NATIONAL
RETURN 2020-2030
TO WORK
STRATEGY

A national strategy to drive
and leverage national action
to improve return to work
outcomes for workers with a
work-related injury or illness

safe work australia

Disclaimer

Safe Work Australia is an Australian Government statutory agency established in 2009 to develop national policy relating to work health and safety and workers' compensation. Safe Work Australia includes Members from the Commonwealth and each state and territory, Members representing the interests of workers, and Members representing the interests of employers.

As a national policy body, Safe Work Australia does not regulate work health and safety laws or workers' compensation arrangements. The Commonwealth, states and territories have responsibility for regulating and enforcing work health and safety laws and administering workers' compensation schemes in their respective jurisdictions.

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FOREWORD

I am proud to present the *National Return to Work Strategy 2020-2030* (the Strategy) on behalf of Safe Work Australia Members (Members).

Workers are at the heart of this Strategy's ten-year vision to minimise the impact of work-related injury and illness, and enable a timely, safe and durable return to work.

A positive return to work is multi-faceted. It involves a range of stakeholders collaborating to support the worker through their recovery and return to work. In essence, it strives to optimise the worker's recovery and capacity to enjoy a working life no lesser than before their injury or illness.

The economic consequences of being out of work are clear. More than half a million Australians sustain a work-related injury or illness each year at an estimated cost of $61.8 billion. The impact of this is felt across the Australian health system, economy and society through loss of productivity, income and quality of life. Most importantly, the impact is felt in the daily lives of workers affected by work-related injury or illness, their families and communities.

We also know that although the number of claims from work-related injury and illness has decreased considerably over the last 15 years, return to work rates have largely remained unchanged. The typical amount of time off work for serious workers' compensation claims is also increasing, particularly for workers experiencing psychological injury.

This Strategy is built on a shared desire to make a difference. Members were determined to identify common challenges and opportunities across Australia's various workers' compensation schemes to forge a national approach to improve return to work outcomes.

The result is a broad evidence-based framework that those involved in return to work can use to determine how they can best optimise workers' recovery and capacity to work. There is an opportunity for those in the workers' compensation sector to sign on to the ambitions of the Strategy and be seen as leaders in return to work.

Collaboration is key to the Strategy's success. We all have an important part to play, and I trust the Strategy will inspire action whatever your role in the return to work process.

Thank you to all those involved in the development of the Strategy for their time and valuable contributions. Please get involved in this significant national policy initiative.
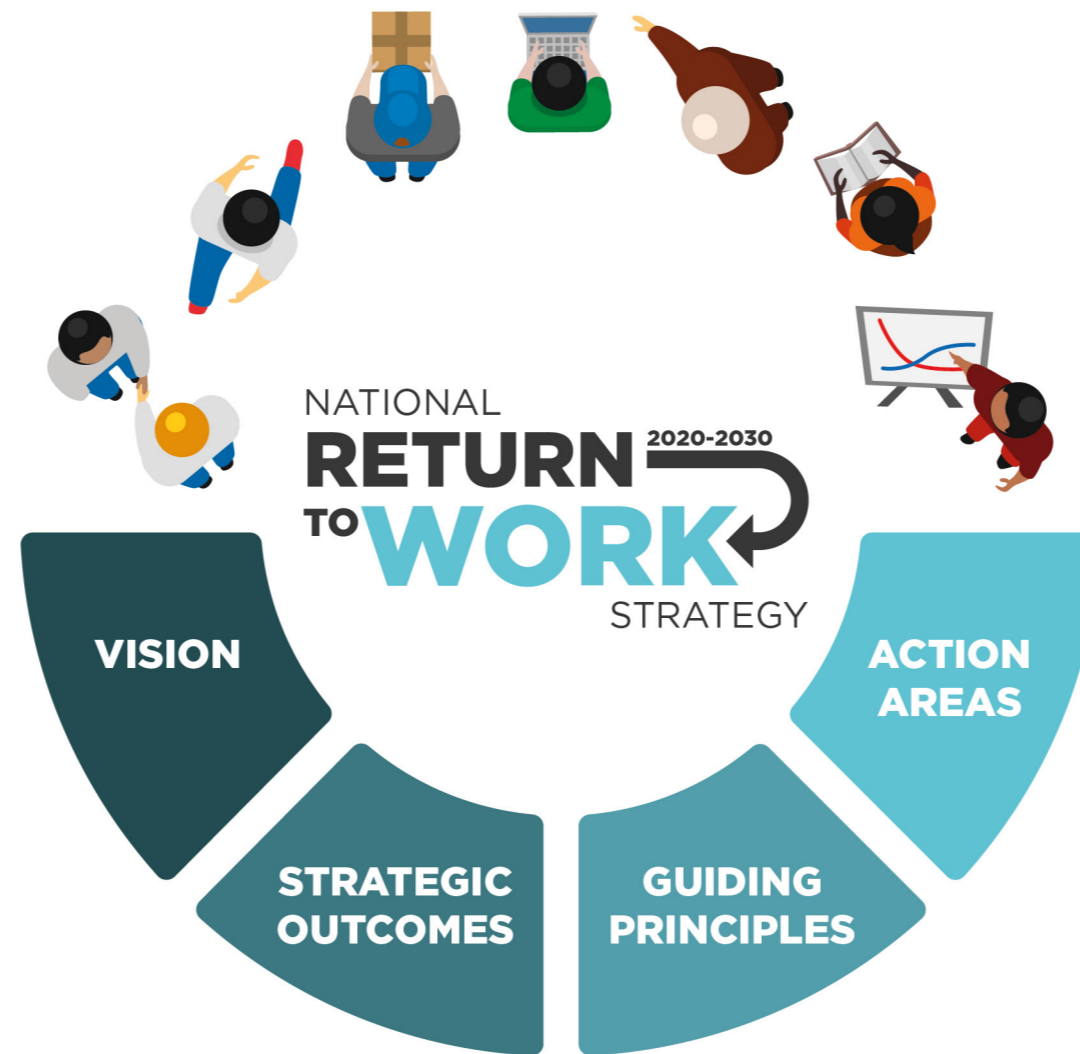

Diane Smith-Gander AO
Chair
Safe Work Australia

VISION

Minimise the impact of work-related injury & illness & enable workers to have a timely, safe & durable return to work

GUIDING PRINCIPLES

Ten characteristics of a positive return to work outcome

Govern stakeholder behaviours, policies & practices

STRATEGIC OUTCOMES

- ☑ Increase in workers staying in or returning to good work following a work-related injury or illness
- ☑ Increase in positive return to work experiences for workers with a work-related injury or illness
- ☑ Increase in employers preparing for, effectively responding to & managing work-related injury & illness in the workplace

NATIONAL RETURN TO WORK 2020-2030 STRATEGY

VISION

STRATEGIC OUTCOMES

GUIDING PRINCIPLES

ACTION AREAS

ACTION AREAS

1 Supporting workers

2 Building positive workplace culture & leadership

3 Supporting employers

4 Supporting other stakeholders

5 Building & translating evidence

WHAT WILL THE STRATEGY DO?

- ↳ Drive & leverage national action
- ↳ Centre on issues of national significance
- ↳ Recognise the worker as the primary beneficiary
- ↳ Recognise the importance of the relationship between the worker & their employer

WHO IS IT AIMED AT?

- ↳ Policy makers
- ↳ Workers' compensation authorities
- ↳ Employers
- ↳ Union & industry groups
- ↳ Insurers & claims management organisations
- ↳ Treating health practitioners
- ↳ Workplace rehabilitation providers
- ↳ Other worker advocates

HOW WILL SUCCESS BE MEASURED?

- ↳ Return to work measures across the worker, employer, healthcare & insurance systems
- ↳ Combination of quantitative & qualitative data
- ↳ National targets set progressively as baselines established
- ↳ National progress reporting, mid-term review & full-term evaluation

WHO WILL OVERSEE & DRIVE ACTION?

- ↳ Safe Work Australia Members have collective strategic oversight
- ↳ Strategic Issues Group on Workers' Compensation have operational oversight
- ↳ Safe Work Australia coordinates implementation & progresses national initiatives
- ↳ Individual Safe Work Australia Members progress their own initiatives & share learnings

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POLICY CONTEXT

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› Introduction

› What the evidence tells us

INTRODUCTION

More than half a million Australians sustain work-related injury or disease annually at an estimated economic cost of $61.8 billion.[1] Australia's workers' compensation systems alone bear direct costs of $9 billion per annum from income support, treatment and rehabilitation, and lump sum payments.[2] However, the broader impact on workers, their families and society as a whole is estimated to be far greater.[3]

Workers' compensation systems aim to minimise the cost and impact of work-related injury and illness. There are 11 main workers' compensation schemes in Australia – one for each of the eight Australian states and territories, and three Commonwealth schemes.

The differences between workers' compensation schemes present significant challenges for national policy efforts and unlike Work Health and Safety (WHS) laws, there is limited appetite and incentive to pursue harmonised arrangements at this time.[4]

While specific arrangements vary between jurisdictions, supporting timely, safe and durable return to work for workers is a central objective of all schemes.

'Return to work' is about helping workers to get back to work or to stay at work while they recover from work-related injury or illness.[5] It is a complex process in which many factors at the individual, organisational and system levels interact to influence a worker's recovery, absence from work and the durability of their return to work. A positive return to work involves all systems working well together.

Policy work in this area has historically been undertaken by individual jurisdictions, with limited opportunity for national collaboration to achieve common objectives. Jurisdictions have continued to review and reform their return to work processes and systems to improve outcomes for workers and other stakeholders in the system.

Despite these efforts, challenges remain. While the number of claims from work-related injury and illness has decreased over the last two decades, return to work rates have largely remained the same.[6] In addition, emerging trends such as increasing numbers of psychological injuries and whole-of-system shifts towards client-centric approaches present new opportunities to tackle these challenges from a national perspective.

It is with these opportunities in mind that Safe Work Australia developed the National Return to Work Strategy (the Strategy).

About Safe Work Australia

Safe Work Australia (SWA) is an Australian government statutory body established in 2009 to develop national policy relating to WHS and workers' compensation.

SWA is jointly funded by the Commonwealth, state and territory governments through an Intergovernmental Agreement. It is a tripartite body and includes Members representing each of the Commonwealth, state and territory governments, as well as worker groups and employer groups.

The *Safe Work Australia Act 2008* (Cth) (SWA Act) sets out the functions of the agency. As a national policy agency, SWA does not administer or regulate workers' compensation arrangements. The Commonwealth, states and territories retain responsibility for these arrangements in their jurisdictions including return to work policies and practices.

Return to work in Australia

Return to work requirements and responsibilities are set out in workers' compensation legislation or the policies of workers' compensation authorities.[7] These arrangements differ between schemes, but generally include workers, employers, treating health practitioners, workplace rehabilitation providers and insurers/claims managers.

Return to work is primarily centred on the worker and the employer. Within the workplace, the worker's immediate supervisor will be integral in facilitating their return to work, and there may be a nominated return to work coordinator[8] to support the worker and assist the employer to discharge their return to work duties.

Most workers' compensation schemes in Australia require employers to have a return to work program or policy that outlines their procedures for handling work-related injury or illness within the workplace. In practice, these programs and policies represent an employer's commitment to the health, safety and recovery of their workers in the event of a work-related injury or illness.

There is also a range of external stakeholders involved in the return to work process in various circumstances and to varying degrees. Treating health practitioners such as general practitioners, medical specialists and allied health professionals, and insurers and claims managers are typically a constant.

A workplace rehabilitation provider[9] may also be engaged to provide advice and services to facilitate the worker's recovery at or return to work in consultation with the worker, employer, treating health practitioner and insurer.

Other formal and informal advocates may help the worker navigate their way through the workers' compensation system and return to work process, and can also play a role in awareness-raising and advocating for change. Advocates could include representative unions, the legal profession and community organisations, as well as family, friends and peers.

Workers' compensation authorities administer and regulate return to work policy and practice under their respective schemes. In addition to performing these functions, these authorities play an important role in identifying what works well and areas for improvement across the system.

Achieving a positive return to work outcome relies on the commitment and participation of all of these stakeholders.

About the Strategy

Safe Work Australia Members and WHS ministers endorsed the Strategy in 2019, signifying their commitment to a national collaborative approach to support workers in their recovery and return to work.

The Strategy collectively examines and addresses current and emerging policy challenges to achieve positive return to work outcomes and minimise the negative economic, health and social consequences of being away from work due to work-related injury or illness.

In practice, the Strategy provides a framework to pull together current activity at the national and jurisdictional levels and to guide future work. It facilitates the sharing of outcomes and learnings, reduces siloed activity and duplication in effort between jurisdictions, and focuses on driving improvements in areas of national significance without necessarily prescribing scheme or legislative change.

SWA is responsible for coordinating the implementation of the Strategy, including measuring and reporting on progress. SWA and individual SWA Members share responsibility for progressing national initiatives under the Strategy.

The Strategy is aimed at stakeholders who influence work and workplaces including policy makers, workers' compensation authorities, employers, union and industry groups, insurers and claims management organisations, treating health practitioners, workplace rehabilitation providers, and other worker advocates.

The Strategy is not intended to prescribe particular activities to be undertaken by these stakeholders. Rather, it is designed to be sufficiently broad so that all participants in the return to work process can determine how they can best contribute to improving return to work outcomes.

The Strategy recognises workers with a work-related injury or illness as its primary beneficiary, with national action centred on supporting stakeholders to improve the worker's journey through their recovery and return to work.

The Strategy focusses on work-related injury or illness but is likely to lead to better approaches for responding to and managing other injury and illness in the workplace and supporting work participation more generally.

Development of the Strategy

The Strategy was developed through SWA's tripartite governance arrangements. SWA's Strategic Issues Group on Workers' Compensation (SIG-Workers' Compensation) oversaw the Strategy development and provided advice to SWA Members. A Strategy Working Group consisting of senior policy officers nominated by SIG-Workers' Compensation members was also established to provide input and advice on the Strategy at critical points.

A range of consultation activities were undertaken to inform the development of the Strategy. Early discussions with SWA Members sought their views on key policy priorities and challenges that may benefit from a national approach. A six-week broader consultation process followed, with key stakeholders across the Strategy's target audience invited to provide feedback on the National Return to Work Strategy Discussion Paper. Submissions were overwhelmingly supportive of the proposed intent and focus of the Strategy.

SWA also drew on existing data and research to build an evidence-base for the Strategy and engaged with academics to draw on their diversity of perspectives, specialist knowledge of return to work, clinical backgrounds, and practical experience in workers' compensation.

SWA commissioned a review of international and Australian research studies to identify systemic barriers and enablers to return to work. The review highlighted barriers and enablers at the worker, employer, healthcare provider, insurer, and broader societal levels that influence the return to work experience, process and outcomes.

Key themes identified through these activities, which the Strategy seeks to address, include:

⤷ National actions aimed at workers and employers have potential for the greatest positive impact on return to work outcomes.

⤷ The role of the employer and supervisor is critical to achieving a positive return to work outcome for the worker.

⤷ A safe and supportive workplace culture free of stigma associated with workers' compensation and return to work is necessary to enable workers, supervisors and employers to effectively respond to work-related injury or illness.

⤷ This culture should encourage early and appropriate support from the employer and enable workers to play an active role in their recovery and return to work.

⤷ Stakeholders' adoption of a tailored and coordinated approach, underpinned by the principles of good work, aids recovery and improves return to work outcomes.

⤷ Effectively navigating the workers' compensation system and return to work processes requires stakeholders to be capable and supported to fulfil their obligations.

⤷ Richer multi-faceted return to work measures are essential to understanding and influencing barriers and enablers to achieving a positive return to work outcome.

⤷ Despite some information and evidence gaps, there is a wealth of information currently available to support stakeholders that is often not well promoted or translated into practice.

The following areas were also identified as opportunities for national action, with varying degrees of complexity to effect change:

⤷ employer processes and procedures

⤷ insurer claims management practices

⤷ worker psychological response to injury

⤷ workplace support

⤷ coordinated approaches to recovery and return to work involving multiple stakeholders working together, and

⤷ tailored support based on worker circumstances.

These key themes and opportunities informed the action areas in the Strategy and will guide the national initiatives over the life of the Strategy.

WHAT THE EVIDENCE TELLS US

> National data and research on workers' compensation claims and return to work outcomes provide useful insight into areas with limited progress and emerging issues that require a more dedicated focus.

The following information is based on the available data and research at the time of the Strategy's development (late 2018 to early 2019). It is not intended to be exhaustive but provides a brief overview.
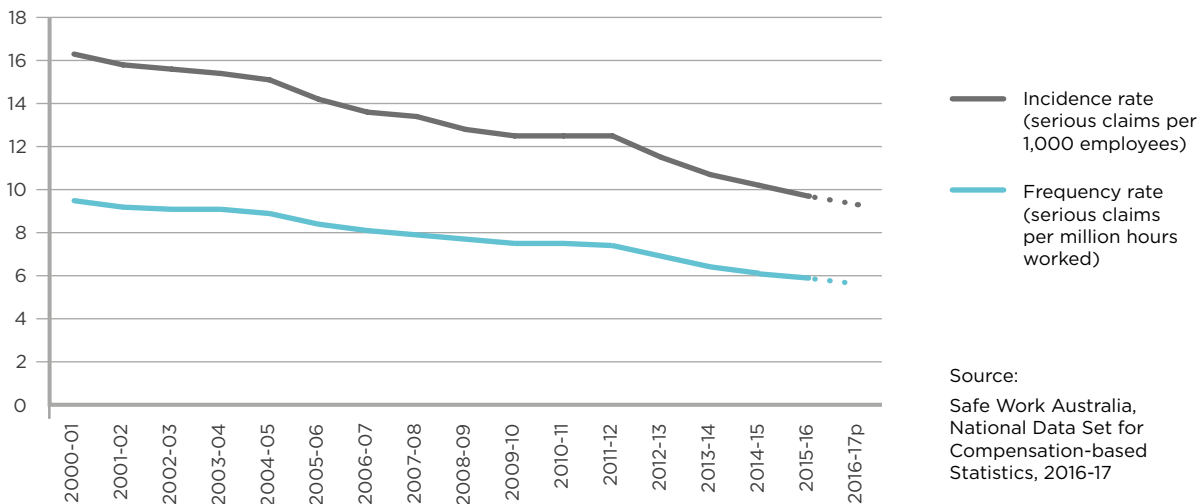
National claims data

As shown in Figure 1, the rate of serious workers' compensation claims[10] has improved markedly over the last 10-15 years, with the serious claim frequency rate (serious claims per million hours worked) falling by 28 per cent between 2006-07 and 2015-16. However, the typical duration of time spent off work for serious workers' compensation claims has been increasing, up by 32 per cent from 4.4 weeks in 2006-07 to 5.8 weeks in 2015-16.[11]

Figure 2 shows the most common types of injury and illness that lead to serious workers' compensation claims. Traumatic joint/ligament and muscle/tendon injuries account for the highest proportion of serious claims, followed by wounds, lacerations, amputations and internal organ damage, and musculoskeletal and connective tissue diseases.

While psychological injuries only account for 7 per cent of serious claims, these claims typically result in a significantly longer time off work than other types of serious claims (17 weeks compared to 5.8 weeks).

Figure 1: Serious workers' compensation claim rates, Australia, 2000-01 to 2016-17p[12]

Incidence rate (serious claims per 1,000 employees)

Frequency rate (serious claims per million hours worked)

Source:
Safe Work Australia, National Data Set for Compensation-based Statistics, 2016-17

Figure 2:
Proportion of serious workers' compensation claims by nature/type of injury or illness, 2016-17p

Category	Percentage
Traumatic joint/ligament and muscle/tendon injury	41%
Wounds, lacerations, amputations and internal organ damage	16%
Musculoskeletal and connective tissue diseases	16%
Fractures	11%
Mental disorders	7%
Other injuries/diseases	4%
Digestive system diseases	2%
Burn	2%
Nervous system and sense organ diseases	1%
Intracranial injuries	1%

Source:
Safe Work Australia,
National Data Set for
Compensation-based
Statistics, 2016-17

Return to work data

While the rate of work-related injury and illness has improved markedly over the last 15 years, over the same period there has been very little change in the return to work rates of workers as shown in Figure 3. Data from the biennial National Return to Work Survey (NRTW Survey) shows that the Historic[13] Current Return to Work Rate[14] has remained relatively stable at or around 75 per cent for much of the last two decades.

Return to work rates in isolation do not provide a complete picture. More detailed data from the NRTW Survey provide useful insights into the attitudes, perceptions, expectations, experiences and outcomes of workers with a compensable work-related injury or illness.

In 2018, 81.8 per cent of survey respondents reported having returned to work since their injury or illness and were currently in a paid job at the time of the survey.

Of these workers, almost 1 in 5 reported having had additional time off work since returning to work because of their work-related injury or illness, and 15.8 per cent reported that they were experiencing limitations in performing some work tasks.[15]

Despite a return to work plan being either mandatory or encouraged in every jurisdiction, only two-thirds (65.3 per cent) of survey respondents reported having a plan.[16]

Research indicates workers with a return to work plan have greater odds of returning to work. In the first 30 days after a claim, having a written or unwritten return to work plan increases the odds of returning to work by up to 1.7 times. Having a written plan was even more important after 30 days, increasing the odds of returning to work by 3.4 times.[17]

The employer plays an important role in supporting a worker's return to work. Having flexibility to implement modified hours or duties can assist in integrating workers back into the workforce following a work-related injury or illness. Data from the 2018 NRTW Survey show that the majority of workplaces (57.4 per cent) offered modified or alternative duties to assist the worker to return to work.

Workers from small businesses[18] were less likely to be offered modified duties than workers from medium or large businesses, likely reflecting the lower capacity for smaller business to accommodate these changes.[19]

Figure 3: Historic Current Return to Work Rate: Time series (%)

Source:
Safe Work Australia, 2018 National Return to Work Survey – Headline Measures Report

Most workers reported a positive experience with their employer following a workplace injury (74.4 per cent). However, less than a third (30.1 per cent) of those with psychological injuries reported positive experiences.[20]

Workers who receive support from their employer had up to five times greater odds of returning to work, compared with workers reporting a neutral or negative employer experience.[21]

Outcomes for workers with psychological injuries are generally not as positive as those with physical claims. Analysis of 2013 and 2014 NRTW Survey results showed that only 58 per cent of respondents with a psychological claim had returned to work, compared with 79 per cent for those with a physical claim.

In addition, only one third of workers with a psychological claim considered their employer responded positively compared to almost three quarters with a physical claim.[22]

Workers with a psychological claim were also much less likely to report contact by the workplace (18 per cent compared with 47 per cent), were more likely to be discouraged from making a claim (43 per cent compared with 15 per cent), and were more likely to report a disagreement with their employer or claims organisation (49 per cent compared with 25 per cent).[23]

Results from the NRTW Survey also provide useful insights into the relative influence of other stakeholders on return to work outcomes.

Analysis of 2013 and 2014 results found that the quality of the worker's interaction with the insurer is a key influencer on return to work outcomes, with a positive experience associated with a higher return to work rate.

Likewise, treatment with a return to work focus by health practitioners was associated with a higher rate of return to work. However, the analysis also showed that treating with a return to work focus has substantially less influence than an employer's and worker's response to the injury or illness, and the quality of the worker's interaction with the insurer.[24]

STRATEGY MODEL

In this Chapter

> › Vision, purpose and scope

> › Strategic outcomes

> › Guiding principles

> › Action Areas overview

VISION, PURPOSE
AND SCOPE

Minimise the impact of work-related injury and illness and enable workers to have a timely, safe and durable return to work.

Drive and leverage national action to improve return to work outcomes for workers with a work-related injury or illness.

Centre on issues of national significance that are critical to improving return to work outcomes for workers with a work-related injury or illness, with a particular focus on workers and employers.

Vision

Central to achieving the Strategy's vision is optimising the worker's recovery and capacity to work, and recognising the role good work plays in achieving this.

The vision aligns with SWA's strategic outcome of 'Healthier, safer and more productive workplaces through improvements to Australian work health and safety and workers' compensation arrangements'.

Purpose

The Strategy identifies opportunities to improve workers' compensation arrangements and promote national consistency where appropriate, consistent with SWA's legislated functions.

It complements the *Australian Work Health and Safety (WHS) Strategy 2012-2022*, strengthening the connection between WHS and return to work outcomes. The Strategy recognises that prevention, early intervention, recovery and return to work are on a continuum, with lessons learned in one part used to inform improvements in another.

Scope

In recognition of the significance of the relationship between workers and their employers in the return to work process, they are the central focus of the Strategy around which the vision, strategic outcomes, guiding principles and action areas are designed.

In the context of the Strategy, 'return to work' may include supporting the worker to stay at work in some capacity whilst they recover, or supporting them to return to work following an absence from the workplace. Understanding the health benefits of good work will assist stakeholders to tailor the return to work approach for and with the worker to account for their needs and workplace factors.

The 10-year lifespan of the Strategy allows sufficient time to tackle complex return to work issues and realise benefits, with regular reporting and the mid-term review ensuring the Strategy remains influential, responsive and on track.

STRATEGIC
OUTCOMES

The vision is supported by a set of national strategic outcomes, which outline in the simplest of terms, what is expected to change if the Strategy is successful.

The outcomes centre on the worker, as the primary beneficiary of the Strategy, and recognise the importance of employers in the return to work process and outcomes. Other stakeholders in the system play a role in contributing to the achievement of these outcomes, as reflected in the guiding principles and action areas of the Strategy.

STRATEGIC OUTCOME 1 — Increase in workers staying in or returning to good work following a work-related injury or illness

STRATEGIC OUTCOME 2 — Increase in positive return to work experiences for workers with a work-related injury or illness

STRATEGIC OUTCOME 3 — Increase in employers preparing for, effectively responding to and managing work-related injury and illness in the workplace

GUIDING
PRINCIPLES

A set of guiding principles support the strategic outcomes, and characterise a positive return to work outcome for workers.

These principles underpin and cut across the practice of all stakeholders, and should govern behaviours, policies and practices at the individual, organisational and system levels.

The guiding principles acknowledge the influence that both employers (organisational hierarchy, systems and processes) and workplaces (organisational culture, leadership and relationships) can have on workers and return to work outcomes.

Guiding Principles

1 Workplaces support the early reporting of work-related injury and illness, and assist workers to navigate the compensation claims process

2 Employers and supervisors appropriately and effectively prepare for, respond to and manage work-related injury and illness in the workplace

3 Workers know their rights and responsibilities and are supported to play a proactive and positive role in their own recovery and return to work

4 Support and intervention is tailored to meet the needs of workers and provided as early as possible

5 The return to work process should not exacerbate existing conditions or create new ones

6 Return to work programs and planning support optimal recovery, and a timely and positive re-engagement in work that is productive for both the worker and the employer

7 Workers return to a physically and psychologically safe and supportive workplace

8 Stakeholders understand, promote and embed the principles of good work in practice, recognising that good work is good for health and supports recovery

9 Stakeholders share relevant information and engage in a coordinated and collaborative approach to return to work

10 There is a commitment to using data and evidence, measuring success and sharing learnings to drive innovation and continual improvement
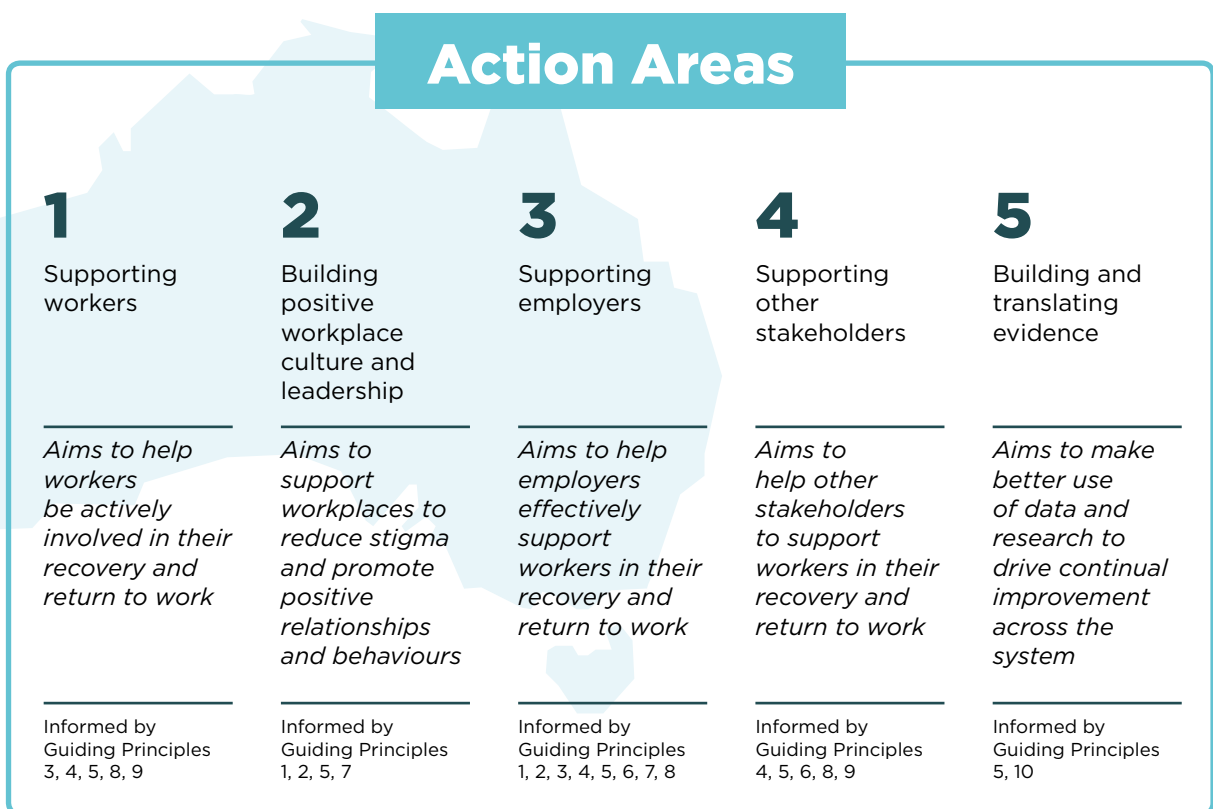
ACTION AREAS
OVERVIEW

The action areas represent the opportunities for change at a national level. They reflect the key elements of return to work arrangements where SWA can influence, guide and inform action over the next 10 years to improve return to work outcomes.

The five action areas are designed to work in tandem, with each influencing and supporting the other to apply the guiding principles and deliver positive return to work outcomes.

Each action area includes national priorities that aim to promote a consistent approach to addressing key barriers and reinforcing key enablers to return to work.

These priorities will inform the development and implementation of national initiatives throughout the life of the Strategy.

Action Areas

1	**2**	**3**	**4**	**5**
Supporting workers	Building positive workplace culture and leadership	Supporting employers	Supporting other stakeholders	Building and translating evidence
Aims to help workers be actively involved in their recovery and return to work	*Aims to support workplaces to reduce stigma and promote positive relationships and behaviours*	*Aims to help employers effectively support workers in their recovery and return to work*	*Aims to help other stakeholders to support workers in their recovery and return to work*	*Aims to make better use of data and research to drive continual improvement across the system*
Informed by Guiding Principles 3, 4, 5, 8, 9	Informed by Guiding Principles 1, 2, 5, 7	Informed by Guiding Principles 1, 2, 3, 4, 5, 6, 7, 8	Informed by Guiding Principles 4, 5, 6, 8, 9	Informed by Guiding Principles 5, 10

ACTION AREA 1
SUPPORTING WORKERS

Action Area 1 aims to help workers be actively involved in their recovery and return to work

National priorities for action

1. Build workers' understanding of the workers' compensation system and return to work, their rights and responsibilities, and their health literacy

2. Gain a deeper understanding of workers' psychological responses to injury to identify ways to assist them in their recovery and return to work

3. Promote best practice tailored, client-centric and coordinated approaches to return to work, underpinned by the principles of good work

SUPPORTING WORKERS

> **Workers' compensation systems are complex, with workers' experiences of the process significantly influencing their return to work outcomes.[25]**

Raising awareness amongst workers about return to work and workers' compensation arrangements, their rights and responsibilities in these areas, and building their health literacy will better enable them to actively engage in their own recovery and return to work. This will help to shape workers' expectations about what will happen, and what they can expect from others, during their return to work journey.

Empowering workers

Workers with a work-related injury or illness have particular rights and responsibilities in the return to work process. These vary across schemes, however there is a common thread of workers notifying their employer of a work injury or illness as soon as practicable, participating in the design and implementation of their rehabilitation and return to work plan, and making reasonable efforts to return to work where they have capacity to do so.

This entails the worker working closely with their employer (often through a nominated return to work coordinator), treating health practitioner/s, claims manager, and in some cases an external workplace rehabilitation provider. At a time when the worker is experiencing physical and/or psychological incapacity and managing the related effects, navigating these relationships and the process may be challenging.

Knowing how to access help from those who can advocate on their behalf is an essential support mechanism for the worker.

This support may come from formal advocates such as representative unions, lawyers and community organisations who can assist workers to navigate the workers' compensation system and return to work process, and understand the role that good work can play in their recovery. Informal advocates such as family, friends and peers can play a role in empowering the worker to ask for help and make informed decisions around their recovery, claim and return to work.

Having access to information on the process and the support to navigate it, and understanding the health benefits of good work and their own physical and psychological health will better enable the worker to aid in their own recovery and return to work.

A literature review by Monash University on barriers and enablers to return to work identified five factors related to a workers' psychological response to injury or illness that can affect their return to work outcome and may be positively influenced.

↳ Pain catastrophising/fear avoidance: workers who describe a pain experience in more exaggerated terms, ruminate on or feel helpless about pain (catastrophising) or who avoid pain-related situations (fear avoidance) have poorer return to work outcomes

↳ Concern about making a claim: workers who are concerned about making a claim have poorer return to work outcomes

↳ Recovery expectations: workers with stronger expectations that they will recover from their injury/illness have better return work outcomes

↳ Self-efficacy: workers with greater belief in their ability to achieve goals (such as recovery or return to work) have better return to work outcomes

↳ Perceived work ability: workers who perceive their ability to function in the workplace as lower than normal have poorer return to work outcomes

These psychological responses provide insight into some of the broader social and environmental factors that may play a contributing role in a worker's recovery and return to work.

Empowering workers to play an active role in their own recovery and return to work requires both practical and psychological support. For those stakeholders supporting the worker, this includes ensuring that return to work processes and practices allow for informed participation of the worker and tailoring support to their needs.

Adopting a tailored, client-centric and coordinated approach

Evidence shows that better return to work outcomes result from a tailored, client-centric approach. To achieve a positive return to work outcome, the process, support and intervention provided by all stakeholders should recognise and respond to an individual worker's needs. A tailored approach to meet these needs rests on the application of the client-centric concept where the worker's social and economic wellbeing is the central outcome.[26]

In practice, this means that employers, treating health practitioners, workplace rehabilitation providers, insurers and claims managers have a responsibility to understand the health benefits of good work and early intervention, have a commitment to collaboration, and take an evidence-based approach to ensuring the best outcomes for the worker.[27]

With the right knowledge, skills and resources, these stakeholders can identify and respond to not only the nature of the worker's injury or illness, but also other biological, psychological and social factors that may influence the worker's recovery and return to work.

Early identification of these factors will help ensure that the worker is offered the right support at the right time.

Studies suggest that the most effective coordinated interventions (involving multiple stakeholders working together) are those that are tailored to address worker specific circumstances.[28]

A coordinated approach to return to work involving the worker, employer and other relevant stakeholders provides the opportunity to collectively consider and adapt the process and support to meet the needs of the worker.

ACTION AREA 2
BUILDING POSITIVE WORKPLACE CULTURE AND LEADERSHIP

Action Area 2 aims to support workplaces to reduce stigma and promote positive relationships and behaviours

National priorities for action

1. Explore the causes and impacts of stigma on workers with a work-related injury or illness and campaign to shift negative perceptions

2. Promote best practice culture and leadership that drives positive and supportive workplace relationships and behaviours

BUILDING POSITIVE WORKPLACE CULTURE AND LEADERSHIP

Workplace culture consists of the shared and demonstrated values, behaviours, attitudes and beliefs that form part of the organisations' written and unwritten rules.[29] It can perpetuate or shield workers from the stigma associated with workers' compensation.

A positive workplace culture, characterised by the employer's commitment to the health, safety and recovery of their workers and supportive workplace relationships, is critical to improving return to work outcomes. Official and unofficial leaders throughout the organisation's hierarchy should have the capability, competence and motivation to demonstrate this commitment.

Reducing stigma

Whether demonstrated in the workplace, amongst peers or in the broader community, attitudes towards workers' compensation can deter workers from disclosing their injury or illness, making a claim and confidently participating in their own recovery and return to work.

Analysis of the 2018 NRTW Survey results shows that 32.2 per cent of workers surveyed thought that people at work (including their peers) would treat them differently if they made a workers' compensation claim.[30]

Workers who were concerned about making a claim have poorer return to work outcomes, with concerns often centred on the employer or community response to this. This is particularly the case for workers with psychological injuries with almost three quarters concerned about making a claim.[31] Research has also shown that workers who were not concerned about claiming are 3.1 times more likely to return to work.[32]

Building a positive workplace culture

The workplace plays a key role in the management and facilitation of a worker's timely, safe and durable return to work.

"The workers' compensation system is defined in law, but is ultimately about people."[33] Leaders at all levels of the workplace can influence the attitudes and behaviours of others. They cultivate and promote the culture of the workplace, and set the tone for relationships throughout the organisation's hierarchy. These relationships, underpinned by organisational systems and processes, have a significant influence on return to work outcomes.

Analysis of 2013 and 2014 NRTW Survey results found a more positive perception of workplace culture prior to injury was associated with greater return to work. When the worker considered the work they were doing and the work environment was positive, they were more likely to be back at work. This association was more pronounced for physical claims (79 per cent compared with 63 per cent), than for psychological claims (59 per cent compared with 58 per cent).[34]

The person who assists with the return to work process may vary across organisations but the relationship between the worker and their immediate supervisor is particularly important.

A study conducted in Victoria surveyed workers about support for return to work from supervisors and co-workers, and found a positive response from the supervisor in particular was associated with durable return to work.[35]

National leadership and culture initiatives under the Australian WHS Strategy 2012-2022 are underpinned by SWA's research into building a WHS safety culture. This research, including identification of the socio-psychological factors that drive behaviour regarding WHS obligations, presents an opportunity to extend these considerations to return to work and strengthen the connection between prevention, early intervention, recovery and return to work.

ACTION AREA 3
SUPPORTING EMPLOYERS

Action Area 3 aims to help employers effectively support workers in their recovery and return to work

National priorities for action

1. Support capability development to enable employers and their staff to effectively support workers and engage with other stakeholders to coordinate and manage timely, safe and durable return to work

2. Promote best practice approaches in providing suitable duties and other workplace adjustments to ensure workers' timely, safe and durable return to work

3. Promote best practice return to work programs, policies and plans that embed the Strategy's guiding principles

4. Tailor national actions to meet specific needs of small and medium businesses

ACTION AREA 3
SUPPORTING EMPLOYERS

> **Evidence shows that the role of the employer, and particularly a worker's supervisor, is critical to positive return to work outcomes.[36]**

While duties for employers contained in legislation are relatively clear, applying these in practice can be challenging. Small and medium businesses[37] in particular face unique challenges in identifying and implementing their regulatory responsibilities, such as:

- limited specialist resources to dedicate to WHS, return to work, workers' compensation or workforce planning

- limited experience with workers' compensation matters due to an infrequency of claims

- limited capacity to provide suitable duties at a practical level, and

- higher proportionate financial costs than larger businesses, for example insurance costs or costs associated with hiring additional staff to cover the absence of a worker and providing suitable duties.

With the right support, employers are better equipped to fulfil their obligations and more effectively support workers with a work-related injury or illness.

Encouraging early contact and ongoing support

Supervisors are most often the first point of contact for workers and how they, and the workplace more broadly, respond to an incident, injury or illness can significantly influence a worker's experience, recovery and return to work.[38]

Workers have better return to work outcomes when workplaces engage early with them and provide support immediately following the notification of a workplace incident or at the first sign of injury or illness, irrespective of whether the worker makes a claim for compensation.

The return to work process starts at the first sign of an injury or illness and continues after the worker returns to work, in whatever capacity, to ensure their work arrangements remain suitable, safe and sustainable over the longer term.

There are practical steps the workplace can take to assist workers early in, and throughout the process:

- responding appropriately and constructively to the notification of an injury or illness

- providing the worker with information on workers' compensation and return to work processes, and their rights and responsibilities in these areas

- reviewing the worker's duties and work environment to identify and address any remaining hazards and risks

- reviewing the effectiveness of control measures to prevent further or future harm

- consulting with the worker and treating health practitioner to determine if recovery at work is appropriate

- consulting with the worker and treating health practitioner to identify reasonable adjustments to the workers' duties, working hours or work environment whilst they recover at work or in order for them to return to work

- making and maintaining contact with the treating health practitioner and claims manager as required, and

- maintaining appropriate contact with the worker throughout the claim and return to work process.

Depending on the workplace, these steps may be undertaken by a nominated return to work coordinator or the worker's supervisor. An external workplace rehabilitation provider will coordinate some of these steps if they are engaged to do so.

Employers should also be encouraged and equipped to help the worker lodge a claim as early as practicable. Data shows that workers with a longer time between their injury and claim lodgement are less likely to report a positive claim experience,[39] and are significantly less likely to report a positive experience with their employer.[40]

These and other early and ongoing support activities should be reflected in the employer's return to work programs and policies, and provided in the context of a safe and supportive workplace.

While early engagement by the employer can contribute to achieving positive outcomes, it should not be used to dissuade workers from making a claim. It is imperative that any action taken by the employer is consistent with, upholds and reinforces worker rights and entitlements.

Improving return to work programs, policies and plans

Legislated requirements for workplace rehabilitation/return to work programs differ in scope of application, however there are broad similarities regarding their intent, content and development.

A workplace return to work program or policy outlines the employer's procedures for handling work-related injury or illness within the workplace. It represents an employer's commitment to the health, safety and recovery of its workers in the event of an injury or illness.

It also presents an opportunity for an employer to reinforce a positive workplace culture by consulting with their workers and conveying a strong commitment to support them at the first signs of injury or illness. The employer is also encouraged to consult with other key return to work stakeholders to develop their program or policy, such as treating health practitioners.

An individual return to work plan, or similar, is a mandatory or encouraged requirement in all workers' compensation schemes, with employers or insurers responsible for ensuring a plan is in place.[41] It outlines a plan for managing a worker's injury or illness in the workplace and facilitates a coordinated approach between the worker, employer, treating health practitioner/s and claims manager, at a minimum.

Employers and supervisors should support the worker to be actively involved throughout the design and implementation of their return to work plan. Where the employer has a nominated return to work coordinator, and where a workplace rehabilitation provider is engaged, they must also be involved in this process.

Rehabilitation providers in particular can provide specialist advice to assist the employer to identify suitable duties and other workplace adjustments to accommodate the individual needs of the worker, based on the principles of good work.

The consultation component of the planning process also provides an opportunity to discuss and agree the steps or actions required, the roles of each stakeholder and the ongoing communication required between these stakeholders to give the worker the best possible chance of recovery and return to work.

Analysis of 2018 NRTW Survey results found that there is a strong relationship between a worker having a positive return to work outcome and a return to work plan being in place. However, despite legislative requirements to have a plan in place, only two thirds (65.3 per cent) of workers surveyed reported having a return to work plan.[42]

Learnings from incidents, injuries and illnesses in the workplace should drive better prevention through hazard identification, risk assessment and control measures. Return to work programs, policies, plans and processes should also be regularly reviewed and continual improvement informed by learnings from experiences and outcomes in the workplace.

Building capability

Creating and maintaining a positive workplace culture requires a commitment to building capability throughout the organisation to appropriately prepare for, respond to and manage work-related injury and illness.

A 2013 study into the knowledge, skills, and behaviours required by supervisors to support return to work found that 33 per cent of workers nominated their immediate supervisor as the most helpful compared with occupational health and safety officers (9 per cent), human resource (HR) staff (4 per cent) or return to work coordinators (3 per cent).[43]

In recognition of the range of responsibilities involved in managing return to work, having a trained return to work coordinator is a requirement in most jurisdictions.[44] However, supervisors are likely to be the first and ongoing workplace contact. Findings from the Australian Bureau of Statistics reported that the majority (76 per cent) of workers reported their work-related injury or illness to their supervisor/ line manager.[45]

Supervisors often do more than workplace HR or WHS officers when it comes to identifying suitable duties for workers, interpreting return to work policies, monitoring the worker's ongoing health, and communicating concern and support as required.[46]

To effectively support the worker, all staff involved in the return to work process must be equipped with the appropriate knowledge, training and support from managers and leaders.

However, education about return to work and the workers' compensation system more broadly should not be exclusive to those who play an official front-line role in facilitating it. Ideally, leaders, managers and all workers throughout the organisation would have an understanding of the health benefits of good work and the return to work process, and the skills and resources needed to support workers.

ACTION AREA 4
SUPPORTING OTHER STAKEHOLDERS

Action Area 4 aims to help other stakeholders support workers in their recovery and return to work

National priorities for action

1. Embed the principles of good work in practice

2. Encourage the use of best practice tailored, client-centric and coordinated approaches

3. Explore best practice early intervention and claims management models

4. Pursue national return to work measures that provide insight into the impact of stakeholder interventions and interactions on return to work outcomes

ACTION AREA 4
SUPPORTING OTHER STAKEHOLDERS

> **Evidence shows that positive outcomes are more likely to be achieved when stakeholders work together to support optimal recovery and return to work.**

While the central focus of the Strategy is on employers and their workers, supporting other key stakeholders involved in the return to work process is critical to the effective operation of the system as a whole.

Treating health practitioners

The worker is likely to interact with a range of health practitioners during their recovery and return to work. While general practitioners (GPs) are most often the primary treating health practitioner, the worker may also receive treatment from a range of other medical and allied health professionals such as surgeons, psychiatrists, psychologists, physiotherapists, occupational therapists and chiropractors.

Results from the 2018 NRTW Survey show that:

↪ 57 per cent of workers surveyed identified their GP as their primary treating health practitioner, 21.9 per cent identified their physiotherapist, and 11.4 per cent their surgeon

↪ 85.2 per cent of workers saw two or more health practitioners, and

↪ the majority of workers with fractures, psychological injuries and musculoskeletal disorders saw three or more practitioners.[47]

It is widely accepted that treating health practitioners and GPs in particular have traditional roles of assessing, diagnosing, treating and in some cases certifying the capacity of patients. However, undertaking these roles with a return to work focus, based on the principles of good work can be challenging in practice.

Certificates of capacity are a vital communication tool between a medical practitioner (generally a GP, surgeon or psychiatrist), the employer and the claims manager. It is widely acknowledged that certification practices influence return to work outcomes, highlighting the importance of ensuring these practices are as effective as possible.[48]

Communication and coordination between treating health practitioners and with other stakeholders, is important to facilitate optimal recovery and return to work for workers.

In addition to the certification process, the worker's individual return to work plan is an opportunity for the employer and worker to engage early with the treating health practitioner. Involving treating health practitioners in the design and implementation of the worker's plan encourages them to view the worker's recovery through the lens of their work capacity and help support them to prepare for returning to work.

Workplace rehabilitation providers

Workplace rehabilitation services are designed to promote and realise the health benefits of good work. External workplace rehabilitation providers are usually engaged by the insurer in more complex cases to provide professional rehabilitation services and facilitate a coordinated approach to developing and implementing the worker's return to work plan.

Rehabilitation providers work closely with the worker, employer, treating health practitioner/s and claims manager to determine and provide appropriate support for the worker based on their particular injury, illness and circumstances. Depending on the jurisdiction, rehabilitation providers can deliver a range of services from functional and workplace assessments and advice concerning job modification, to rehabilitation counselling, vocational retraining and assistance with job seeking.

There is a widespread difference in the use of rehabilitation providers across jurisdictions. For example, 55 per cent of surveyed workers in Queensland reported that a workplace rehabilitation provider was engaged to help in their return to work, compared to 83 per cent in Western Australia.[49]

In 2016 almost three quarters (74 per cent) of surveyed workers stated that a workplace rehabilitation provider was engaged to help them return to work. Workplace rehabilitation providers are more commonly used by self-insured and large organisations (77 per cent each) than medium (73 per cent) and small businesses (71 per cent), although the difference is relatively insignificant.[50]

The role that rehabilitation providers play in facilitating a worker's return to work requires them to be qualified and competent health professionals. They are also expected to tailor support for the worker with consideration to the biological, psychological and social factors that may influence their recovery and return to work, be proficient in applying the principles of good work to each individual case, and take a collaborative approach with a range of stakeholders.

Insurers/Claims managers

Claims management is a critical component of Australian workers' compensation systems. It is a primary mechanism for supporting recovery from injury and illness and return to work.[51]

Having a positive claims experience is strongly associated with having returned to work, with workers who report positive experiences being up to three times more likely to achieve better return to work outcomes than those reporting negative or neutral experiences.[52]

Providing early, tailored and client-centric intervention

Commencing intervention and treatment as soon as practicable after an injury or illness in most cases leads to better outcomes, and reduces the human and financial costs associated with workers' compensation claims or other forms of leave.[53]

In addition to employers and treating health practitioners, insurers and claims managers play a role in providing early, tailored, client-centric and coordinated intervention to workers experiencing a work-related injury or illness. Some workers' compensation schemes offer provisional liability, allowing the payment of benefits and medical expenses before a decision is made on the claim. Provisional liability can reduce delays to a worker accessing appropriate medical intervention and reduce other potential stressors while the claim is being determined. In privately underwritten schemes, some insurers reportedly cover early medical and treatment costs prior to claim determination as a way of differentiating themselves in a competitive insurance market.

Any early intervention provided throughout the claims process should recognise and respond to an individual worker's needs. Taking a tailored and client-centric approach to claims management is being widely considered and adopted within workers' compensation schemes, in recognition that one size does not fit all injuries, illnesses or individuals.

The best practice framework for the management of psychological claims supports insurers and agents in the claims management process. The framework suggests using a biopsychosocial approach to understand workers' circumstances, identify barriers to desired outcomes and provide appropriate support for the worker. This approach takes a holistic view of disability, understanding that social and environmental factors influence recovery alongside biological factors.

Tailored and client-centric approaches can start early in the insurer's interactions with the worker, with claims triage and management practices designed to consider the worker's individual circumstances, identify risk factors to their recovery, and tailor the claims process and support accordingly. Identifying and addressing risk factors can help to prevent exacerbation of existing injury or illness and minimise further harm.

A key challenge for early intervention, and a timely return to work, is delay in decision-making by the employer and insurer. Delays in time taken to determine a workers' compensation claim or to make decisions around approval for treatments and services, results in poorer return to work outcomes.

A systematic review of 57 studies identified that specific compensation system processes may impede return to work, including delays in decision-making, strict/rigid processes and poor communication.[54] These barriers can have a significant impact on the worker making a claim.

Studies suggest that excessive delays in claim decision-making has been reported as stressful by claimants, and that this stress is associated with greater disability, higher incidence of anxiety and depression, and lower quality of life.[55] More than 34 per cent of claims take longer than 30 days between incident and insurer decision time.[56]

Identifying and improving the modifiable aspects of claims processing and determination practices will better support positive return to work outcomes.

Building capability of claims managers and their organisations

The job of a claims manager is complex and high pressure. It is essential that those responsible for triaging and managing claims have the knowledge, skills and support from the organisation to perform their roles effectively.

Claims managers regularly engage with the worker, employer, treating health practitioner and workplace rehabilitation provider on aspects of the worker's return to work plan such as return to work goals and suitable duties. They also play a role in educating and engaging treating health practitioners on applying the principles of good work in practice.

Best practice claims management is more than simply a matter of processing, and is shifting to be client-centric and outcomes focussed. It requires claims managers to have soft skills (e.g. negotiation, supportive communication, empathy), knowledge of how to apply the principles of good work and the biopsychosocial approach, and the ability to coordinate and tailor the process and support to meet the needs of the worker.

ACTION AREA 5
BUILDING AND TRANSLATING EVIDENCE

Action Area 5 aims to make better use of data and research to drive continual improvement across the system

National priorities for action

1. Targeted in-depth analysis of the National Return to Work (NRTW) Survey results to identify areas for future focus to improve return to work outcomes

2. Explore opportunities to build on the existing NRTW Survey

3. Pursue improvements to the quality of the National Data Set for Compensation-based statistics (NDS) through more consistent and comprehensive data collection

4. Gain a better understanding of return to work from an employer perspective

5. Establish a national research agenda with a focus on making better use of research and data, and addressing critical evidence gaps

6. Explore opportunities to develop a national evidence platform to provide a coordinated approach to collating and sharing evidence

7. Explore a more coordinated approach to identifying research of national significance and translating into practice

ACTION AREA 5
BUILDING AND TRANSLATING EVIDENCE

There is no shortage of research and literature on workers' compensation and return to work in Australia and internationally. However, this work is not typically undertaken in a coordinated way, widely disseminated or translated into practice.

Building evidence

A core function of SWA's work is developing an evidence base to inform workers' compensation policy and practice. SWA has stewardship of a number of national datasets that provide insights into workers' compensation claims and experiences in the return to work process.

National Return to Work (NRTW) Survey

The NRTW Survey was first conducted in 2012 and measures the return to work outcomes of workers with a compensable work-related injury or illness to better understand their return to work journey and the factors that can influence their experience and outcomes.

SWA collaborated with participating jurisdictions, worker groups, employer groups, the Social Research Centre and Monash University to update the 2018 survey. While the headline measures remained, a substantial portion of the survey was revised to incorporate measures across the four domains relating to the worker, employer, healthcare provider and insurer to gain a broader understanding of the worker's experience.

National Data Set for Compensation-based statistics (NDS)

The NDS lists a standard set of data items, concepts and definitions for inclusion in Australian workers' compensation systems. The NDS has been implemented in workers' compensation-based collections administered by state, territory and Australian government agencies to enable the production of national and nationally comparable jurisdictional data.

Understanding an employer's perspective

Research and initial consultation to inform the Strategy identified a range of barriers and enablers to return to work. Of the four domains,[57] the worker and the employer were shown to have the most barriers and enablers, with many of these identified as strategic opportunities to improve return to work outcomes.

Results from NRTW surveys have been crucial to understanding the return to work process from a worker's perspective. There are opportunities to build a more complete picture by capturing insights into the return to work policy, practice and experience of employers. Combined, this information will help to identify areas for improvement that would have the most impact for these two key stakeholders in the return to work process.

Evidence gaps

The Strategy must be responsive to both immediate priorities and emerging issues, and provide a coordinated approach to building, sharing and translating evidence that informs national and jurisdictional policy and practice.

Evidence building will be a dynamic and enduring program of work under the Strategy, focussing on areas that are highly influential on return to work outcomes. Areas of interest include gaining insights into the impact of particular return to work interventions, the causes and prevention of primary and secondary psychological injuries, and the implications of the changing nature of work.

Addressing evidence gaps will support the design and implementation of national initiatives under the Strategy and identify opportunities to leverage existing research and data on a national scale.

Sharing and translating evidence into practice

SWA plays a key role in supporting Members to translate evidence into practice through the analysis of research and data, and the development of consistent messaging, targeted information and best practice guidance for various workers' compensation stakeholders.

This is in addition to the large volume of research and resources produced by others in the sector. Currently, this body of evidence and information is available in a range of formats and across various locations.

There are opportunities to take a more coordinated approach to sharing and translating evidence at a national level, with a view to promoting the use of consistent messaging and informing policy and practice in areas of national significance.

MONITORING AND GOVERNANCE

In this Chapter

› Measuring success

› Governance and implementation

› Review and evaluation

MEASURING SUCCESS

> **Measuring success, that is, the progress towards achieving the Strategy's strategic outcomes will provide signposts throughout the life of the Strategy. This will ensure the most efficient and effective use of resources are directed to improving return to work outcomes.**

A number of factors make it challenging to measure return to work outcomes. The timeliness of data collection, variable data quality, data gaps, siloed datasets and limited understanding of the relationships between indicators, make it difficult to identify the influencers of return to work outcomes and their contribution to positive or negative outcomes.
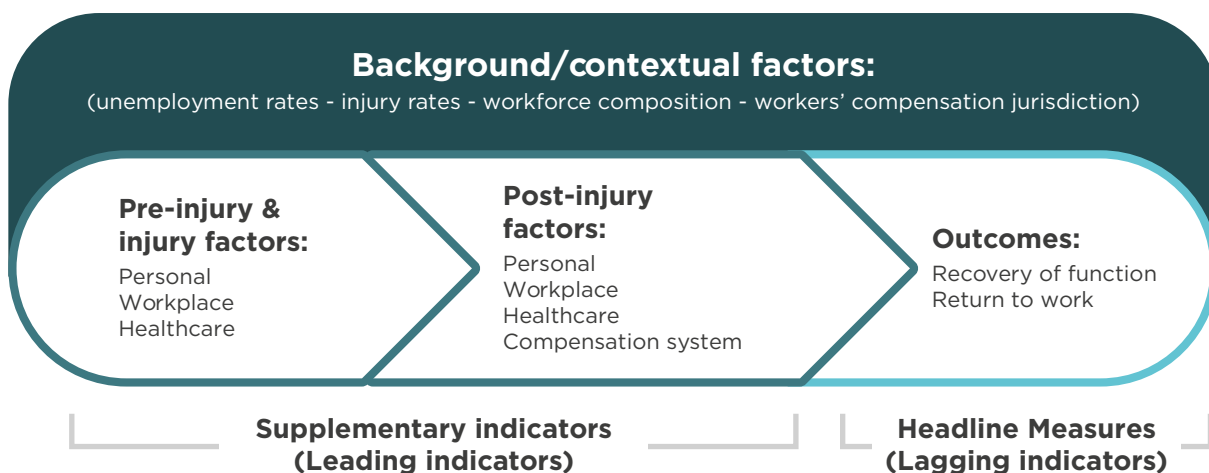
In recognition of these constraints, existing return to work headline measures will be used to measure progress. These will be supported by improved and/or new measures and indicators developed under the Strategy. This will provide additional information on the success of return to work beyond the conventional measures of return to work rates and disability duration, and better inform national initiatives.

The measures and indicators will be articulated in a measurement framework to be developed in parallel with implementation planning. The framework will allow for more nuanced measures to track progress against the strategic outcomes and inform identification of appropriate targets for the Strategy.

Measurement framework model

SWA engaged the Insurance, Work and Health Group (IWHG) at the School of Public Health and Preventive Medicine at Monash University to review available national data sources for return to work measurement and provide advice on measuring return to work outcomes under the Strategy.

The measurement framework model below, developed by IWHG, provides the architecture for further work to determine appropriate measures, indicators and targets for the Strategy. The model is derived from a range of accepted scientific models in injury epidemiology and occupational health, and includes information on both return to work outcomes (lagging indicators) and the factors that influence whether those outcomes are achieved (leading indicators).

Background/contextual factors:
(unemployment rates - injury rates - workforce composition - workers' compensation jurisdiction)

Pre-injury & injury factors:
Personal
Workplace
Healthcare

Post-injury factors:
Personal
Workplace
Healthcare
Compensation system

Outcomes:
Recovery of function
Return to work

**Supplementary indicators
(Leading indicators)**

**Headline Measures
(Lagging indicators)**

An important feature of the model is that the indicators cover the four domains of the worker, workplace (employer), healthcare and compensation system (insurer) – the key stakeholders in the return to work process. Coupled with collection of both quantitative and qualitative data, this enables a more holistic view of the worker's recovery and return to work journey, and helps to inform targeted national action.

The headline measures and supplementary indicators listed at **Appendix A** will be considered as part of the design of the measurement framework. This list will be refined based on a set of quality criterion to ensure the framework effectively tracks progress against the strategic outcomes.

National targets

Like the *Australian WHS Strategy 2012-2022,* the Strategy will include a set of national targets to focus attention and drive action to improve return to work outcomes.

National targets will be progressively introduced into the Strategy as the measurement framework is implemented and critical data gaps are addressed. This staged approach ensures that targets are both aspirational and achievable, and founded on a meaningful set of baseline measures. Work in years 1-5 of the Strategy focusses on:

- Establishing baseline measures using relevant existing data against which to monitor progress

- Refining measures and indicators for inclusion in the measurement framework based on their efficacy and applicability to the strategic outcomes

- Setting targets progressively during the first 5 years as baselines of new and/or improved measures and indicators are established

- Monitoring the new and/or improved measures and indicators and refining as required.

GOVERNANCE AND
IMPLEMENTATION

Governance

Active involvement of SWA Members, the jurisdictions and organisations they represent and the stakeholders they work with, is critical to the success of the Strategy.

SWA Members have strategic oversight, direction and engagement on the Strategy.

SIG-Workers' Compensation have operational oversight of the Strategy and report on progress to SWA Members.

Working Groups or Temporary Advisory Groups may be established to develop and/or oversee specific national initiatives identified through implementation planning that are progressed through SWA's governance.

Implementation roles and responsibilities

SWA coordinates implementation of the Strategy including developing the national implementation plan and annual work plans, and measuring and reporting the progress of the Strategy.

The Strategy is a framework through which existing and new work that contributes to the achievement of the Strategy can be identified, mapped and monitored. National priorities under each action area will guide the selection and design of initiatives over the life of the Strategy.

Subject to SWA Members agreeing on the annual SWA work plan, SWA may be in a position to progress particular national initiatives that align with its legislated functions relating to workers' compensation and return to work. These initiatives would be undertaken through SWA's governance.

Individual SWA Members retain responsibility for progressing their own initiatives in their respective jurisdictions and representative organisations that align with the intent of the Strategy. These initiatives will remain outside of SWA's governance, with individual SWA Members encouraged to report progress and share learnings throughout the life of the Strategy.

Implementation planning

In the first year of the Strategy, SIG-Workers' Compensation will develop an implementation plan for the Strategy's first five years, culminating with the mid-term review. The implementation plan will provide a high-level schedule of national initiatives that SWA will progress as part of the annual SWA work plan, and visibility of initiatives and activities that SWA Members are progressing or plan to progress that contribute to the national priorities.

REVIEW AND
EVALUATION

Progress reporting

The measurement framework will be developed in parallel, allowing key measurement activities to feature in the implementation plan. Identifying and tracking appropriate return to work measures and indicators will inform national initiatives and the continual improvement of return to work policy and practice more broadly.

Based on the measurement framework, SWA will track progress of the Strategy against the strategic outcomes, producing a national 'scorecard' at years one, three and five to report progress and inform future work. After the mid-term review in year five, the scorecard will be produced in years six, eight and ten.

Jurisdiction-specific reporting against the Strategy will showcase progress, and provide the opportunity to leverage positive outcomes and share success stories between jurisdictions.

A short report outlining key achievements and future areas of focus will be publicly released to coincide with the scorecard.

↪ how effectively the Strategy drives and leverages national action (how influential it is)

↪ progress against the strategic outcomes and towards the national targets (how impactful it is)

↪ challenges or areas requiring a more dedicated focus in the remaining five years of the Strategy, and

↪ the appropriateness of existing measures and targets for the remaining five years of the Strategy.

The review will be conducted in consultation with SWA Members and key stakeholders, and will consider information from a range of sources. The outcomes of the review will be provided to SWA Members for response and WHS ministers for information. It is intended that the key findings would be made publicly available.

Mid-term review (5 year)

SWA will undertake or commission a more in-depth analysis of the effectiveness of the Strategy after the first five years of implementation.

Terms of reference for the review will be developed by SIG-Workers' Compensation and agreed by SWA Members, and could include consideration of issues such as:

Full-term evaluation (10 year)

This evaluation will follow a similar method to the mid-term review including reporting on results against the national targets. It will focus on the efficacy of the Strategy as a whole, and inform future strategic directions for SWA.

APPENDIX

The tables below present a comprehensive suite of lagging and leading indicators across multiple domains, which will be considered during the design of the Strategy's measurement framework.

This suite of indicators was informed by research undertaken by the Insurance, Work and Health Group (IWHG) at the School of Public Health and Preventive Medicine at Monash University, which identified available return to work data sets and data that is not currently available.

A set of quality criterion will be applied to determine the indicators' applicability to the Strategy:

↳ Importance/relevance – the indicator reflects an issue that is important in return to work and relevant stakeholders, and consistent with the intent of the Strategy and SWA's role

↳ Measurability – there are data sources that can be used to measure the indicator

↳ Actionability – the indicator is likely to inform and influence public policy, alter behaviour and/or increase understanding by stakeholders in order to improve return to work outcomes

↳ Evidence-based – there is good evidence to support measuring and reporting on the indicator

↳ Feasibility – the indicator is calculable, and data is timely

↳ Interpretability – the indicator is clear and can be easily interpreted by a range of audiences, and the results are comparable and easy to understand, and

↳ Data quality – the indicators includes data quality such as technical definition, calculation methodology, validity and reliability of measurement, and timeliness of data.

A refined list of measures and indicators will be included in the measurement framework to measure progress against the Strategy's strategic outcomes and inform identification of appropriate targets for the Strategy.

Headline lagging measures – outcomes based

Existing return to work headline measures will be used to measure progress and be supported by other measures and indicators developed under the measurement framework.

Return to work measure	Definition	Data Source
Durable return to work rate	Proportion of injured workers who took time off work and returned to work, and have been back at work for a designated amount of time (e.g. 3 months or more)	NRTW Survey
Returned to work rate	Proportion of injured workers who took time off work and have returned to work for any period of time at any stage	NRTW Survey
Current return to work rate	Proportion of injured workers who took time off work and returned to work, and were working at the time of the survey	NRTW Survey
Return to Work – Disability duration	Can be reported as the median cumulative duration of compensated time loss	NDS

Recovery of function measure	Definition	Data Source
Recovery – Work role functioning	Captures injured worker responses to the Work Role Functioning Questionnaire, a validated measure	NRTW Survey
Recovery – Perceived work ability	Asks injured workers to rate their current work ability compared to their best on a 0 to 10 scale	NRTW Survey

APPENDIX

Supplementary leading indicators – pre-injury and injury factors

The factors listed in the supplementary leading and lagging indicator tables below are identified as either a barrier or enabler to return to work and have moderate or strong evidence of an effect on return to work outcomes.

Domain	Factor	Data Source/s and measure
Personal	Age of worker	NDS – records date of birth and injury/illness, from which the injured worker's age at the time of injury can be derived.
	Injury severity	Data coverage gap
	Prior sickness absence	Data coverage gap
	Injury type	NDS – covers nature, bodily location, mechanism, agency, and breakdown of disease among compensated injuries based on the Type of Occurrence Classification System (TOOCS). Note of caution: there are considerable inconsistencies between jurisdictions in their application of these codes. Coding has been modified to make them more comparable across jurisdictions.
		NRTW Survey – derived from claim records, so has the same caveats as the NDS above.
		Work-Related Injuries Survey – provides estimates of the number and proportion of all work-related injuries sustained. This is useful background material as it is not filtered by the compensation process to exclude claims not lodged.
		Comparative performance monitoring report – reports mechanism of injuries. Derived from claim records, so has the same caveats as the NDS above.
	Co-morbid conditions	NRTW Survey – asks the injured worker what conditions they have been diagnosed with in addition to their work-related injury/illness. This was added to the 2018 version of the survey.
	Level of education	NRTW Survey – asks injured workers their highest level of completed education. This was added to the 2018 version of the NRTW Survey.
	Income / socio-economic status	NDS – captures the injured worker's postcode of residence and normal weekly earnings. The postcode can be mapped to the Socio-Economic Indexes for Areas (SEIFA), specifically the Index of Relative Socio-Economic Advantage and Disadvantage (IRSAD).
	Home/Community social support	Data coverage gap

Domain	Factor	Data Source/s and measure
Workplace	Workplace/co-worker social support	Data coverage gap
	Physical job demands	NRTW Survey – JP3(a) asks injured workers whether their job was physically demanding
	Employer size	NDS – captures the number of full-time equivalent workers employed in the organisation, commonly generated through employer reported payroll estimates, though data quality varies between jurisdictions.
		NRTW Survey – survey reports break down by employer size, based on the organisation's total remuneration. Categories change between surveys.
	Job control/decision latitude	NRTW Survey– asks injured workers whether they had a lot of freedom to decide how they did their own work.

Supplementary leading indicators – post injury factors

Domain	Factor	Data Source/s and measure
Personal	Self-efficacy	NRTW Survey – contains the *Return to Work Self-Efficacy* scale. The scale was added to the 2018 survey so at the time of writing there is no baseline or time series on which to evaluate performance.
	Recovery expectations	Data coverage gap
	Intensity/extent of pain	NRTW Survey – asks the *Numeric Pain Rating Scale* and the duration of pain.
	Self-rated health (general health)	NRTW Survey – asks injured workers to rate their health on a scale of 'Poor', 'Fair', 'Very good', and 'Excellent'.
	Self-rated health (mental distress)	NRTW Survey – asks full *Kessler* 6 scale standardised questionnaire of mental distress. The scale was added to the 2018 NRTW Survey so at the time of writing there is no baseline or time series on which to evaluate performance.
	Pain catastrophising/ fear avoidance	Data coverage gap
	Specific/ radiating pain	Data coverage gap
	Concern about making a claim	NRTW Survey – has collected this for at least the last three surveys.

APPENDIX

Domain	Factor	Data Source/s and measure
Workplace	Work accommodation	NRTW Survey – asks injured workers whether their workplace offered modified or alternative duties, whether the injured worker accepted the offer, and if they refused the reason why.
	RTW planning	NRTW Survey – asks injured workers whether they had a RTW plan, whether it was written, whether they were involved in its development, and whether they found it useful. These were in the 2016 version of the survey but have been modified slightly to adjust their response range.
	RTW coordination	NRTW Survey – asks injured workers whether they have a RTW coordinator, whether they were internal or external, whether they have been contacted by their coordinator since the injury, and the stressfulness of their interactions. The items were added to the 2018 survey so at the time of writing there is no baseline or time series on which to evaluate performance.
Healthcare	Work-focussed healthcare	NRTW Survey – asks injured workers whether they had work-focussed questions with their healthcare provider, such as workplace demands, activities they could do, likely RTW date, regularly discussed RTW progress, potential barriers to RTW, recommendation of activity as part of recovery. These were added to the 2018 survey so at the time of writing there is no baseline or time series on which to evaluate performance.
	Amount of medical intervention, e.g. treatments and consultations	NRTW Survey – asks about the number of healthcare providers and type of providers consulted during the RTW process. This could be a proxy for specific types of interventions, such as surgery, but may be limited in other domains.
		NDS – provides dollar figures for payments for medical services in a financial year up to 6 years post-claim. However, these data have been found to be unreliable. Each jurisdiction has its own more detailed data on treatments, such as demonstrated with Victoria's Compensation Research Database. If these can be harmonised into the NDS, it will be a major opportunity to improve its value.
Insurer/ Compensation	Administrative delays	NDS – captures date of insurer liability decision and the date of notification or lodgement of the claim (treated as the same date in the NDS). The amount of time between the dates can be derived by subtracting date of notification/lodgement of claim from date of insurer decision.

APPENDIX

Domain	Factor	Data Source/s and measure
Insurer/ Compensation	Receipt of compensation	Work-Related Injuries Survey – reports proportion of injured workers who received workers' compensation, the proportion who applied but did not receive workers' compensation, and reasons why injured workers did not apply for workers' compensation.
		NDS – captures whether the claim is accepted, pending, or rejected, from which it is possible to derive rejection rates by jurisdiction. However, there are some concerns about the accuracy of these data.
	Amount of wage compensation	Comparison of workers' compensation arrangements in Australia and New Zealand – reports summaries on the rate of wages compensated, caps on the maximum amount, and step-downs in the rate that occur in every jurisdiction at set times in the claims process, by jurisdiction. Note this is a policy summary (hence why it is not listed as a data source), not data on what injured workers actually receive.
		Comparative performance monitoring report – reports rate and caps in wage compensation by jurisdiction. Categorises compensation by earnings into higher ($2200 weekly earnings), middle ($1600), and lower earnings groups ($950). Only provides information on cap if these categories cross the earnings threshold, so not as precise as the *Comparison* series of reports.
	Quality of interaction with insurer	NRTW Survey – captures whether an injured worker had a difference of opinion with their claims organisation, whether they required assistance to resolve it, and if they needed assistance who was the person who provided it.
		NRTW Survey – includes the *Perceived Justice of the Compensation Process* scale, which ask the injured worker about their perceptions of justice in the workers' compensation system. This contains four subscales: distributive justice, procedural justice, informational justice, and interpersonal justice.
		Comparative performance monitoring report – reports the rate of formal appeals against insurer decisions, excluding common law, the resolution rate, and the resolution rate by time since dispute began.
	Lawyer involvement	NRTW Survey – asks injured workers who deals with their worker's compensation claim and includes solicitor/lawyer as an option.
		NRTW Survey – asks injured workers if they needed help to navigate the process, who helped them (with lawyer as an option), and who was the main person who helped navigate the system (with lawyer as an option).

ENDNOTES

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3   See for example: A Dembe, 'Social inequalities in occupational health and health care for work-related injuries and illnesses', International Journal of Law Psychiatry vol. 22, no. 5-6, 1999, pp. 567-79; A Asfaw, R Pana-Cryan, PT Bushnell, 'Incidence and costs of family member hospitalization following injuries of workers' compensation claimants' American Journal of Industrial Medicine vol. 55, no. 11, 2012, pp. 1028-36.

4   See Department of Employment, *Review of Safe Work Australia's Role and Functions*, (August 2016), pp. 26.

5   SWA, *25th Edition Comparison of workers' compensation arrangements in Australia and New Zealand (2017)* (SWA Comparison Report), pp. 131.

6   The Social Research Centre, Australian National University, *National Return to Work Survey 2018 - Headline Measures Report*, prepared for SWA, (September 2018).

7   See SWA Comparison Report, above n 5.

8   May also be referred to as rehabilitation coordinator, workplace rehabilitation coordinator, rehabilitation and return to work coordinator.

9   May also be referred to as workplace rehabilitation consultant, occupational rehabilitation provider, vocational rehabilitation provider, approved rehabilitation provider, approved rehabilitation program provider, approved program provider, vocational services provider, allied health provider.

10 Serious workers' compensation claims refer to claims where the work-related injury or illness has resulted in one or more weeks off work.

11 SWA, *National Data Set for Compensation-based Statistics*, (2016-17).

12 Data for 2016-17 is considered preliminary (denoted by a 'p') and is subject to upwards revision as further claims are finalised. As such, preliminary year data is not used when looking at trends or with respect to time lost from work.

13 The rates presented in this time series chart relate to the specific 'historic' cohort within the NRTW Survey. The historic cohort related to workers' compensation recipients that had 10 or more days off work and whose claims was submitted 7-9 months prior to the Survey. This cohort is used to enable comparisons with older iterations of the Survey and thereby enable a longer time series of rates to be created. The data from the Survey used in the remainder of this section relate to the full Survey sample (historic and balance cohorts) which relate to workers' compensation recipients that had at least one day off work and whose claims was submitted between 1 February 2016 and 31 January 2018.

14 Current Return to Work Rate refers to those respondents that had returned to work since their work-related injury or illness and who were currently working in a paid job at the time of the survey.

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ENDNOTES

18 Small businesses are those with 0-19 employees *Small Business Counts: Small Business in the Australian Economy*

19 *SWA 2018 NRTW Survey – Summary Report*, SWA, Canberra (2018).

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37 Small businesses are those with 0-19 employees, medium businesses are those with 20-199 employees *Small Business Counts: Small Business in the Australian Economy*

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39 COMPARE Project Team (claims experience), above n 25.

40 COMPARE Project Team (employer support), above n 21.

41 *SWA Comparison Report*, above n 5.

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