general practitioners opening the email, but only 3% expressing interest in receiving more information about the project. Practice results were poorer with fewer than a quarter opening the email and 1% seeking further information.

TABLE 14: GPSA HEALTH PROVIDER REGISTRY EXPRESSION OF INTEREST RESPONSES

	Stage 1		Stage 2	
	General practitioners n (%)	General practices n (%)	General practitioners n (%)	General practices n (%)
Emails sent	142	74	1295	80
Emails opened	62 (44%)	17 (23%)	349 (28%)	18 (22%)
Response seeking more information	4 (3%)	1 (1%)	4 (0.3%)	0 (0%)

All interested GPs were contacted by phone with the project objectives explained. Five GPs registered interest, two for inclusion in Trial Phase 1 and 2 rural GPs recruited for Trial Phase 2.

Orientation Packs were prepared for GPs containing:

- General Practitioner Guide
- GP/Practice Letter of Agreement
- Participant Guides x 10
- Participant ID Cards x 10
- Program Timeline
- Overview of the Participant Pathway
- Service Coordination Data Set
- WorkCover SA Vignette Supporting information x 3
- Clinical Operating Guidelines – Trial Phase one
- WorkCover SA documentation - A doctor's role
- WorkCover SA documentation - Completing a WMC
- WorkCover SA documentation - FAQ's by doctors
- NetWork Links Best Practice Template x 10 + electronic version
- NetWork Links Medical Director Template x 10 + electronic version

Allied health professions were to receive the AHP guidelines, program timeline and overview of the participant pathways, while claims agents will receive a case manager guide.

Stage 3 commenced January 2014 and was completed 31 March 2014. Given the poor response to the expression of interest in Stage 2, it was agreed that priority would be given to recruiting GPs/practices with multiple WorkCover clients as provided by WorkCover. Contact would be made via phonecall (as the email strategy had proved unsuccessful).

A subsequent attempt was made using the Health Provider Registry mailing to 1265 GPs interested in health funding and services and 80 practice managers (see Table 14). This proved very unsuccessful with 4 (0.3%) responses two of whom was out of scope being located in the Northern Territory. No interest was shown from the 80 practice managers contacted at this time.

Clinical operating guidelines were completed in February for Trial Phase 1 (with these guidelines to be reviewed on completion of this phase).

Stage 4 commenced in April 2014 and was for Trial Phase 1. At beginning of June 2014, only one eligible patient had been recruited to the project.

EVALUATION SUMMARY

The project has completed the development of project material for testing in Trial Phase 1 but has been unsuccessful in recruiting GPs for engagement in the project. The Health Provider Registry was presented by GPSA as a method for streamlining recruitment, given GPs on the registry had expressed interest *a priori* in a mental health issues. However, there was some concern expressed by the steering group about the number of eligible patients available through non-targeted GPs identified by this method. The Steering Group suggested targeting recruitment to GPs who regularly see WorkCover patients, with information about relevant GPs and practices provided by WorkCover at commencement of the project.

GPs have been a traditionally difficult group for WorkCover to engage with. In this case it was necessary to recruit GPs who are likely to see WorkCover clients in order to peak their interest in this work and also to test the success of the guidelines. To date the attempts to engage GPs have been unsuccessful. Moreover, in the absence of patients, information is not available to support a review of the guidelines.

TABLE 15: GPSA NETWORK LINKS PROGRESS AGAINST RTW FUND PERFORMANCE INDICATORS

Efficiency	
Did the Project achieve the planned outputs & outcomes?	The project is behind on delivering outputs and outcomes.
Are the Fund's resources being used to achieve outputs & outcomes of the desired quantity and quality?	No
Is the Project/Fund adequately resourced to enable the output and outcome?	Yes
Effectiveness	
To what extent are the Project outputs and outcomes being achieved?	This project had the dual purpose of delivering a tool to support early identification of biopsychosocial risk factors after injury and identifying improved ways of engaging the GP workforce. While the tool was developed, GPSA's inability to engage appropriate GPs meant that it couldn't be tested.
What factors have affected outcomes (barriers, facilitators)?	GPSA struggled to engage GPs and of those engaged only one GP provided eligible injured workers
Could the Project be modified to achieve better outcomes?	Not in its current form
Appropriateness	
Is there a need for the Project?	There is a need for WorkCover to better engage with injured workers, and for early identification of biopsychosocial risks by GPs.
Do the desired outcomes address identified needs?	Yes
Are the desired outcomes consistent with - RTW Fund objectives? WorkCover goals? Scheme requirements?	Yes
How well do Project processes reflect the needs identified?	The project was well designed but unable to deliver on participating GPs and injured workers
Can the Project be streamlined and achieve the same outcomes?	N/A
Impact	
What impact has the Project made – On individuals? On organisations? On the RTW Fund? On WorkCover? On the workers' compensation system?	None at this time
What innovations are evident, and what are their impact?	N/A
What outcomes have been achieved, and what is their collective impact?	None at this time
Sustainability	
What are the appropriate options for future funding of this activity?	N/A
Can the Project activities be successfully integrated into the workers compensation system? And what changes are necessary for this?	N/A
How long lasting is the identified impact expected to be?	N/A

3.2.2 PREVENTING CHRONICITY (MINDFUL MOVEMENT PHYSIOTHERAPY)

The Preventing Chronicity project by Mindful Movement Physiotherapy involves the development of an early intervention framework to help physiotherapists identify and modify physical, psychological and behavioural factors contributing to chronicity. The two day training programs will be presented to 50 physiotherapists and held in both metropolitan and regional SA.

Mindful Movement Physiotherapy (MMP) was contracted by WorkCover SA on 26 June 2013 to deliver the project *Preventing Chronicity: Early intervention by physiotherapists*. This 18 month project commenced on 1 July 2013 and is due for completion 31 December 2014.

The project aims to address the following RTW Fund objectives:

- Finding solutions to barriers to injured workers staying at or returning to work
- Improving the skills of people operating within the South Australian Workers compensation Scheme

The following goals and targets have been proposed:

- **Goal 1:** To develop a framework for physiotherapists (to be integrated into management plans) to help prevent chronicity after work injury.
 - To review current research to create an innovative and practical framework for physiotherapists treating people injured at work.
- **Goal 2:** To create, promote and deliver an education course to physiotherapists presenting the framework.
 - To provide three, two day educational courses to a total of 50 physiotherapists in regional and metropolitan South Australia.
- **Goal 3:** To assess the outcome of participation in the educational course on implementation of the framework and on physiotherapist's skills, attitudes and knowledge to prevent chronicity in people injured at work.
 - Physiotherapists attending the educational course will complete an assessment tool before, after and three months post attendance at the course. Positive change will be seen in the physiotherapist's skills, attitudes and knowledge relating to the prevention of chronicity.

PROGRESS TO DATE

The early intervention framework was informed by a literature review exploring the pain pathway and role of 'attention' and 'perception' in framing a person's experience of pain. Fifty research papers were reviewed covering the years 2000 to 2013 and a bibliography prepared. An education program for physiotherapists was developed based on review findings. Material prepared included a detailed course manual and CD containing extracts from the research, case studies, activities and reflections.

In order to raise awareness about the course and market it to physiotherapists a range of promotional material were prepared including:

1. An email flyer forwarded to physiotherapists in late 2013.
2. A brochure forwarded via mail to physiotherapists in February 2014.
3. An online booking form to facilitate the course enrolment process.
4. An advertisement, circulated in the APA *InMotion* magazine in February and March 2014.
5. An email flyer forwarded to physiotherapists in June 2014.
6. Targeted recruitment to physiotherapists who attended courses with Mindful Movement Physiotherapy and large practices within the Barossa and Adelaide regions in January 2014.

With the target of 50 physiotherapist participants, three courses were originally planned between March and May 2014. Participant numbers were capped at 16 per course to

facilitate group exploration and reflection. Forty-four physiotherapists registered for these courses with 38 (86%) completions. An additional course has now been scheduled for September 2014 to achieve the targeted number of 50 participants. Course scheduling is shown in Table 16, and includes three metropolitan and one regional location, Nuriootpa, chosen as the area has a high number of WorkCover claims and is easily accessible for physiotherapists from the Barossa Valley, Clare Valley, Gawler and Riverland. Recruitment strategies were successful for metropolitan courses, although participant numbers were down in Nuriootpa. At June 2014, six physiotherapists had registered for the September course.

TABLE 16: MMP COURSES

Course	Date	Location	Participant completions
1	27-28 March 2014	Novar Gardens	14
2	2-3 April 2014	Nuriootpa	8
3	24-25 May 2014	Novar Gardens	16
4	13-15 September 2014	Novar Gardens	<i>Bookings open</i>

Physiotherapist participants were most likely to be female (87%) and from metropolitan areas, although participants had come from six South Australian regional towns and one from Victoria.

An assessment tool was created to determine knowledge of course contents at the commencement and completion of the course and retention of knowledge three months after the course.

Pre- and post-course surveys were completed by all participants, with three month feedback due between July and December 2014. Participant ratings increased from pre- to post-course assessments for all questions¹³, with the exception of '*I am enthusiastic about my work as a physiotherapist*' which was similarly high at both times (around 4.5). It is notable that respondents strongly endorsed many statements at both assessments with ratings of 4.5 or higher for the following questions:

- *Guiding patients to be aware of how they are responding to their situation, is important in preventing chronicity*
- *Chronic pain is marked by structural and functional changes in the brain*
- *Stress is an important factor contributing to chronicity*
- *Fear is an abnormal response to injury*
- *Acceptance is an important factor in recovery*

Most learning occurred in the following areas with a change of more than one rating point:

- *I am confident in helping my patients manage their stress response*
- *Pain is not a limitation for returning to work*
- *I feel confident in using inquiry to reframe beliefs*
- *I feel confident in teaching specific practices to facilitate body awareness*
- *I feel confident in teaching specific practices to facilitate physiological regulation*

All participants agreed or strongly agreed with the following statements about the value of the course:

- *My main reason for attending the course was addressed*
- *I believe the concepts presented will be helpful for preventing chronicity*
- *I believe the concepts presented will be helpful for me in my personal life*
- *I have materials to help implement what I have learnt*

¹³ Questions rated on a scale of 1 = strongly disagree to 5 = strongly agree.

- *I would like to attend more educational programs to develop my skills and knowledge of these strategies*

Participants also provided positive feedback about what they gained through attending the course:

"I came to the course as a sceptic but was surprised with how much I gained personally and professionally."

"I now see my role in patient care with better clarity: it's not about 'fixing' but finding a way to facilitate my patients to respond to their situation in ways that enhance physiological healing."

"I was impressed by the wealth of supportive clinical and neurophysiological research."

"In the past I've been able to recognise psychological 'yellow flags' but have not felt confident in knowing what to do about them! I feel inspired that I now have tools for addressing these in the clinic."

"I thoroughly enjoyed the two days. It certainly covered an important element of physiotherapy that is rarely touched upon in undergraduate training or in clinical practice."

"I experienced an overwhelming shift from sympathetic overload to feeling calm and energised; how unusual to feel so good at the end of a two day course!"

EVALUATION SUMMARY

The project has been well designed, appropriately resourced and well managed. It is on target to achieve all proposed outputs and outcomes as scheduled.

It is important that the delivery of WorkCover services and opportunities are available to clients, business and service providers outside the metropolitan area. However as with previous RTW Fund projects, the delivery of a regional workshop resulted in fewer than expected participants. Although the Barossa Valley location was selected to accommodate physiotherapists from Gawler, the Barossa, Clare Valley and Riverland, this did not result in a full workshop. In this case, the Project was able to deliver an additional workshop in the metropolitan area in order to achieve the planned 50 participants. However in future, consideration should be given to whether the costs of regional delivery are well spent or should be funnelled into support for regional participants to attend metropolitan courses.

The andragogical teaching style which engaged participants through a mixture of course materials, practical self-exploration, group discussions and didactic research presentation was well suited to the attendees. Participants reported increased knowledge of the topic and confidence in delivering mindfulness services to WorkCover clients. However, analysis of the impact of the course for participants and clients will be more evident at the three month assessment.

TABLE 17: MMP PREVENTING CHRONICITY PROGRESS AGAINST RTW FUND PERFORMANCE INDICATORS

Efficiency	
Did the Project achieve the planned outputs & outcomes?	Yes
Are the Fund's resources being used to achieve outputs & outcomes of the desired quantity and quality?	Yes
Is the Project/Fund adequately resourced to enable the output and outcome?	Yes

Effectiveness	
To what extent are the Project outputs and outcomes being achieved?	To a large extent, with longer term output being assessed with a three month follow-up survey (yet to be finalised).
What factors have affected outcomes (barriers, facilitators)?	Lower than expected attendance at the regional workshop meant only 38 participants participated in the first three workshops. However, MMP was happy to hold an additional session to reach the desired numbers
Could the Project be modified to achieve better outcomes?	Not required
Appropriateness	
Is there a need for the Project?	The project introduced a more holistic approach for physiotherapists working with WorkCover clients.
Do the desired outcomes address identified needs?	Yes
Are the desired outcomes consistent with - RTW Fund objectives? WorkCover goals? Scheme requirements?	Yes, improving RTW outcomes and engaging with allied health providers to achieve improved outcomes
How well do Project processes reflect the needs identified?	Very well
Can the Project be streamlined and achieve the same outcomes?	Not required
Impact	
What impact has the Project made – On individuals? On organisations? On the RTW Fund? On WorkCover? On the workers' compensation system?	Project participants tended to indicate improvements in their confidence in using the techniques addressed in the workshop and working with patients.
What innovations are evident, and what are their impact?	Mindfulness is about paying greater attention to the present. This project was designed to help physiotherapists introduce the concept to WorkCover clients to increase personal responsibility and support improved outcomes for injured workers.
What outcomes have been achieved, and what is their collective impact?	Physiotherapists reported increased knowledge after the workshops with the three month survey also designed to determine if they practised their learning.
Sustainability	
What are the appropriate options for future funding of this activity?	Delivery of future workshops could be supported with cofunding from participants
Can the Project activities be successfully integrated into the workers compensation system? And what changes are necessary for this?	Delivery of mindfulness training workshops has proved useful for physiotherapists. However, the impact on injured workers attending the physiotherapists is unknown
How long lasting is the identified impact expected to be?	Impact on physiotherapists at three months will be assessed by survey

3.3 INDUSTRY OR EMPLOYER GROUPS

3.3.1 BEING PROACTIVE (WORKXTRA)

Preparation of a Resource Toolkit for the aged and community care sector to improve return to work times, costs and outcomes. The funded project was for Stage 1 of this work to conduct focus groups and interview to determine the content of the resource.¹⁴This project was not engaged in the evaluation process, therefore only a summary of details from the report are included.

The project recognised the importance of sector 'ownership' of resources in order to support and use the resource. The project has the support of two major associations representing 97% of the aged and community sector being Leading Age Services (formally ACAA-SA) and Aged and Community Services (ACS). In total representation from 64 aged care facilities, WorkCover, EML, GB, injured workers, general practitioners and allied health professionals were included.

The research method involved seven focus groups and thirteen one-on-one interviews. A regional focus was achieved with representation from aged care facilities in Mt Gambier,

¹⁴ Note, WISeR were not involved in developing an evaluation framework or working with this project. The summary is drawn from the Project report to WorkCover.

Victor Harbor, Yankalilla, McLaren Vale, Jamestown, Clare, Port Pirie, Gawler, Kadina, Stansbury, Tanunda, Strathalbyn, Maitland, Whyalla and Port Lincoln.

Qualitative results revealed 18 core areas:

1. GPs lack of understanding of aged care
2. Workers have poor attitude to WorkCover system and RTW
3. Residents have more complex needs than in the past
4. Difficulty getting early and good rehabilitation
5. Attitudes, feelings, behaviour of injured workers
6. Lack of interest or understanding of employer
7. Site manager needs to be involved
8. Continuous communication
9. Claims not seeming to go anywhere, "stuck", chronicity problems, long-term off work
10. Employer has poor understanding and/or a perspective that tends to result in unwanted outcomes
11. Early determination of claim
12. Older workers
13. Case manager problems
14. Reporting from WorkCover
15. Allied health provider problems
16. Legislative problems
17. WorkCover policies
18. Employees who have general industrial/work performance issues independently of the injury

Potential solutions to the above issues were identified with responsibilities targeted at different levels (organisation/Board/CE, site manager, RTW Coordinator, injured and uninjured workers, claims agents, GPs, allied health professionals, rehabilitation consultants, WorkCover, industry associations, and unions).

The project identified two models or approaches to RTW:

- The **silos approach to RTW** had workplaces that felt frustrated and powerless in dealing with an injured worker. Medical experts and the worker were felt to be making decisions without consulting the workplace - leaving the workplace to implement and/or comply with the 'prescribed medical certificate'. In addition, communication about the injured worker was one-way from the rehabilitation consultants and/or the agent to the workplace. This model was seen as creating barriers and perpetuating the injury by workplaces, while workplaces were seen as difficult and at times 'dodgy' by others in the system.
- Other workplaces described a **consultative RTW model** where the injured worker is central and the workplace is viewed as a member of the RTW team alongside the medical professionals and members of the workers compensation system. Communication is two-way with the aim of keeping the injured worker engaged with the workplace. Workplaces feel they are able to act quickly and responsively and have confidence that they will receive necessary support from the system.

The Resource Toolkit was not provided to the evaluator at this time.

3.3.2 DEVELOPMENT OF AN EMA IN RETAIL AND WHOLESALE INDUSTRY (BUSINESS SA)

Business SA plan to address the needs of small employers in priority SAWIC codes in the retail and wholesale industry, by developing and delivering an early intervention aid to help facilitate the timely return to work of injured workers. This involves workplace assessments in selected targeted workplaces, with the development of job dictionaries and early medical assessment tools to identify suitable duties.

Business SA was contracted by WorkCover SA on 11 November 2013 to deliver the project *Development of an Early Medical Assessment Framework to assist the early return to work*

in priority areas of the Retail and Wholesale Industry. This project commenced on signing and is due for completion by 30 June 2016.

The project aims to address the following RTW Fund objectives:

- Developing and implementing employer/industry specific solutions to achieve successful and timely outcomes for injured workers and employers
- Finding solutions to barriers to injured workers staying at or returning to work
- Improving the skills of people operating within the South Australian Workers compensation Scheme
- Developing greater workforce participation options for injured workers
- Educating people about the importance of the roles of employers and injured workers to achieve the best outcomes.

The project has the following objectives:

- To address the needs of small employers in priority SAWICs of the retail and wholesale industry by developing and delivering job dictionaries and an early medical assessment (EMA) as an early intervention aid to help facilitate the timely return to work of injured workers.
- Job dictionaries will be completed for 9 SAWIC code cohorts (see Table 18).

PROGRESS TO DATE

Business SA drafted an early medical assessment (EMA) with the intention that the tool would provide a concise view of a worker's average day. The draft was provided to general practitioners and occupational therapists for comment. The feedback received suggested that the EMA required simplification, although some opinions were contradictory. A decision was subsequently made to delay presentation of the EMA to the Australian Medical Association until Project Stage 2. A revised EMA template was prepared for use during site visits.

Employers in the first two targeted SAWIC codes, professional equipment wholesaling (473301), and clothing or clothing accessories retailing, including tailoring, dressmaking, repairing or altering (484001), were approached using multiple means. Emails were sent to members and non-members on the Business SA database inviting participation in the project. In addition, Business SA newsletters (Business Buzz and Xpress) and the Extrastaff newsletter were used to promote the project. However, the most effective approach has been cold calls from Business SA Senior Consultants.

To date four businesses have agreed to participate in the project, with eight confirming interest in site visits in August. Seven site visits have identified seven job roles for four of the target SAWIC codes (see Table 18). Noting, that site visits include a full detailed briefing of all roles within a business, pictures of all manual tasks and collection of data (as required).

TABLE 18: BUSINESS SA RETAIL AND WHOLESALE JOB ROLES

SAWIC code	SAWIC label	Job roles
473301	Professional equipment wholesaling	1. Warehouse manager 2. Warehouse storeman
484001	Clothing or clothing accessories retailing, including tailoring, dressmaking, repairing or altering	1. Lingerie retail assistant 2. Hosiery retail assistant 3. Nightware retail assistant
485301	Domestic hardware and house ware retailing	1. Sales assistant
488301	Fruit and vegetable retailing	

472801	Building supplies wholesaling NEC	
473601	Machinery and equipment wholesaling NEC	
485601	Domestic appliance retailing	
488601	Fish and take away food retailing	
488501	Bread and cake retailing	1. Bakery retail assistant

EVALUATION SUMMARY

Early milestones for the project were delayed by the Christmas break, a personal tragedy to a key staff member, and the departure of another. While this has meant that the project was off to a slow start, Business SA have indicated that this will not impact deliverables for Stage 1 which are due for completion 15 December 2014. In addition, Business SA were very much 'learning on the job' in terms of EMA design and content. They did not have a template in mind when commencing the work and their subsequent consultation with GPs and OTs led to a much simpler model than that originally envisaged and created by Business SA.

Business SA has an extensive employer list (of members and non-members). However, staff expectation that it could be used to identify small and medium enterprises (SMEs) was wrong. Expectations that WorkCover SA would be able to provide information about businesses with claims experience were also wrong, as this contravened the Workers' Rehabilitation and Compensation Act. It would seem that both of these expectations should have been explored in more detail by Business SA before committing to the project as identification of appropriate enterprises is critical in this project.

TABLE 19: BUSINESS SA DEVELOPMENT OF EMA PROGRESS AGAINST RTW FUND PERFORMANCE INDICATORS

Efficiency	
Did the Project achieve the planned outputs & outcomes?	The project is behind on delivering outputs and outcomes.
Are the Fund's resources being used to achieve outputs & outcomes of the desired quantity and quality?	Not at this stage. The project has a budget three and a half times higher than that funded for the Motor Trade Association so expectations of quantity and quality should be extremely high.
Is the Project/Fund adequately resourced to enable the output and outcome?	Yes
Effectiveness	
To what extent are the Project outputs and outcomes being achieved?	Too early to assess
What factors have affected outcomes (barriers, facilitators)?	Business SA have struggled to identify and engage businesses for this project as their database was unable to be used to identify SMEs.
Could the Project be modified to achieve better outcomes?	The project is using cold calling to engage businesses with limited success
Appropriateness	
Is there a need for the Project?	There is a need for the development of tools to assist businesses and health professionals make decisions about early and appropriate RTW
Do the desired outcomes address identified needs?	Yes
Are the desired outcomes consistent with - RTW Fund objectives? WorkCover goals? Scheme requirements?	Yes
How well do Project processes reflect the needs identified?	To a limited extent
Can the Project be streamlined and achieve the same outcomes?	Unknown
Impact	
What impact has the Project made – On individuals? On organisations? On the RTW Fund? On WorkCover? On the workers' compensation system?	Impact unlikely at this time
What innovations are evident, and what are their impact?	Limited innovation evident to date
What outcomes have been achieved, and what is their collective impact?	None at this time

Sustainability	
What are the appropriate options for future funding of this activity?	Ongoing funding not applicable
Can the Project activities be successfully integrated into the workers compensation system? And what changes are necessary for this?	WorkCover should promote the availability of the EMAs once available
How long lasting is the identified impact expected to be?	Not applicable

3.3.3 WORKING TOGETHER TO RTW (MOTOR TRADE ASSOCIATION, MTA)

This project aims to optimise RTW outcomes through the creation and implementation of job dictionaries tailored to the motor trade and for use by employers, workers, rehabilitation providers and health professionals. An occupational therapist will prepare information about risk factors and suitable corrective actions to minimise body stressing while undertaking key functions.

The Motor Trade Association (MTA) was contracted by WorkCover SA on 23 January 2014 to deliver the project *Working together to return to work – Job dictionaries for the Motor Trade Industry*. This project commenced on signing and is due for completion by 31 March 2015.

The project aims to address the following RTW Fund objectives:

- Finding solutions to barriers to injured workers staying at or returning to work
- Expanding training options for injured workers
- Developing greater workforce participation options for injured workers
- Educating people about the importance of the roles of employers and injured workers to achieve the best outcomes.

The job dictionaries are to be designed to

- Identify and assess the hazards and risks inherent in a particular task or cluster of tasks
- Make recommendations for controls to eliminate or minimise the risks;
- Assist the person conducting the business or undertaking (PCBU) to meet the legislative requirement to undertake manual handling risk assessments and reduce risks
- Provide descriptors and illustrations that may form part of the theory for induction and ongoing manual handling and specific task training for relevant workers
- Provide visual and descriptive information for medical practitioners to assist them to determine suitable duties for the facilitation of a rapid, safe return to meaningful, productive work for employees in the event of a work related injury
- Provide information to medical or other suitable health practitioners conducting pre-placement or functional capacity assessments to assist in matching the work tasks to the physical capacity of the prospective worker.

PROGRESS TO DATE

The MTA engaged NN Associates occupational therapists (OTs) to conduct the job assessments and prepare the job dictionaries. The MTA, as peak employer body was confident they could engage a variety of motor industry businesses such as crash repairers, mechanics, retailers and panel beaters which would be suitable for the ten specified areas for job dictionaries:

- Heavy motor vehicle mechanics - commenced
- Light motor vehicle mechanics - commenced
- Panel beaters
- Vehicle painters

- Auto electrical
- Motorcycles
- Body making
- Outdoor power equipment
- Vehicle dealerships
- Collision repair

Many businesses have expressed interest in participating in the work.

MTA provided a draft version of the first job dictionary related to heavy vehicle mechanics to WorkCover in May 2014. Minor edits were required at that stage. MTA report that it was too early to engage in data collection to determine the effectiveness of the job dictionaries for supporting training and as a tool for health practitioners in selecting suitable duties. However, this will be done once all job dictionaries are finalised.

At this stage, MTA have reported high levels of cooperation from workplaces and individuals in the development of the tool. In addition, they report the added benefit of their engagement in this space as they are raising general awareness of workplace responsibilities for work health and safety – along with issues specific to the project. Moreover, the project has built relationships and enhanced channels of communication between stakeholders.

EVALUATION SUMMARY

MTA report successful engagement with their stakeholders – the benefit of sound ongoing relationships. However, they did report unanticipated complications in coordinating the visits of the OT visits to ensure required activities were available at that time. On some occasions the OT has been required to arrange additional visits to capture specific activities. While the project appears to be running on time, MTA report there are opportunities for improvement around this issue including ensuring sufficient time, information and liaison between the OT and workplace.

TABLE 20: MTA WORKING TOGETHER TO RTW PROGRESS AGAINST RTW FUND PERFORMANCE INDICATORS

Efficiency	
Did the Project achieve the planned outputs & outcomes?	Too early to assess
Are the Fund's resources being used to achieve outputs & outcomes of the desired quantity and quality?	The project is delivering inline with contractual agreement
Is the Project/Fund adequately resourced to enable the output and outcome?	Yes
Effectiveness	
To what extent are the Project outputs and outcomes being achieved?	The delivery of initial job dictionaries
What factors have affected outcomes (barriers, facilitators)?	Good relationships with member organisations has meant the project has been able to identify appropriate businesses for participation
Could the Project be modified to achieve better outcomes?	Unknown
Appropriateness	
Is there a need for the Project?	There is a need for the development of tools to assist businesses and health professionals make decisions about early and appropriate RTW
Do the desired outcomes address identified needs?	Yes
Are the desired outcomes consistent with - RTW Fund objectives? WorkCover goals? Scheme requirements?	Yes
How well do Project processes reflect the needs identified?	To a good extent at this time
Can the Project be streamlined and achieve the same outcomes?	Unknown

Impact	
What impact has the Project made – On individuals? On organisations? On the RTW Fund? On WorkCover? On the workers' compensation system?	Impact unlikely at this time
What innovations are evident, and what are their impact?	Limited innovation evident to date
What outcomes have been achieved, and what is their collective impact?	None at this time
Sustainability	
What are the appropriate options for future funding of this activity?	Ongoing funding not applicable
Can the Project activities be successfully integrated into the workers compensation system? And what changes are necessary for this?	WorkCover should promote the availability of the job dictionaries once available
How long lasting is the identified impact expected to be?	Too early to assess

3.3.4 IMPROVING WHS AND IM IN CIVIL CONSTRUCTION (CIVIL CONTRACTORS FEDERATION, CCF)

This project aims to improve work, health, safety and injury management in the civil construction industry through the engagement of a specialist in these areas. Through this work, the project hopes to reduce the incidence, severity and cost of workplace injury and improve sustainable RTW outcomes in this high risk industry.

The Civil Contractors Federation (CCF) was contracted by WorkCover SA on 24 February 2014 to deliver the project *Improving work, health and safety (WHS) and injury management (IM) in civil construction*. This project commenced on signing and is due for completion by 30 April 2015.

The project aims to address the following RTW Fund objectives:

- Supporting employers and industry to develop and implement solutions that prevent injuries and eliminate or reduce workplace safety risk
- Developing and implementing employer/industry specific solutions to achieve successful and timely outcomes for injured workers and employers
- Finding solutions to barriers to injured workers staying at or returning to work
- Developing greater workforce participation options for injured workers
- Educating people about the importance of the roles of employers and injured workers to achieve the best outcomes.

The project has the following objective

- To reduce the incidence, severity and cost of workplace injury, and improve sustainable RTW outcomes in the civil construction sector.

The project will engage a work health safety and injury management advisor, with this role central to the success of the project. The advisor will work with high risk employers to

- Identify and implement practices that will minimise workplace injury
- Develop systems to facilitate improved RTW for injured workers
- Respond to incidents occurring in member businesses to ensure appropriate early intervention
- Provide advice in how the methods can be more broadly applied across the sector
- Assess the impact of changed practices.

PROGRESS TO DATE

A work health safety and injury management advisor (Nick Cross) was recruited and commenced in the role on 28 April 2014. CCF contractor members (n=278) were sent emails to invite their participation in the project, targeting those with high claims

experience. Members were also advised that consent was required from them to confidentially release company information including claims and premium data. The email broadcast resulted in a 6.1% response rate with 17 members expressing interest in the project and consenting to the release of WorkCover data. There were some difficulties reconciling WorkCover registered businesses with CCF member employers.

CCF have prepared a project management plan outlining project activity to include:

- Analysis of employer data
- Development and validation of toolkit to identify and record an employer risk profile
- Site visits
- Development of an action plan.

The evaluation plan has not been finalised to date.

EVALUATION SUMMARY

CCF expectations at commencement failed to recognise the privacy limitations of the Workers Rehabilitation and Compensation Act which meant company claim and premium data could not be disclosed without consent. It had been assumed that WorkCover would be able to identify and provide data about all CCF members deemed to be at high risk. This issue was resolved by CCF direct emailing members to seek consent. However, the low consent rate will have implications for the project design which assumed data would be available for all CCF contractor members.

While the project was contracted earlier, actual project work commenced with the employment of the work health safety and injury management advisor at the end of April. Accordingly, only two months of activity had occurred at this time.

TABLE 21: CCF IMPROVING WHS AND IM PROGRESS AGAINST RTW FUND PERFORMANCE INDICATORS

Efficiency	
Did the Project achieve the planned outputs & outcomes?	Too early to assess
Are the Fund's resources being used to achieve outputs & outcomes of the desired quantity and quality?	Too early to assess
Is the Project/Fund adequately resourced to enable the output and outcome?	Yes
Effectiveness	
To what extent are the Project outputs and outcomes being achieved?	Too early to assess
What factors have affected outcomes (barriers, facilitators)?	A slight delay in the commencement of project activity with the recruitment of the work health safety and injury management advisor
Could the Project be modified to achieve better outcomes?	Too early to assess
Appropriateness	
Is there a need for the Project?	There is a need to better engage with businesses to support the early RTW of injured workers
Do the desired outcomes address identified needs?	Yes
Are the desired outcomes consistent with - RTW Fund objectives? WorkCover goals? Scheme requirements?	Yes
How well do Project processes reflect the needs identified?	Too early to assess
Can the Project be streamlined and achieve the same outcomes?	Too early to assess
Impact	
What impact has the Project made – On individuals? On organisations? On the RTW Fund? On WorkCover? On the workers' compensation system?	Too early to assess
What innovations are evident, and what are their impact?	Too early to assess
What outcomes have been achieved, and what is their collective impact?	Too early to assess

Sustainability	
What are the appropriate options for future funding of this activity?	Not applicable
Can the Project activities be successfully integrated into the workers compensation system? And what changes are necessary for this?	Not applicable
How long lasting is the identified impact expected to be?	Too early to assess

3.3.5 RECOGNITION AND MANAGEMENT OF PSYCHOLOGICAL INJURY IN THE WORKPLACE (BUSINESS SA)

Business SA plans to develop an innovative 'industry standard' systematised resource to enable employers to recognise and proactively and appropriately manage psychological industrial risk factors in the workplace to minimise the occurrence and severity of related WorkCover claims. The resource would consist of a policy, procedure, assessment and decision matrix, and an external resource directory.

Business SA was contracted by WorkCover SA on 29 May 2014 to deliver the project *Recognition and management of psychological injury in the workplace*. This project commenced on signing and is due for completion by 30 September 2015.

The project aims to address the following RTW Fund objectives:

- Supporting employers and industry to develop and implement solutions that prevent injuries and eliminate or reduce workplace safety risk
- Developing and implementing employer/industry specific solutions to achieve successful and timely outcomes for injured workers and employers
- Finding solutions to barriers to injured workers staying at or returning to work
- Improving the skills of people operating within the South Australian Workers compensation Scheme

The project aims to:

- Develop self-contained training package for face-to-face or electronic delivery to educate managers and supervisors about the impact of psychological injury in the workplace and the recognition of psychosocial risks in industrial relations.
- Provide appropriate and systematised management strategies and mechanisms for the monitoring, control and resolution of psychosocial risk factors.
- Result in
 - Reduced claims numbers, duration and cost
 - Early return to work
 - Increased workplace morale and productivity
 - Reduced family and community impact.

The project will be trialled in the aged care and community service industry, although the resource is expected to have wide applicability.

PROGRESS TO DATE

The consultative panel was established and convened comprised of representatives from Business SA, a psychologist, a legal provider, a rehabilitation provider, employers and an industry association. Business SA has gathered resources about psychological injury in the workplace which are being reviewed.

This is the last project to be contracted to the RTW Fund signing at the end of May. Accordingly, only one month of activity had occurred at this time.

TABLE 22: BUSINESS SA RECOGNITION AND MANAGEMENT OF PSYCHOLOGICAL INJURY PROGRESS AGAINST RTW FUND PERFORMANCE INDICATORS

Efficiency	
Did the Project achieve the planned outputs & outcomes?	Too early to assess
Are the Fund's resources being used to achieve outputs & outcomes of the desired quantity and quality?	Too early to assess
Is the Project/Fund adequately resourced to enable the output and outcome?	Yes
Effectiveness	
To what extent are the Project outputs and outcomes being achieved?	Too early to assess
What factors have affected outcomes (barriers, facilitators)?	Too early to assess
Could the Project be modified to achieve better outcomes?	Too early to assess
Appropriateness	
Is there a need for the Project?	There is a need for a tool to support early identification of psychological injury in the workplace
Do the desired outcomes address identified needs?	Yes
Are the desired outcomes consistent with - RTW Fund objectives? WorkCover goals? Scheme requirements?	Yes
How well do Project processes reflect the needs identified?	Too early to assess
Can the Project be streamlined and achieve the same outcomes?	Too early to assess
Impact	
What impact has the Project made – On individuals? On organisations? On the RTW Fund? On WorkCover? On the workers' compensation system?	Too early to assess
What innovations are evident, and what are their impact?	Too early to assess
What outcomes have been achieved, and what is their collective impact?	Too early to assess
Sustainability	
What are the appropriate options for future funding of this activity?	Not applicable
Can the Project activities be successfully integrated into the workers compensation system? And what changes are necessary for this?	Too early to assess
How long lasting is the identified impact expected to be?	Too early to assess

4 CORE THEMES

RTW Fund projects have struggled to gain traction amongst those working in the workers compensation system. The projects have been innovative and challenging – both for the project teams themselves and for the system. They asked for something more than what was legislated, and they required the agents to take a different approach and to work outside the procedure manual. They have been small and innovative test cases for new approaches to return to work, and as such have often not been taken seriously enough by those working in the system. Recruitment of participants remains the largest stumbling block to the successful implementation of RTW Fund projects. This is true whether project recruitment is for injured workers, health care practitioners or businesses.

4.1 INJURED WORKERS

Since the inception of the RTW Fund recruiting injured workers has been a continual struggle. Claims agents have been asked (and agreed) to work with the RTW Fund and projects to identify injured workers suitable for recruitment to each of the projects discussed in Section 3.1. However, a streamlined and efficient process for recruitment is yet to be implemented.

Two different approaches were used by RTW Fund projects. ‘Block’ recruitment required a prescribed number of injured workers to commence a specific course on a particular date (for example, the SUwC project required block recruitment of a minimum of 25 participants for each course). On the other hand, ‘rolling’ recruitment can provide a steady stream of participants providing a defined number of participants commencing over a specified period, with intake available across that time period (for example, the Family Coaching project required rolling recruitment of ten clients at any time during each active quarter). Neither the block nor rolling recruitment approaches proved particularly successful and claims agents reported and/or demonstrated challenges associated with both. Whether responding to block or rolling recruitment approach, agents had difficulties identifying the required number of volunteer participants to a deadline.

There are complex reasons why recruitment of injured workers has been challenging for claims agents. Some projects have selection criteria for participants based on data not captured in the Cúram data management software. For example, information about the marital or family status of injured workers is not required or recorded in Cúram and therefore individuals are not easily identified for projects requiring family interventions. More broadly, the evaluators have been advised that attempting to identify individuals who would benefit from these projects can be time consuming and difficult (requiring a search through hardcopy files). In the absence of comprehensive data management systems, identification of injured workers with appropriate characteristics requires personal knowledge of the injured worker and their circumstances. However, in the current claims environment (which often includes high case manager turnover and the transition of clients between case managers) relationships with clients are difficult to develop and even more difficult to maintain. Moreover, we acknowledge case managers are liability managers who oversee spending on services. Therefore injured workers might not readily discuss personal issues with them; being concerned it might impact their claim.

Broadly speaking, two methods were used by the claims agents to achieve recruitment outcomes. One method involved the review of possible case files by a small number of senior staff in order to identify appropriate cases for projects. The other involved the active engagement of case managers to identify eligible injured workers for inclusion. Only the latter of these approaches addressed the RTW Fund objective to improve the skills and knowledge of people operating within the scheme. The involvement of case managers in the process means they are exposed to different techniques of working with

and problem solving for injured workers. RTW Fund projects demonstrate client solutions that are 'outside the box', are possible and available. Moreover, this has the potential to shift case manager/client interaction from bureaucratic (and at times adversarial) to more sympathetic and supportive. This approach was evident in the Pathways to Work project which involved a spread of case managers sourcing eligible injured workers from each agency.

In the last year, most projects recruiting injured workers have tried to limit their exclusion criteria to both broaden their scope and to reduce the burden on the agents. For example, the key criteria for the Interwork Pathways to Work project was simply residence in the metropolitan area and the capacity to work for at least one hour per week. In this case, GB reported that case managers were reluctant to transition injured workers from existing rehabilitation providers when it was considered that outcomes were on track. It would be useful to assess the outcomes of injured workers who were considered for the Interwork project but excluded on this basis to determine whether outcomes match those of the Pathways to Work project. In addition, recruitment to this project was confounded by the layering of new WorkCover commitments, such as the separate requirement to identify cases for the job services trial introduced in late 2013. During this period, claims agents were expected to recruit injured workers for both RTW Fund projects and the job services trial, with the latter being promoted heavily within WorkCover.

It is evident that RTW Fund projects rely on the central role of case managers for their successful implementation. However, this is not straightforward and a number of techniques have been used to support case manager engagement with projects and to support appropriate client recruitment. Projects have developed information resources and brochures, and delivered information sessions for case managers and injured workers. Acknowledging that in a busy claims agent environment it is necessary for case managers to remember a range of projects in order to target clients to the most suitable project at the right time.

The Family Coaching project used the rolling recruitment approach, with effort put into educating case managers about their project and encouraging them to select appropriate participants. However, this did not prove successful and case managers rarely put a client forward for this project. On the other hand, Insite rehabilitation consultants were able to identify eligible individuals from their caseloads who were prepared to participate in this program of family coaching support. Analysing these results it is evident that Insite consultants had good motivation to support the program that was being run by members of their team, and (unlike case managers) they were not attempting to identify cases for competing projects. Moreover, the project was clearly difficult (but not impossible) to recruit for - it called for a personal knowledge of the family and/or living circumstances of the potential participant, it required case managers to broach an awkward topic about challenges to personal relationships since the injury, and it required case managers to remember the project was being run.

It should be noted that feedback from participants in RTW Fund projects indicated they were often very happy for the chance to participate in their allocated project. Moreover there was a sense of goodwill that WorkCover was funding innovative approaches to support them to get back on track and into the workforce. It is not known whether this feedback was made available to the agents or the case managers. However, it seems case managers (who it is recognised are dealing with a high number of cases) do not retain an interest in clients who have achieved a return to work – once the case is closed, attempts to engage them about the client have been met with disinterest.

4.2 HEALTH CARE PROVIDERS

The fourth objective of the RTW Fund is to improve the skills of people operating within the South Australian Workers compensation Scheme. While this primarily includes case managers, rehabilitation providers and others working directly with the scheme on a daily

basis, health providers have a key role in the system to support injured workers to regain or maintain their physical and/or mental health. This RTW funding round sought to engage both general practitioners and physiotherapists with varying degrees of success.

The Preventing Chronicity project worked successfully to develop a program and invite physiotherapists to participate in workshops about the use of mindfulness techniques with injured workers. The project committed to deliver three workshops, but when they didn't achieve the required numbers from the country-based session they arranged to deliver another workshop in the city – bringing the number of workshops to four. Feedback from participants was that they found the program and resources very useful and expected to implement their learning with injured workers. In addition, the project has implemented a three-month follow-up to review the retention and use of the new techniques by participants.

General practitioners and medical specialists have a critical role in managing injured workers and are key to authorising capacity to return to work. However, WorkCover have often struggled to engage with them to promote best practice for injured workers. This is in part because workers compensation cases contribute a small amount to their caseload. But it is also due to the fact medical providers are constantly subjected to a barrage of information and marketing from government and pharmaceutical companies (amongst others) who are attempting to influence medical practice.

General Practice SA (GPSA) presented a proposal to the fund that offered a new approach to GP engagement. They proposed the development of a model that would assist in the early identification and targeted treatment of psychosocial impediments to timely return to work. As an organisation whose work centres around GPs and practices in South Australia, it was hoped that their method would bear fruit. However, the operationalisation of the project has failed to deliver to date. The targeted database was unable to identify more than a handful of participants, and these did not have eligible patients during the trial period. Clearly an email broadcast, even when targeted to those who have indicated interest in a topic does not break down the barriers to GP engagement. Subsequent attempts to cold call practice managers were also not successful, leaving the project with a model developed but no way to test it.

Medical specialists are required to achieve continuing professional development points to maintain their registrations, with this proving a successful way to deliver workers compensation information to those signing up. Perhaps lessons can also be learnt from the marketing and engagement approach of pharmaceutical companies. However, it is acknowledged that the budgets of these organisations to promote their products, far exceeds anything that is likely to be available from the workers compensation system.

4.3 EMPLOYERS

Four projects sought to engage with employers or employer groups to develop tools or processes to identify risks and/or support the return to work of injured employees. It is fair to say that that most successful of these came from industry organisations with solid existing relationships with their members. However, that is not to say that everything went smoothly. For example, the MTA approached targeted employers for the development of their job dictionaries. While they report successful engagement with the employers, they acknowledge that it was difficult to streamline processes to encompass all activities in only one visit. The requirement for a spectrum of tasks, meant that not all would be undertaken by the employer on any one day – therefore there was a need to revisit sites or capture the information in another setting. On occasion, the MTA used their training centre, which was able to present the task in a managed and controlled environment (and to some extent on call).

Business SA have struggled to achieve traction with their project to develop early medical assessments for the retail and wholesale trade industry. While they have an extensive member database, this has again proved limited for engaging with members. They have

reported that the database, while large is not keep up to date, and importantly could not be used to identify some employer characteristics required for the project. Attempts to contact and engage employers using an email broadcast were not successful, and Business SA have attempted cold calls to identify businesses that will allow their premises to be used to develop job dictionaries – they report this has been a time intensive and consuming exercise. Accordingly, at July their project remains significantly behind schedule with significant ground to be made in order to meet their next deliverable.

4.4 EXPECTATIONS AND MOTIVATION

It is known that many injured workers become demotivated as a result of the compounding impact of personal injury, lack of engagement with the workplace, isolation from friends and family, and negotiating a myriad of people, services and legal documents within the workers compensation system. Some projects engaged by the RTW Fund have sought to assist in rebuilding personal and social confidence. This has been viewed as both an end unto itself as well as opening a potential door to the prospect of employment.

The SUwC project worked directly in this space from 2012 to 2013. Injured workers were brought together in a group environment and challenged to move beyond their injury. The project had varying levels of success. Many injured workers completed the nine day course feeling uplifted and inspired. However, in the absence of ongoing engagement around three-quarters failed to respond to the follow-up survey three months after the course was completed. Pointing to the complexity of the issue, it is telling that only the number of days injured (at pre-course assessment), level of energy (pre-course) and extent of recovery from work injury (pre-course) contributed to the model predicting return to work for those engaged in the SUwC course.

Projects have noted that some injured workers have unrealistic expectations of future employment, which doesn't take into account their changed circumstances. These projects have worked with injured clients to realign their expectations and to help them understand what the RTW Fund and WorkCover are able to support in terms of training opportunities and employment. The RTW Fund supports targeted, tailored and sustainable employment opportunities, but some clients need to realign their thinking about what is possible and practicable and others need to build their confidence and expectations.

There had been some concern that the approach taken by SUwC to provide motivation and encouragement – which included the message that participants were able to 'do anything' - was unrealistic and may prove a burden for WorkCover. It was hoped that this issue could have been explored by comparisons between the Interwork and Career Systems/Maxima 'post course support' projects and the Interwork Pathways to Work project. However, the low number of SUwC clients subsequently referred by case managers to post course support meant this was not possible. Anecdotally, however, Interwork reported there was no difference in expectations for those who participated in SUwC and those who had not.

4.5 REFERRAL DECISIONS

Two projects were specifically funded to provide post course support for injured workers participating in a SUwC course. It was originally envisaged that this support would commence within a couple of weeks of the course graduation. Seven (of 20) clients were referred from GB to Interwork within one month of attendance at one course. GB case managers determined that no further clients (of the 34 who subsequently attended SUwC courses) were suitable for referral (and that they should stay with their existing rehabilitation provider). Similarly, six referrals were made from one course by EML to post course. In addition, two clients from the 2012 SUwC cohort were referred for post course support. The remaining referrals were to injured workers not participating in the

SUwC course. It would be beneficial to understand the reasons why between one-quarter and one-third of participants from one course were determined by each project to be suitable for post course support whereas no one from the other four courses were deemed eligible.

4.6 FAMILY SUPPORT

The importance of family support on recovery and return to work has been identified by rehabilitation providers, with a lack of support impeding recovery. The Insite project was the second funded family support model proposed for the RTW Fund. The first, proposed by Beckmann & Associates and active during 2011 had similar issues with recruitment. Agent processes did not support timely identification of family issues, although when contact was made with injured workers after they had returned to work a number acknowledged the support would have been valuable if made available to them in the first few months after injury.

Both projects suffered because the Agents were unable to target appropriate participants, although it is acknowledged that family support falls outside the provisions of the current workers compensation model. Therefore case managers do not address family issues which often became apparent to rehabilitation providers such as Insite and Beckmann & Associates. As previously indicated, Insite managed to achieve some referrals through their own staff. However, in a competitive rehabilitation environment it is unlikely that family counselling or support referrals would be made to a rehabilitation provider from other providers (ie their competition).

4.7 CONFIDENTIALITY

Both Business SA and the Civil Construction Federation (CCF) sought to access identified WorkCover data for their projects and failed to recognise that WorkCover SA is subject to specific confidentiality requirements under the Workers Rehabilitation and Compensation Act. This was a source of some consternation, particularly for CCF who were required to use less efficient means of identifying high risk businesses. However, it is critical that the legal requirement for confidentiality is not ignored.

5 MOVING FORWARD

The Return to Work Bill was first read in the House of Assembly on 6 August 2014 and is expected to come into operation on 1 July 2015. It has been designed to be:

An Act to provide for the recovery, return to work and support of workers in relation to work injuries; to repeal the Workers Rehabilitation and Compensation Act 1986; to make related amendments to the Civil Liability Act 1934, the Judicial Administration (Auxiliary Appointments and Powers) Act 1988, the Motor Vehicle Accidents (Lifetime Support Scheme) Act 2013, the Supreme Court Act 1935, the WorkCover Corporation Act 1994, the Workers Rehabilitation and Compensation Act 1986 and the Work Health and Safety Act 2012; and for other purposes. (Return to Work Bill 2014)

Its name defines the clear objectives of the Act which is to ensure injured workers receive timely and appropriate support to recover from a work injury, to be treated with dignity and to re-establish themselves in the workforce, wherever this is possible. The Act has sought a balance between the interests of workers and employers. It seeks to reduce the risk of work injuries and also reduce the social and economic costs of work injuries.

It is the opinion of these evaluators that the findings of the RTW Fund over the last five years provide opportunities for learning as we enter the new era. In many ways the RTW Fund projects have been given the mandate to break new ground but have been constrained by the protocols and processes of the current Act. There have been successes, most critically with supporting long term intransigent injured workers to find opportunities in new workplaces. For some injured workers this has involved training and skill development, for others it has incorporated intensive one-on-one job seeking and post placement support. We acknowledge that such support is not necessary for all injured workers, but we also believe that the costs of intensive and targeted support are considerably lower than ongoing income maintenance.

We also acknowledge that many of those operating within the scheme are doing their best and, to some extent, have been inhibited in what they are able to deliver and achieve. But we are hopeful that under the new legislation, the enhanced focus on early intervention, recovery and return to work will provide improved planning and support early in the injury recovery period to ensure all the right pieces are in place for both the worker and workplace to achieve a timely and safe return to work. The skills of those at the frontline will be crucial in achieving these objectives. The development of job dictionaries in the motor trade, retail and wholesale and construction industries¹⁵ through the RTW Fund should be promoted to industry, employers and health professionals as they can help identify work practices that may present a risk to recovering workers – and importantly can help identify practices that can be safely achieved.

We know there will be many challenges ahead, WorkCover has not enjoyed a positive image in the community – where both businesses and injured workers often complain they get a raw deal. *Return to Work SA* will need to ensure the new approach is transparent, responsive and reflexive so the old tarnish doesn't reappear.

¹⁵ The Master Builders project in 2011-12.

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