

Survey of long-term injured workers

Research Report

A cross-sectional survey to address gaps identified in the understanding of long-term injured worker outcomes.

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EXECUTIVE SUMMARY

The Victorian Injured Worker Outcomes Study (VIWOS) Research Program was initiated by WorkSafe in 2016. The key focus of the research is on understanding the recovery journey both prior to and beyond 130 weeks of income replacement, which is when a worker will cease receiving income compensation unless they can prove permanent incapacity (referred to as “the 130 week test”). VIWOS involves three phases of research:

1. A qualitative study based on interviews of long-term injured workers and key informants
2. Analysis of WorkSafe data to establish factors associated with injured workers reaching 52 weeks and 130 weeks on wage replacement benefits
3. A mixed methods approach consisting of a research evidence synthesis, worldwide evidence review, environmental scan and this cross-sectional survey of long-term injured workers.

Aims of the VIWOS Phase Three survey

The key research aims of the VIWOS Phase Three survey were to investigate:

- Health and recovery outcomes for injured workers leaving the workers’ compensation scheme after around four years post-injury
- The social, economic, behavioural and health impact(s) of leaving the scheme around four years after a long-term injury
- Experiences of injured workers dealing with insurance agents, WorkSafe and providers
- The formal and informal supports and financial benefits sought and received by injured workers during their long-term injury

The cross-sectional telephone-based survey was carried out by Wallis Market and Social Research. The population targeted for the VIWOS survey were sourced from WorkSafe Victoria claims recorded as having 52 or more weeks of income replacement, and ceased income support at any time between 1 January 2015 and 31 December 2017. No limits were placed on the age of the claim or the type of injury.

Key findings

Overall RTW outcomes

- The vast majority of workers attempted to return to work (RTW) after their initial workplace injury or illness (81%) with 47% finding employment within the first six months
- Nearly half of workers were currently employed at the time of the survey and many found initial transient employment with their previous employer, with over half attempting two or more times to RTW
- Most who found employment tended to stay within the same industry, albeit with lower hours, modified duties, and at times, lower pay
- Age plays an important factor in RTW outcomes
 - The younger the worker, the more likely to RTW with a different employer
 - The older the worker, the more likely to not RTW

Workers who left the compensation system prior to 130 weeks due to RTW

- 83% (n=54) were employed at the time of the survey, with 14% (n=9) planning to RTW
- Showed the best recovery rates after their workplace injury or illness

Workers who left the compensation system prior to 130 weeks due to other reasons

- The reasons for leaving the system may have included non-compliance
- 48% (n=133) were currently employed and 23% (n=63) self-reported they were permanently unable to work due to their workplace injury or illness

Workers with payments that ceased at 130 weeks based on exhibiting work capacity

- Only 36% (n=98) were currently employed, and 34% (n=92) reported being unable to work

Workers who left the system after 130 weeks

- Reasons for leaving the system may have included Common Law payments, retirement and termination of payment
- Only 14% (n=12) were currently employed and over half (n=42) reported being unable to work
- 24% (n=20) of this group were actively planning to RTW

Overall health and recovery outcomes

- Nearly all participants reported restrictions in everyday activities due to their workplace injury or illness and less than half believe they will ever fully recover
- Self-perceived recovery was found to be neither necessary nor sufficient for RTW
 - 10% of those currently employed felt they have not recovered at all
- A positive perception of recovery increased the likelihood of successful RTW with the same employer and duties, and reduced time spent on benefits
- A negative perception of recovery increased the likelihood of no RTW, was associated with being permanently unable to work, reduced health literacy and a perception of others at fault for their workplace injury or illness
- RTW outcomes and time on compensation correspond with self-reported recovery rates
- Mental health claimants were more likely to report a full or near full recovery
- Even with good recovery rates, those aged over 55 had the lowest rate of current employment

Overall experiences of the injured workers

- The RTW outcome heavily influenced overall perceptions of WorkCover experience
- Communication was a key factor in both positive and negative experiences. This is a suggested area of improvement for WorkCover
- There was a clear divide in how the participants viewed their insurance agent while healthcare providers were viewed favourably by all
- Strong view against having to repeat information to different people

Formal and informal supports

- Major forms of support were the GP, WorkCover insurance agent and work environment
- Many rehabilitation services were utilised by those with a physical injury, however, more mental health services were utilised the longer the worker was on benefits
- Legal advice was readily sought, both for general advice, as well as to aid with grievances

Financial benefits and assistance

- Many workers were required to supplement their current income through personal savings, Centrelink benefits, support from family members, and through the sale of assets
- 37% needed to sell one or more assets because of their workplace injury or illness, most commonly this was a car (13%) or their house (9%)
- Those who sought financial support from services such as Centrelink, predominantly did so after their compensation payments ceased
- Financial hardship was experienced regardless of RTW outcome, with 39% not able to pay a utility bill on time and 27% fell behind on rent or mortgage payments. This led to 27% needing to pawn or sell an item, and 19% going without meals.

Implications of this report

- After leaving the compensation system, many in this cohort did not believe they had recovered from their workplace injury or illness.
- Many workers also reported that they had suffered financially from their workplace illness or injury after leaving the compensation system.
- In general, this cohort was highly motivated making many attempts to RTW
 - Returning to work earlier was associated with the best overall outcomes
 - Employment after injury was seen as transient rather than permanent for most
 - Injured workers would prefer to RTW
- The longer a worker received payments, the lower their recovery and RTW prospects
 - A high proportion of those with terminated payments perceived themselves no longer being able to work
 - This report describes potential target populations for future RTW/recovery interventions
- Age was found to be associated with RTW and recovery with those older demonstrating lower outcomes and those younger more likely to find work with a different employer
 - Potentially a predictor to use in program design

1. BACKGROUND

Project background

The Institute for Safety, Compensation and Recovery Research (ISCRR) is a collaboration between WorkSafe Victoria (WorkSafe) and Monash University (Monash). The Institute facilitates and conducts research into occupational health and safety, recovery from injury, trauma care, and compensation system design.

The Victorian Injured Worker Outcomes Study (VIWOS) Research Program was initiated by WorkSafe in 2016. The key focus of the research is on understanding the recovery journey both prior to and beyond 130 weeks of income replacement, which is when a worker will cease receiving income compensation unless they can prove permanent incapacity (referred to as “the 130 week test”).

The VIWOS research project is being conducted in three phases, with the first two phases now complete. Phase one comprised a qualitative interview study, and phase two comprised secondary analysis of workers’ compensation claims data. Phase three involved a research evidence synthesis, a comprehensive review of local and international literature, a desktop scan followed by key informant interviews on current activities internationally and nationally that are designed to re-engage long-term injured workers and/or prevent claims becoming long-term and this cross-sectional survey of long-term injured workers.

Research objectives

The research aims of the VIWOS phase three survey were to investigate:

- Health and recovery outcomes for injured workers leaving the workers’ compensation scheme after around four years post-injury
- The social, economic, behavioural and health impact(s) of leaving the scheme around four years after a long-term injury
- Experiences of injured workers dealing with insurance agents, WorkSafe Victoria and providers
- The formal and informal supports and financial benefits sought and received by injured workers during their long-term injury.

The questionnaire was developed using established scales and items, ensuring valid measurement and may provide a point of comparison with broader populations.

2. METHODS

Cross-sectional survey

The cross-sectional survey was carried out by Wallis Market and Social Research. Data collection for the VIWOS survey was conducted using Computer Assisted Telephone Interviewing (CATI). All members of the interviewing team attended a thorough briefing that covered the activities of ISCRR and WorkSafe, and the purpose of the research. The briefing session included a detailed run-through of the questionnaire on screen.

The in-scope population for the VIWOS survey was sourced from an extract of all standard WorkSafe claims recorded as: 1) Having 52 or more weeks of income replacement, and 2) Ceasing income support at any time between 1 January 2015 and 31 December 2017. No limits were placed on the age of the claim or the type of injury.

A range of strategies were adopted to maximise response, including delivery of a Primary Approach Letter (PAL) and explanation statement, the provision of a \$50 gift card incentive, the operation of a 1800 number by Wallis, information about the survey on the Wallis website, carefully timed repeat call-backs to establish contact, and interviewing in languages other than English.

Survey design

The survey was designed to gather information on the injured worker's recovery journey, overlaid with a psychosocial model of recovery, to provide a representative picture of the challenges and supports workers experience during the transition out of receiving weekly payments. The proposed questionnaire content was reviewed by key academic experts, and provided to Wallis as a list of questions. The questionnaire was designed to cover the participant's background and history, as well as biopsychosocial factors associated with their recovery and RTW journey (Figure 1).

The questionnaire was developed in close collaboration between ISCRR and Wallis; the process involved a number of iterations of the questionnaire with questions being grouped or re-grouped to ensure logical flow of the content being covered. Wallis also developed the introduction and closing scripts, as well as programming and interviewer administration instructions.

Once the final questionnaire was agreed, it was programmed for CATI (computer-assisted telephone interviewing) administration and tested thoroughly prior to launch. Since the majority of questions were taken from previously developed survey instruments, it was decided that a full pilot test was not required. Instead, the questionnaire was 'soft-launched' on the first day in field, and interviewing was paused for a day so that the project team could assess if any changes needed to be made to the questionnaire to improve its administration; only minor changes were suggested by Wallis and agreed by ISCRR, and these were programmed and tested prior to re-starting the survey the following day.

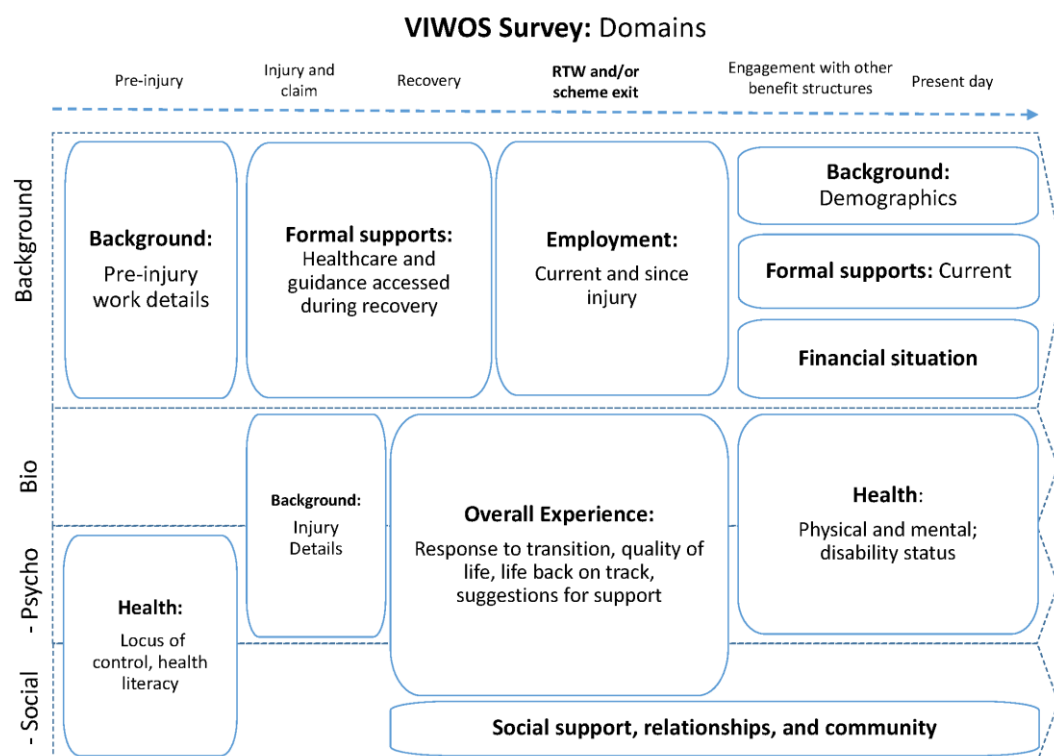


Fig 1. VIWOS survey domains

Table 1 shows survey modules used. As can be seen, the range of topics to be covered led to a relatively lengthy survey; the full questionnaire took around 40 minutes on average to administer.

Table 1. VIWOS survey modules

Section	Module
A	Introduction and screening
B	Experience of being on WorkCover
C	Healthcare providers
D	Use of lawyers
E	Return to work
F	Income and financial assistance
G	Relationships and support
H	Health and recovery – Current health status
H	Health and recovery – Quality of life (SF-12)
H	Health and recovery – Recovery expectations
H	Health and recovery – Life back on track
I	Demographics

Analysis

Preliminary data analysis provided by Wallis was in the form of sample outcomes, cleaned, coded and verified survey data in SPSS, and a set of cross-tabulations with agreed variables in the banner (age, years since injury, compensation group (when payments ceased), and return to work status). Further analysis was carried out by ISCRR with the data in this report provided as a qualitative, unweighted overview of the data obtained.

Study population

The population for the VIWOS project comprised Victorians who had sustained long-term injury or illness as a result of their work. To qualify for the survey, the injured worker must have received ongoing weekly compensation payments for at least 52 weeks, representative of approximately 8% of WorkSafe's total claims (Figure 2). The cessation of this income support must have occurred at any time between 1 January 2015 and 31 December 2017. WorkSafe provided an extract of their database of records of injured workers matching these eligibility requirements, with the following exclusions:

- Injured workers who had been selected for any other WorkSafe survey in the past 6 months
- Injured workers who in the past 2 years had advised that they do not wish to participate in any further WorkSafe surveys
- Claims for compensation for fatalities and/or where a 'date of death' for the injured worker was identified (regardless of whether the worker had died as a result of a work-related injury, or an unrelated cause)
- Injured workers under the age of 18 at the time of the sample extraction.

The research used a stratified random sample with interlocking quotas set across two sample variables – number of years since injury (three, four, and five) and where the cessation of weekly payments sat in relation to the 130-week test (before, during or after). WorkSafe drew a random sample of injured workers within each strata.

Terminology used in this report regarding compensation groups

- 52 to 130 weeks: those who exited the compensation system prior to the 130-week test (acknowledging this may be prior to 130 weeks)
- 130 weeks: those who left the compensation as a result of demonstrating work capacity through the 130-week test
- >130 weeks: those who continued in the compensation system after the 130-week test and subsequently left for various reasons

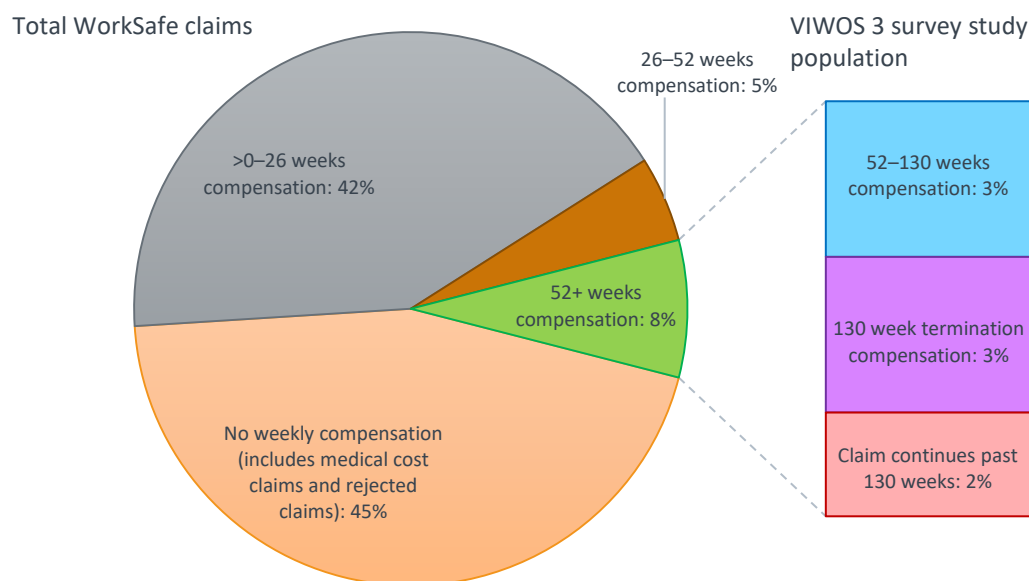


Fig 2. Estimated breakdown of total WorkSafe claims in a given year (derived from 2015-16 data) with the survey population expanded

Participation rates

A total of 2,867 individuals were contacted to take part in this study (Table 2). Of these, close to half were able to be contacted, and 697 subsequently participated in the survey (24%). Soft refusals comprised the most common refusal response (15% of total contacted, 59% of those who were contacted but refused). The survey took place between May and June 2018.

Table 2. VIWOS 3 Survey participation rates

	n	%
Total sample	2,867	100%
Unusable (e.g. bad/disconnected number, wrong number, no phone number)	218	8%
Out of scope (e.g. refusal, unable to do survey, denies claim)	94	3%
Unresolved (e.g. answering machine, no answer, engaged)	1,136	40%
Contact	1,419	49%
• Interview	697	24%
• Soft refusal - not this time	426	15%
• Hard refusal - never for WorkSafe	153	5%
• Returned Decline Form	110	4%
• Called or emailed Wallis to refuse	23	1%
• Midway termination	10	0.3%

3. DESCRIPTION OF COHORT

Cohort demographics

A total of 697 participants had data available for analysis. Table 3 shows the demographics of the cohort for all participants together, and selected for when payments ceased (52-130 weeks, at 130 weeks or after 130 weeks). At the time of the survey, it had been five years since the workplace injury or illness for 59% of the cohort with an average time on payments of 2.6 years. The survey itself was undertaken 1.4 years since payments ceased, with a median of one year for all apart from those who left the compensation system prior to 130 weeks, with a median of two years. The median age when payments ceased was 52 years of age. A total of 58% of the cohort were male and 42% female, the majority completing either tertiary (19%) or technical/vocational training (51%). Two percent of the cohort identified as Aboriginal or Torres Strait Islander.

Table 3. Cohort demographics

	Time when payment ceased			
	52-130 weeks	130 weeks	>130 weeks	All
Number of participants	343	271	83	697
Years since workplace injury or illness				
• Three	31%	19%	5%	23%
• Four	35%	42%	36%	38%
• Five	34%	40%	59%	59%
Average time on payments in years (median)	2.3 (2)	2.6 (3)	3.4 (3)	2.6 (3)
Average time in years between payments ceased and survey (median)	1.6 (2)	1.3 (1)	1.1 (1)	1.4 (1)
Median age when payments ceased	52	51	55	52
% Female	45%	37%	45%	42%
Education				
• University (any level)	22%	20%	7%	19%
• Technical/vocational	49%	53%	55%	51%
• Secondary	28%	27%	33%	28%
• Did not complete secondary	1%	1%	5%	1%
Marital status				
• Single / never married	16%	17%	10%	16%
• De Facto	13%	12%	13%	13%
• Married	48%	45%	54%	47%
• Separated	6%	9%	8%	8%
• Divorced	14%	16%	12%	15%
• Widowed	2%	1%	2%	1%
% Aboriginal or Torres Strait Islander	2%	3%	0%	2%
% Mental health claim	16%	12%	17%	14%

Workplace injury or illness types

The cohort comprised 86% with physical injury claims, and 14% with mental health claims as their initial claim type. The most common injury types were non-traumatic back pain, strain, lumbago and sciatica, which collectively comprised 20% of total claims in this study.

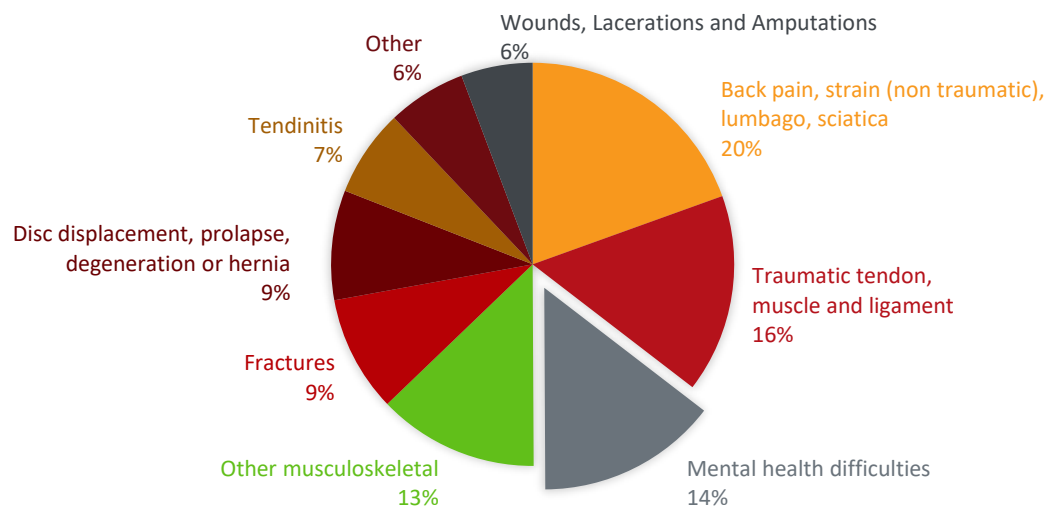


Fig 3. Workplace injury types and illnesses of cohort

Distribution of ages and injury claim types

The distribution of age when payments ceased was skewed towards the 45–54 and 55–64 age groups, comprising 60% of the total cohort (Figure 4). The proportion of physical to mental health claims did not alter significantly when adjusting for time compensation ceased or any of the RTW outcomes to be discussed.

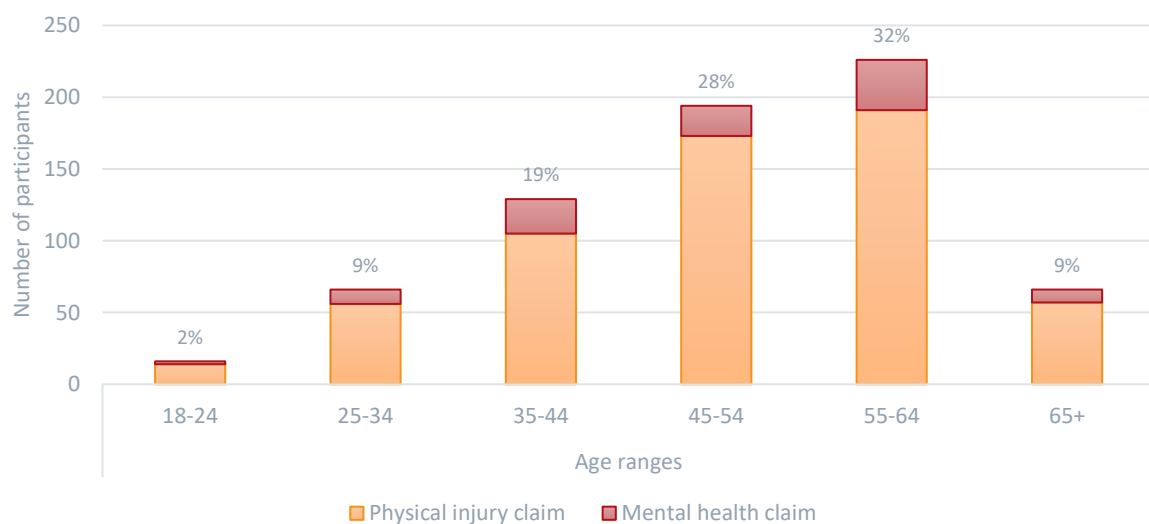


Fig 4. Distribution of worker ages (when payments ceased) and claim types in this study

Representative nature of survey data

The data presented in this report was determined to be representative of the wider data set from WorkSafe based on age, gender, time since injury, and time when payments ceased (Table 4).

Table 4. Comparison between total data set and survey cohort

		Cohort (%)	Cohort (n)	Total (%)	Total (n)	Difference (%)	p value
Gender	Female	34%	237	38%	1089	-4%	P=0.33
Age group (in years)	18-34	11%	77	13%	373	-2%	P=0.06
	35-44	16%	112	20%	573	-4%	
	45-54	26%	181	28%	803	-2%	
	55-64	34%	237	29%	831	5%	
	65+	13%	91	10%	287	3%	
Time since injury	3	23%	160	22%	631	1%	P=0.72
	4	38%	265	38%	1089	0%	
	5	39%	272	40%	1147	-1%	
Time payments ceased	52-130 weeks	49%	342	50%	1434	-1%	P=0.88
	130 weeks	39%	272	39%	1118	0%	
	>130 weeks	12%	84	11%	315	1%	

4. RETURN TO WORK OUTCOMES

Overall return to work rates

RTW data was collected regarding whether a participant returned to work with the same employer or not, whether their duties changed with the same employer, and if they were unable to return to work, whether this was due to injury/illness, current studies, or whether they planned to RTW.

Overall, 43% had achieved a successful RTW outcome when their payments ceased, with 28% who returned to a different employer, 13% to the same employer with modified duties, and 2% to the same employer and duties (Figure 5). The remainder of the cohort consisted of those not currently employed, predominately those permanently unable to work based on their workplace injury or illness (28%) and those planning to RTW (20%).

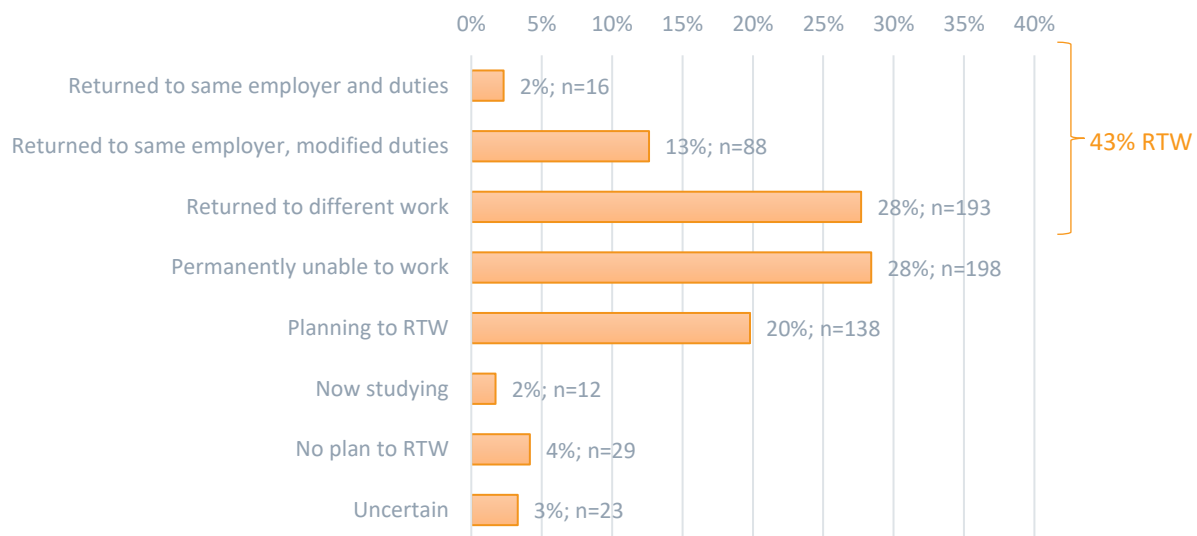


Fig 5. Overall RTW outcomes at time of survey for workers leaving the workers' compensation scheme

Although an overall RTW rate of 43% was observed, only 31% of those aged 55 years or older returned to work, compared to 51% of the remaining cohort (Figure 6). This difference was further seen for those aged 65 years or older, with an observed RTW rate of just 12%. Of those aged 25 to 44, 55% had returned to work.

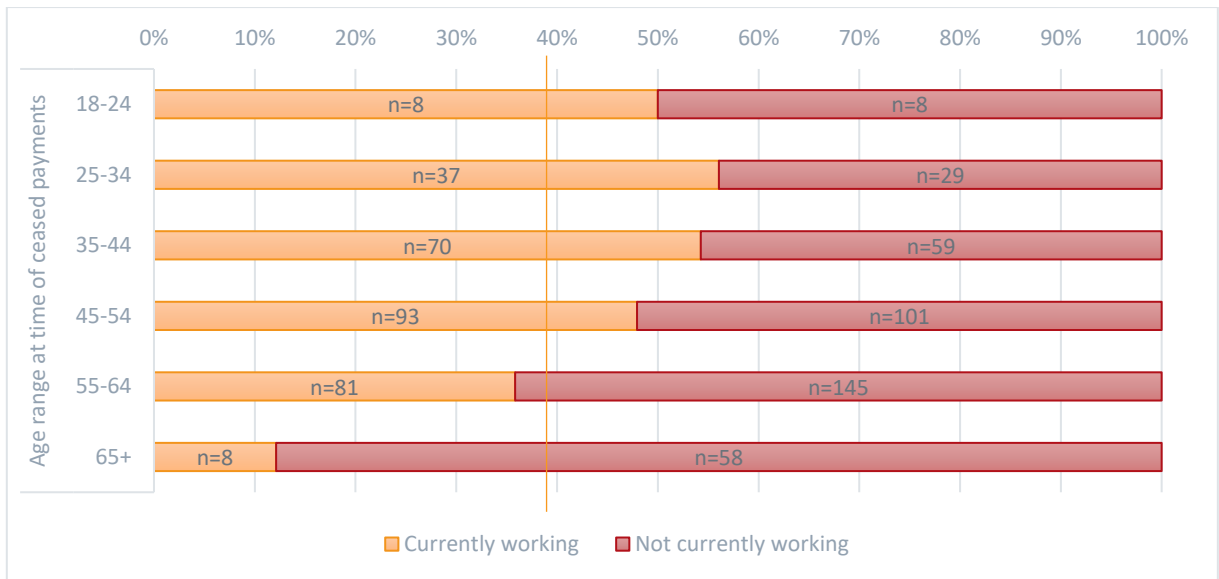


Fig 6. RTW rates at time of survey according to age group

The differences between RTW rates amongst age groups can be explained by examining the RTW outcomes in this cohort (Figure 7). Those aged 45–54 were the most likely to RTW to the same employer (5% with the same duties, 17% with modified duties). Those who were younger were more likely to RTW with a different employer, and conversely, increasing age played an important factor in whether someone was unable to RTW based on their workplace injury or illness. Those younger were also more likely to plan to RTW and undertake further studies.

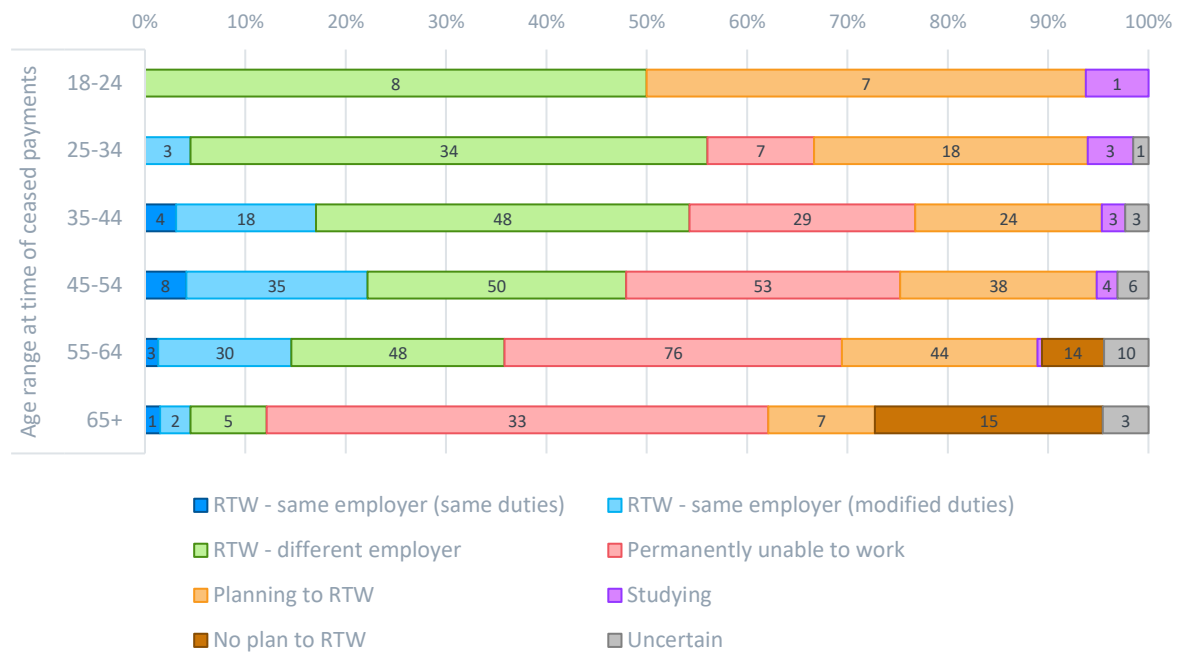


Fig 7. RTW outcomes at time of survey according to age group

Return to work according to when participants left the compensation system

Return to work outcomes differed according to when and how workers left the compensation system. This study recruited individuals who left the compensation system. These individuals had payments ceased at different times (prior to, at, and after 130 weeks). The reasons why participants left the system differed at each time point (data derived from survey data apart from Common Law payouts which was derived from WorkSafe data):

- 52-130 weeks:
 - Due to RTW (19%)
 - Common Law payout (8%)
 - Other reasons, which may have included non-compliance
- At 130 weeks:
 - 100% due to termination of payment (subsequent Common Law payout=7%)
- After 130 weeks:
 - Due to RTW (2%)
 - Common Law payout (30%)
 - Other reasons, which may have included termination of payment or retirement (17% of this group were aged 65 years or older)

The RTW outcomes for these groups varied considerably and this data demonstrated that there are many different reasons why a participant left the compensation system (Table 5). Across all groups there was a low proportion who stated that they do not plan to RTW (4% overall) and a lower proportion who were uncertain on what they wished to do (3%).

Table 5. RTW outcomes at the time of survey according to when participants left the compensation system

	Time payment ceased				
	All	52-130 weeks due to RTW	52-130 weeks due to other reasons	At 130 weeks	>130 weeks
Returned to same employer and duties	16 (2%)	2 (3%)	12 (4%)	2 (1%)	0
Returned to same employer, modified duties	88 (13%)	19 (29%)	51 (18%)	17 (6%)	1 (1%)
Returned to different work	193 (28%)	33 (51%)	70 (25%)	79 (29%)	11 (13%)
Permanently unable to work	198 (28%)	1 (2%)	63 (23%)	92 (34%)	42 (51%)
Planning to RTW	138 (20%)	9 (14%)	47 (17%)	62 (23%)	20 (24%)
Studying	12 (2%)	1 (2%)	3 (1%)	7 (3%)	1 (1%)
No plan to RTW	29 (4%)	0	20 (7%)	5 (2%)	4 (5%)
Uncertain	23 (3%)	0	12 (4%)	7 (3%)	4 (5%)
Total	697	65	278	271	83

Participants who left the compensation system between 52-130 weeks

Of those whose payments were ceased prior to 130 weeks due to RTW, a total of 83% were still employed, with 14% planning to RTW. For those who left the compensation system prior to 130 weeks due to reasons other than RTW, only 48% achieved a successful employment outcome, and 23% were permanently unable to work due to their workplace injury or illness. This suggests that numerous reasons may exist why a participant would leave the compensation system prior to 130 weeks which may include non-compliance (assuming those non-compliant had some level of work capacity).

Participants with compensation payments terminated at 130 weeks

Participants whose payments were terminated at 130 weeks were seen to have demonstrated work capacity, and it is interesting to note that only 36% achieved employment, and a similar proportion (34%) reported being unable to work due to their workplace injury or illness.

Participants who left the compensation system after 130 weeks

Those who left the compensation system after 130 weeks would have done so for a variety of reasons, yet only two participants in this study reported RTW as their reason for leaving the system (only one of which had RTW success with a different employer, the other planning to RTW). As it was assumed that many in this group have been deemed unable to work, the low RTW rate of 14% was not surprising, with over half of this group permanently unable to work due to their workplace injury or illness. This being said, 24% of this group were planning to RTW, supporting the notion that this group consisted of those with different characteristics and capacities.

Return to work attempts since workplace injury or illness

While the previous section discussed RTW outcomes at the time of survey, 62% of participants did RTW at some stage since their workplace injury or illness (Table 6). Those who did return to their first form of paid or unpaid employment, did so quickly – 47% within the first six months, rising to 66% within the first year. A total of 40% of participants returned to work at some stage with their previous employer, although those with a mental health claim were less likely to (26%).

Participants who left the compensation system between 52- 130 weeks

Most of those who left the compensation system prior to 130 weeks for RTW gained employment with their previous employer at any time (65%) with 96% attempting to RTW since their injury or illness, and 66% attempting more than once. This was much higher than those who left the system before 130 weeks for other reasons, with 43% gaining employment with their previous employer, 81% overall attempting to RTW and 48% with more than one instance.

Participants with compensation payments terminated at 130 weeks

For those whose payments were terminated at 130 weeks there was also a high RTW engagement, with 81% attempting to RTW since their injury, and 62% more than once. A lower proportion of these found employment at any time with their previous employer (43%).

Participants who left the compensation system after 130 weeks

The group who left the compensation system after 130 weeks included a higher proportion of those who did not attempt to RTW, presumably due to injury or illness (36% compared with the average of 20% overall), with only 24% gaining employment at any time with their employer after injury or illness. Even with this group, however, there was a concerted effort to RTW, with 64% attempting to RTW, and 40% more than once.

Table 6. RTW attempts since workplace injury or illness

		52-130 weeks due to RTW	52-130 weeks due to other reasons	At 130 weeks	>130 weeks	All
Successful RTW with any employer (at any stage)		89%	63%	62%	37%	62%
Successful RTW with same employer (at any stage)		65%	43%	35%	24%	40%
Number of times attempted to RTW	0	8%	21%	19%	37%	21%
	1	26%	31%	18%	22%	24%
	2 to 5	38%	25%	35%	25%	30%
	6 to 10	11%	8%	7%	5%	7%
	> 10	8%	12%	17%	7%	14%
	Unsure / cannot recall	9%	3%	4%	4%	4%

Working conditions after successful RTW

Successful RTW was in the same industry, but with lower hours and modified duties. Those who successfully returned to work, tended to find employment in the same industry (77%), albeit with modified duties (83%). A total of 79% worked less hours than before their injury or illness, and 21% worked approximately the same number of hours. Most of those who did RTW received the same pay rate (66%) with 30% reporting a modified pay rate, nearly all of whom (97%) indicating this modification was directly due to their workplace injury or illness. On average, the number of hours worked was 34 hours per week, with those who left the compensation system prior to 130 weeks with a RTW outcome working on average longer hours (40 hours per week) and those whose payments ceased at 130 weeks working less hours at 33 hours per week.

Those who achieved post-secondary education or training (including vocational and university-based) were more likely to return to work than those with a secondary or lower level of education (78% versus 65%).

Summary of findings

- Nearly half of workers leaving the compensation system found employment of some kind and many found initial transient employment with their previous employer.
- RTW rates fell drastically after the age of 55
- Those who left the compensation system could be classified into four main groups:
 - Workers who left the system between 52 and 130 weeks due to successful RTW
 - Workers who left the system between 52 and 130 weeks, with half finding a successful RTW outcome and many experiencing difficulties based on their injury or illness
 - Workers whose payments ceased at 130 weeks based on exhibiting work capacity but overall experienced difficulties finding sustained employment
 - Workers who left the system after 130 weeks who experienced low RTW outcomes throughout their time with injury or illness
- Most who found a successful employment outcome tended to stay within the same industry, albeit with lower hours, modified duties, and at times, lower pay.

5. HEALTH AND RECOVERY OUTCOMES

This section provides a novel snapshot of long-term injured workers' self-assessment of health and recovery for those who left the compensation scheme. The self-reported physical and mental health status and recovery rates varied considerably across this study cohort, and this section shows that these indices largely correlated with RTW outcomes, the age of the participants, as well as health literacy.

Participant health and recovery levels

Given that the majority of participants were deemed to have either work capacity, or were actively working, there was a high degree of variation in the levels of self-assessed health and recovery. Overall, 3% reported a full recovery from their workplace injury or illness, 15% an almost full recovery, 56% partially recovered, and 26% did not consider themselves at all recovered. Those who had fully recovered had higher SF12 Physical and Mental Component Summary scores than the rest of the cohort. Figure 8 describes this relationship, with the central line within each box representing median values.

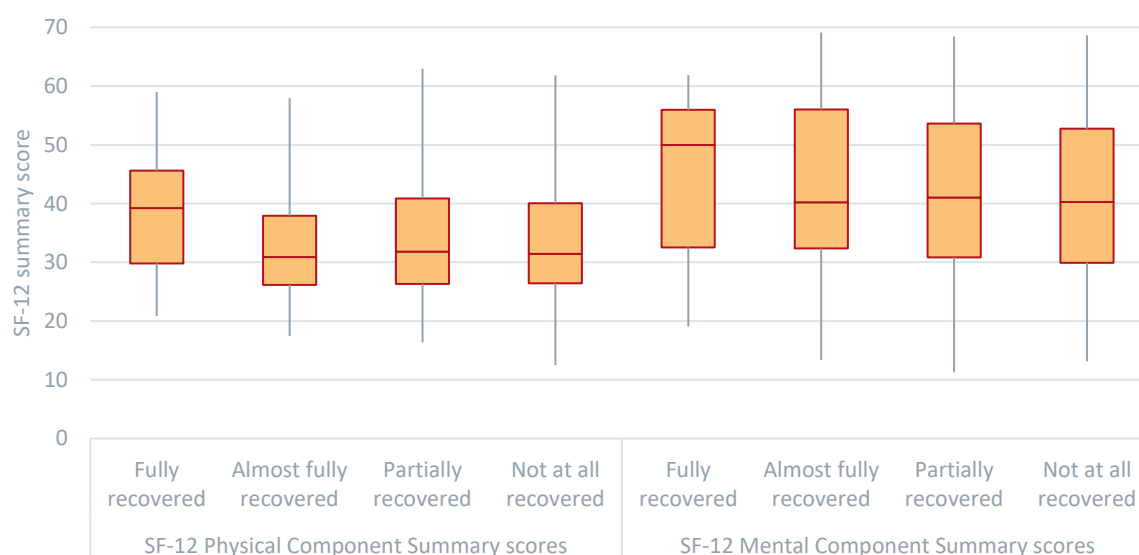


Fig 8. Self-assessed physical and mental health status versus self-assessed recovery

Health status and recovery perceptions based on workplace injury or illness

The overall self-assessed physical and mental health status levels did not differ whether the worker had a physical or mental health claim. However, those who had a mental health claim were more likely to report a full or almost full recovery than those with a physical injury claim (30% versus 16%).

Restrictions in everyday activities

Overall, 90% of participants considered themselves restricted in everyday activities due to their workplace injury or illness, including 60% of those who considered themselves in excellent health (one of the questions in the SF-12 question subset). For the participants who reported a full or almost full recovery, restrictions in everyday activities were lower at 39% and 66%, respectively.

Getting life back on track

Participants were asked to rate how they have gotten their life back on track on a scoring system from 1 to 10 (Figure 9). Half of those (n=199) not currently working did not see their life back on track (using scores 1 to 3) and half of those who were working did see their life back on track (using scores from 7 to 10). Those who left the compensation scheme prior to the 130-week test were more likely to report that their life was back on track to some degree.

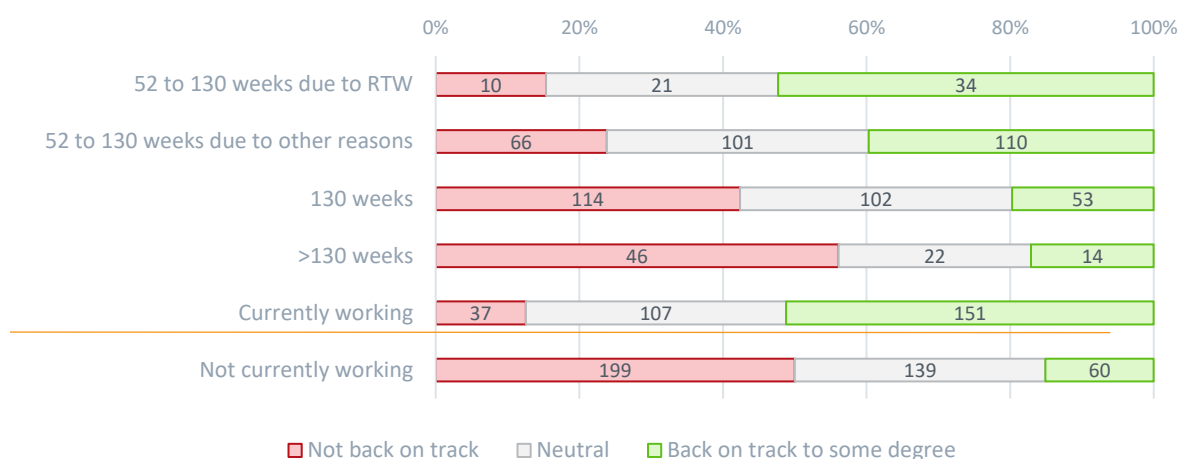


Fig 9. Getting life back on track according to compensation scheme exit and current employment status

Return to work outcomes and self-assessed recovery

The majority of those employed with the same employer and same duties reported being fully or almost fully recovered, while those who reported modified duties with the same employer or returning to a different workplace as primarily partially recovered (Figure 10). Of those who had RTW, 10% regarded themselves not at all recovered from their workplace injury or illness.

Over half of those who self-identified as permanently being unable to work also regarded themselves as not at all recovered. Half of those who had no plans to RTW considered themselves fully or almost fully recovered, with all of these participants aged 55 years of age or older. In addition, those aged over 55 years of age had the lowest rate of employment when fully or almost recovered (58% versus 92% of those aged under 55).

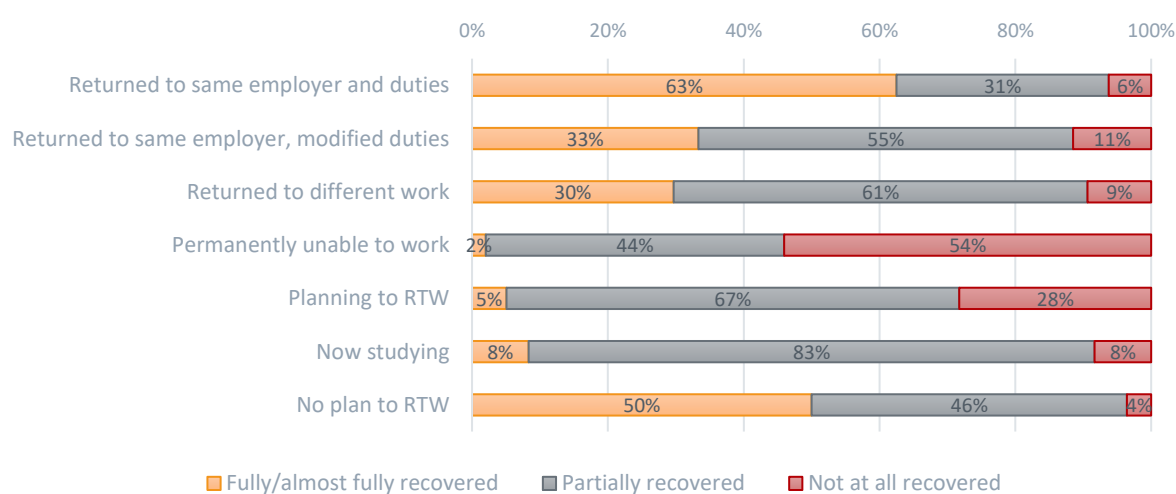


Fig 10. Self-assessed recovery according to RTW outcome at time of survey

Perceived recovery outcomes, return to work status and time on benefits

Perceived recovery was found to be influenced both by the time a participant was on benefits, and their RTW status at the time of survey. Over a third of those who left the compensation system between 52 and 130 weeks due to RTW reported being fully or almost fully recovered, compared to those left the system during the same duration due to other reasons (24%), at 130 weeks (10%) and after 130 weeks (9%). Figure 11 compares current RTW status, when participants left the compensation scheme and self-reported recovery status. Approximately 40% of those currently working who exited the system between 52 and 130 weeks reported being fully or near fully recovered compared to 11% who were not currently working. The proportions of those who had not recovered at all were higher with those who left compensation at, or post 130 weeks, than those who left prior to 130 weeks. This was irrespective of RTW status.

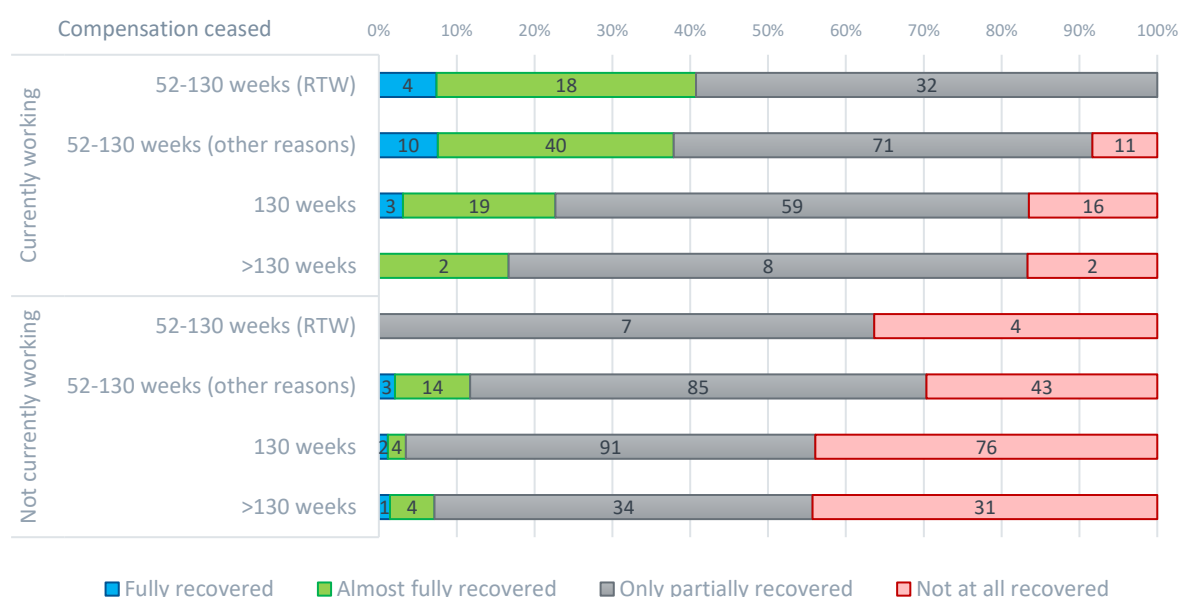


Fig 11. Self-assessed recovery according to number of years since injury and current RTW status

Perception of fault

As part of the survey, participants were asked as to whether another person was at fault for their workplace injury or illness. Nearly half of the participants thought another person was at total fault, 23% said someone was partially at fault, and 28% stated no one else was at fault. Those who believed another person was at total fault were more likely to also state they had not recovered (Figure 12), and those believing no fault occurred were more likely to be fully or almost fully recovered. In addition, those currently not working were more likely to state others were totally at fault (54% versus 42% who were working).

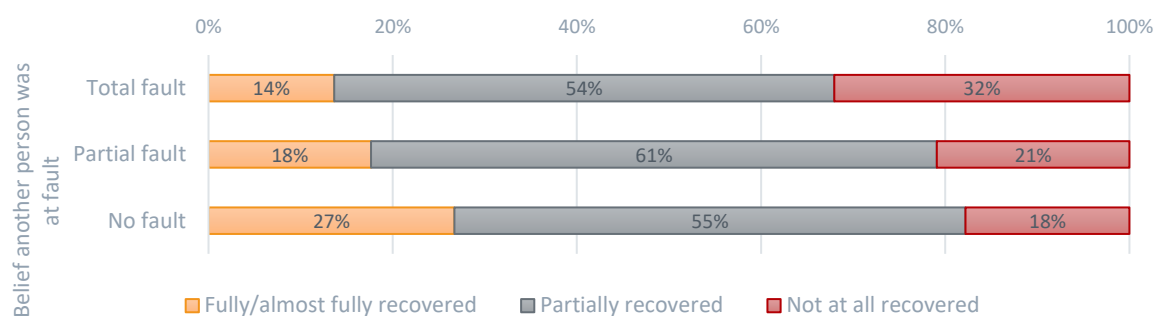


Fig 12. Participant recovery according to the belief that another person was at fault for their workplace injury or illness

Understanding written information about participant's medical condition

The ability to understand written information about the participant's medical condition is a measure of health literacy directly related to the level of education. The majority of those with a tertiary university education reported that they occasionally or never had an issue with such material (81%; 63% never having an issue), compared to those with a tertiary technical education (such as TAFE; 62%), or secondary education and below (57%). Half of those who had perceived themselves as being fully or almost fully recovered claimed to never have had an issue with such material, compared to 33% of those who perceived themselves not recovered. Not currently working at the time of the survey was associated with difficulties in understanding such material, with 69% of those reporting always or often finding difficulties and 60% sometimes finding difficulties being unemployed. Within those with no perceived recovery at all, there was a positive correlation between employment rates and increased understanding of written information about the participant's medical condition (Figure 13).

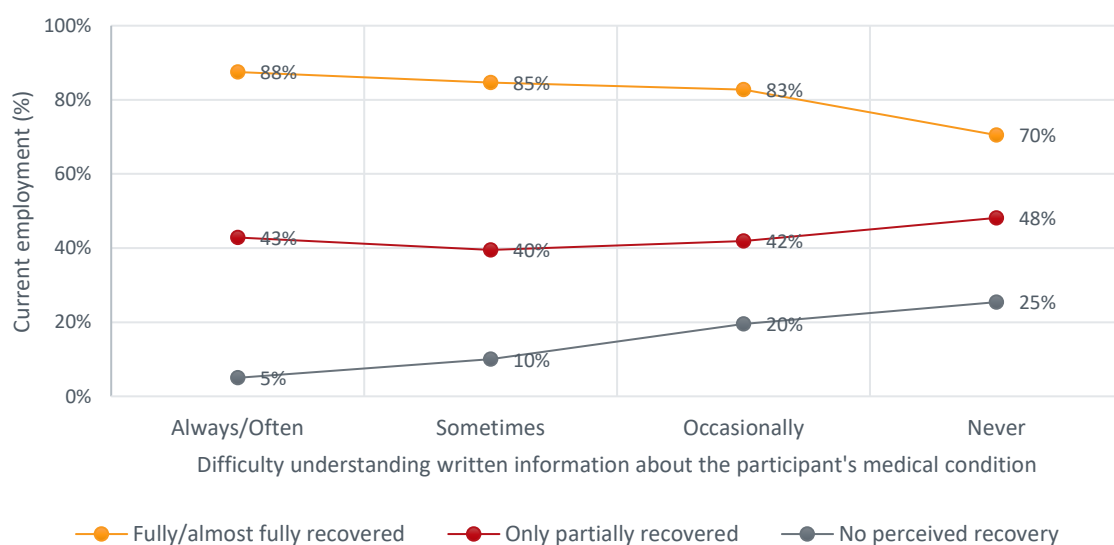


Fig 13. Current employment rates, health literacy and perceived recovery

Participant outlook on expected recovery

Over a quarter of participants in this study stated they have not recovered at all from their workplace injury or illness. Fewer than 20% who were almost fully recovered believed they will ever fully recover, and fewer than 40% of workers who consider they have not recovered at all believe they will partially or fully recover.

Summary of findings

- Perceived health and recovery levels varied across the cohort
- Nearly all reported restrictions in everyday activities due to their workplace injury or illness
 - Less than half of all participants believe they will ever fully recover
 - 10% of those employed report having not recovered at all
- Mental health claimants were more likely to report a full or near full recovery
- Those with a positive perceived recovery were more likely to RTW with the same employer and duties, and spend less time on benefits
- Those who reported poor recovery more likely to be permanently unable to work, perceive others at fault for their workplace injury or illness, and possess lower health literacy levels
- RTW outcomes and time on compensation corresponded with self-reported recovery rates
 - Current employment was associated with the participant getting their life ‘back on track’
 - Returning to the same employer and duties was associated with full or almost full recovery
 - Permanently unable to work was associated with lack of recovery
 - Less time on benefits was associated with better recovery and RTW outcomes
- Even with good recovery rates, those aged over 55:
 - Had the lowest rate of current employment
 - Comprised half of those not planning to RTW

6. EXPERIENCES OF INJURED WORKERS WHILST ON THE WORKERS' COMPENSATION SCHEME

Perceptions of communication received

The overall impression of each participant's experience with WorkCover was varied, closely linked to the type of communication they felt they received (Figure 14). Close to half of the participants (44%) reported that they felt the system was open and transparent, and 35% reported that there was good communication between the various people and organisations they dealt with. These values were heavily influenced by participant's RTW outcome.

Those who returned to work with the same employer were more likely to feel that the system was open and transparent (returned to same duties=76%; modified duties=52%), as did those who had no plans to RTW (67%). This was in contrast to those who were permanently unable to work (35%) or were now studying (9%). While the overall feedback regarding the quality of communication was low, those who were permanently unable to work due to their workplace injury or illness reported the lowest levels of satisfaction, with just 24% regarding the level of communication as good.

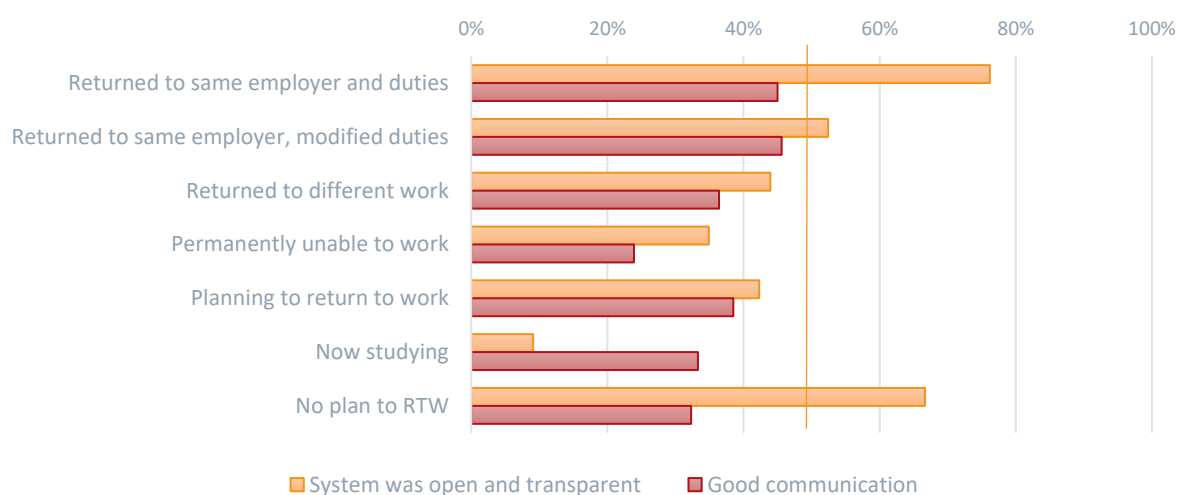


Fig 14. Communication experience of participants whilst on WorkCover

Participant treatment whilst on WorkCover

The majority of participants in this study did not view their experience whilst on WorkCover favourably:

- 38% believed the WorkCover system treated them fairly
- 29% felt the system was working in their best interest
- 44% believed WorkCover helped them with their recovery

As with their communication experience, these proportions were heavily influenced by each participant's RTW outcome (Figure 15). Those who returned to work with the same employer with the same duties overall looked favourably upon the system, and saw their experience with WorkCover as one that benefitted them. Those permanently unable to work due to their workplace injury or illness largely did not view their experience on WorkCover as beneficial. A continual source of frustration identified by participants was needing to repeat the same information to different people (85%), with over half strongly agreeing with this point.

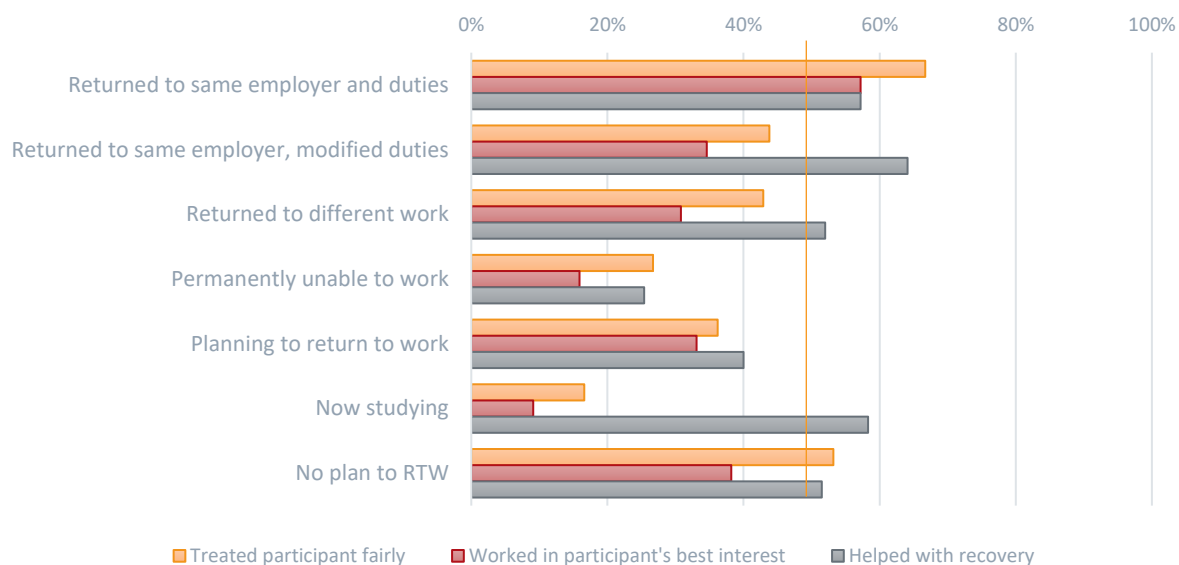


Fig 15. Perceived participant treatment whilst on WorkCover

Insurance agent support

As part of being on WorkCover each participant had dealings with an insurance agent. More than half of the participants reported that their insurance agent did not treat them fairly, with 32% strongly supporting this. Those not currently working were more likely to report negative dealings with their insurance agent (60% vs 32% of those working). Equally, 54% felt they were not provided with the appropriate level of support and resources by their insurance agent to assist in their recovery, which was again biased towards those who were not currently working (60% vs 47%).

The majority of participants also reported that their insurance agent was the source of the knowledge that their compensation payments were to cease, with 57% receiving this information by letter, 8% by a phone call, and 14% by both.

Although the level of insurance agent support and participant's frustration at having to repeat information are independent of each other, there is a strong association to suggest that participant frustrations in one area influence their overall level of experience.

For example, half of all participants in this study believed their insurance agent did not treat them fairly and expressed frustration at having to repeat the same information to different people. Conversely, only 7% of participants believed both they were treated fairly by their insurance agent and did not express any frustration at having to repeat information.

		“You became frustrated having to repeat the same information to different people within the system”				
“You believe that your insurance agent treated you fairly”						
		Strongly agree	Agree	Neither Agree/Disagree	Disagree	Strongly Disagree
Strongly Disagree		23.5%	5.4%	0.3%	1.3%	1.3%
Disagree		12.0%	7.4%	0.4%	1.9%	0.4%
Neither agree nor disagree		5.4%	2.3%	0.3%	1.0%	0.0%
Agree		13.6%	7.9%	0.7%	3.3%	1.1%
Strongly agree		3.6%	3.2%	0.0%	1.9%	1.0%

Fig 16. Frustrations in repeating information and belief insurance agent treated participants fairly

Interactions with healthcare providers

Interactions with healthcare providers were largely viewed favourably. In general, participants did not regard their interactions with healthcare providers as stressful. Only 13% started that all their interactions were stressful, 39% agreed that at times they were, and 48% did not regard any of their interactions with healthcare providers as stressful.

When participants reflected upon the times they found these interactions stressful, the most commonly cited reasons were having to deal with more than one person and repeating themselves (17%), not being believed with a perceived bias towards the insurer (16%), and anxiety and/or other mental health difficulties (16%), not being believed with a perceived bias towards the insurer (16%), and anxiety and/or other mental health difficulties that participant was experiencing (15%).

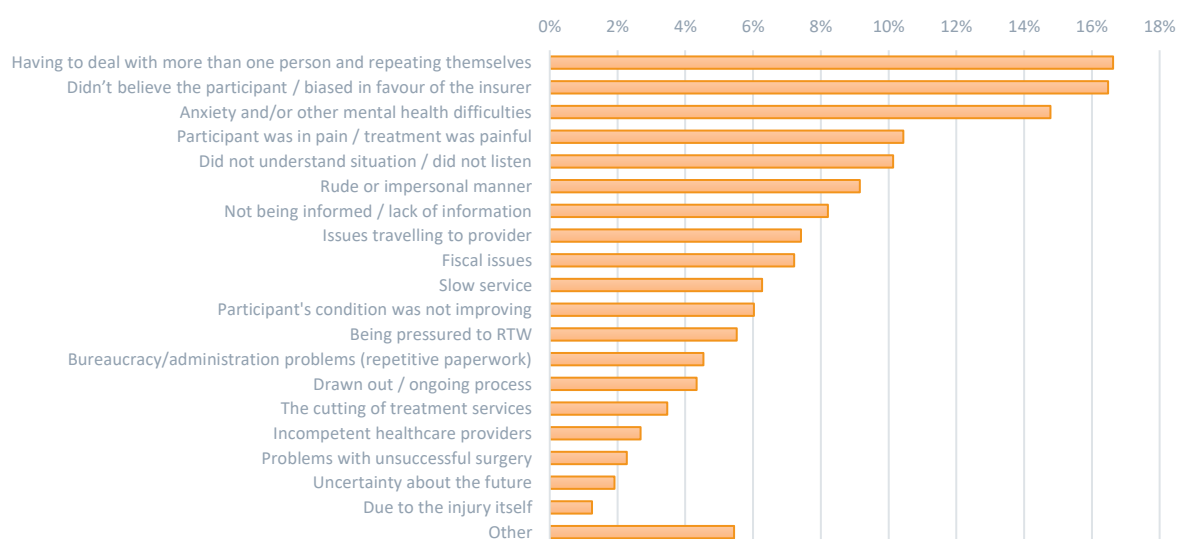


Fig 17. Reasons for stressful interactions with medical health providers

Participant advice to improve the WorkCover system

When participants were asked to think across their entire experience within the WorkCover system, the most common responses on how the system could be improved were related to the communication injured workers receive and improving the services they receive (Table 7). Over a quarter of participants recommended that a more sympathetic and compassionate approach would benefit the WorkCover scheme and listen more to the needs and wants of injured workers. This was followed by the related advice for improved communication and follow-up support. Only 11% suggested avoiding putting profit before people's welfare.

Table 7. Advice from participants to improve the WorkCover scheme

Advice to improve the WorkCover scheme	Proportion of participants (more than one response allowed)
Being more sympathetic, compassionate and listening to injured workers	27%
Improved communication and follow-up support	21%
More benefits and/or extend services	19%
Belief in the injured worker; not making them fight for everything	17%
Improved sources of information	14%
Faster / more efficient service	12%
More communication / support from workplace / employer	11%
Avoid putting profit before people's welfare	11%
Better continuity of staff (lower staff turnover)	7%
More help getting back to work	6%

Motivation to return to work

Overall, the participants in this study were seen as motivated to return to work. The majority of participants who were currently working (93%) and not working (83%) felt that they did not feel right when not working and indicated they did not like being out of work (98% working and 89% not working). They felt that having a job was important (99% working and 88% not working) and that they would get bored with no work to do (88% working and 82% not working). Nearly all of those working (94%) and the majority of those not working (85%) stated they would still wish to work even if they could get more money on social security.

Barriers to return to work

Barriers experienced by participants to RTW are listed in Table 8. The most common barrier was the workplace injury/illness preventing the participant from performing their pre-injury duties, followed by psychological issues and pain. Lack of support was also highlighted as a major barrier as was the stigma being on the compensation scheme which participants felt reduced their chances of RTW. Over half of those with a mental health claim (55%) reported psychological issues as a major barrier.

Table 8. Common barriers faced by participants in returning to work

Barrier	Proportion of participants (more than one response allowed)
Still injured/physically restricted from performing pre-injury duties	56%
Psychological issues	19%
Pain	18%
Lack of support from employer	14%
Stigma being on compensation scheme	13%
Not qualified for other types of work	9%
No light duties/inappropriate light duties	8%
Age	6%
Unable to travel/issues with travel	4%
Lack of support from insurer	3%
Lack of support from WorkCover	2%

Summary of findings

- An injured worker's RTW outcome heavily influences their overall perception of their WorkCover experience.
- Communication was a key factor in both positive and negative experiences. This is a suggested area of improvement for WorkCover
 - The insurance agent plays a key role in communicating information
 - Injured workers strongly expressed how they do not wish to repeat information with different people
- The experience of injured workers with healthcare providers is largely favourable.
- Injured workers are motivated to return to work
- Major barriers to RTW include:
 - Physical ability to perform pre-injury tasks based on workplace injury or illness
 - Psychological issues
 - Pain
 - Lack of support from the employer
 - Stigma of being on the compensation scheme

7. FORMAL AND INFORMAL SUPPORTS AND FINANCIAL BENEFITS

Types of supports identified

The participants in this study received various supports after their workplace injury or illness, though there was discrepancy on how effective many were perceived to be.

Formal supports identified included:

- Insurance agents
- Government agencies
- Rehabilitation providers
- Physical and psychological healthcare providers

Informal supports were dependent upon the participant and included:

- Workplace (acknowledging some workplaces may have formal RTW processes)
- Family and friends
- Employment agencies
- Legal organisations
- Union bodies

Formal supports

Government agencies

The main government agencies participants dealt with since their workplace injury or illness were:

- Centrelink (42%)
- WorkSafe (directly, e.g. Advisory Service or making a complaint; 39%)
- Family Assistance Office (6%)
- TAC (4%)
- Non-governmental agencies (e.g. employment agencies, insurers, NGOs; 2%)

A third of participants did not deal with any government agency. Centrelink was the primary government agency, in particular for those currently not working (60%) or whose payments ceased at 130 weeks (57%).

Rehabilitation and healthcare providers

Nearly all the participants in this study utilised the services of their GP at some stage since their workplace injury or illness (Figure 18). Most participants also utilised the services of medical specialists as well as physiotherapists, although these were primarily comprised of those with a physical health claim rather than a mental health claim (91% versus 22%). A total of 68% of participants sought the services of a mental health provider, such as a psychiatrist or psychologist. The use of mental health providers was not restricted to those with a mental health claim, however, for those who had a physical health claim there was a significant rise in the use of mental health services the longer the individual was in the compensation system. It was found that 47% of participants utilised mental health services when they left the system prior to 130 weeks due to RTW (65% of those who left the system prior to 130 weeks for other reasons), 76% of those whose payments ceased at 130 weeks, and 83% of those who left the compensation system after 130 weeks.

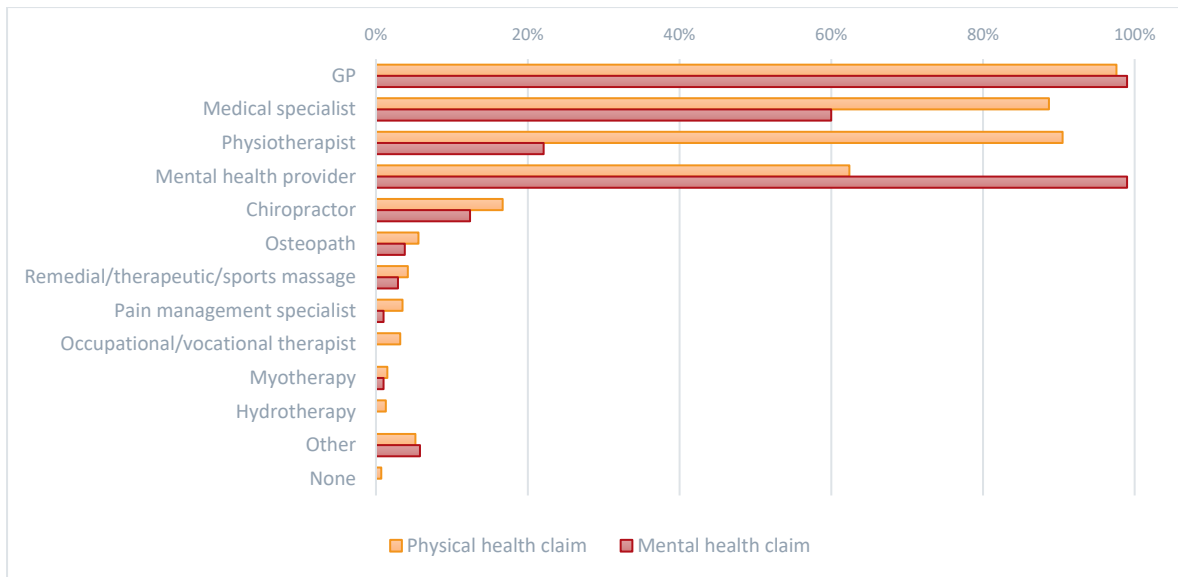


Fig 18. Rehabilitation and healthcare providers utilised since time of workplace injury or illness

Informal supports

Workplaces were predominantly supportive environments

In the workplace environment, 59% of participants saw support in the workplace for their RTW goals. Only 32% of participants regarded their employers as supporting them to RTW, which included 41% of those currently working. Where support was identified was with those who returned to work with the same employer (69% seeing this environment as supportive). Overall, nearly half of the participants saw support from their co-workers to return to the same workplace, and this was slightly higher (55%) in those currently working. In total, 30% of the participants underwent some form of work-related training to assist in RTW outcomes, however this did not affect RTW rates reported at the time of the survey.

Use of lawyers

Although less than 2% of participants specifically spoke to a lawyer regarding returning to work, most participants (83%) sought legal advice regarding their WorkCover claim at some stage following their workplace injury or illness (82% of those did not seek Common Law payments). While this occurred in most instances after lodging their claim, 11% sought advice beforehand. Overall, half the legal advice sought was for general information regarding the compensation process, rights and potential options (Table 9). An equal proportion related to grievances, with 18% for difficulties with their employer including poor treatment by their employer, the employer refusing to believe the participant had a workplace injury or illness, or due to perceived negligence from the employer. Over a quarter of those who spoke to a lawyer sought legal advice based on the suggestion of others, including family and friends. After seeking advice, 88% engaged with a lawyer, with 71% of those who did felt it had an overall positive affect on their claim experience.

Table 9. Rationale for legal advice sought during the claims process

Rationale for seeking legal advice	% (n=557) ¹
To seek general information and advice	47.9%
• Assistance with the compensation process	37.5%
• Advice to know rights and options	13.1%
Grievances	43.1%
• Difficulty with employer	17.8%
• Unhappy with a decision	14.4%
• Compensation ceased	8.6%
• Issues with the insurer	7.9%
Upon receiving advice from:	25.7%
• Family/friends	12.6%
• Doctor	5.0%
• Union representative	5.0%
• Other third party (e.g. police, insurer, another lawyer)	4.7%
Other reasons (inc. poor health)	9.0%

RTW supports included both formal and informal supports

The participants in this study sought a wide variety of sources for advice and support regarding RTW options, whether at the assessment, rehabilitation or job seeking stages (Figure 19). The participants own GP was a primary contact, and other prominent members of their rehabilitation support were the WorkCover insurance agent, workplace staff, and medical and mental health providers. Employment agencies (including Centrelink) were not seen as a valuable contact for RTW options, despite agencies such as Centrelink being the primary government agency used by the participants.

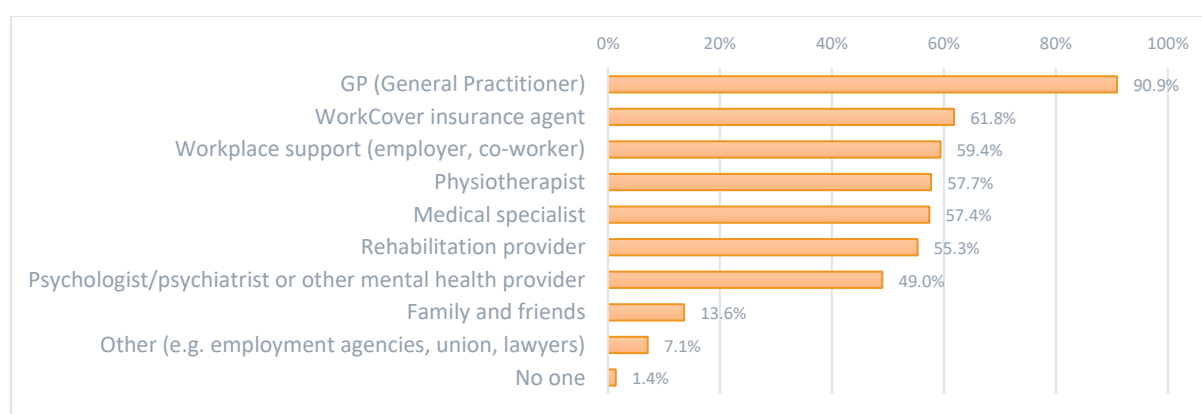


Fig 19. Supports accessed regarding RTW (NB. more than one response was allowed per participant)

¹ Based on those who sought legal advice. Respondents were able to provide more than one reason.

When the participants were asked whether there were any services that should have been delivered earlier to help with their recovery, 37% did not see any service that would have been of benefit, 13% wished WorkCover claim approval was faster, and 11% thought earlier surgery would have aided recovery (Figure 20). Over half of those who had fully or nearly fully recovered did not see any service would have aided recovery.

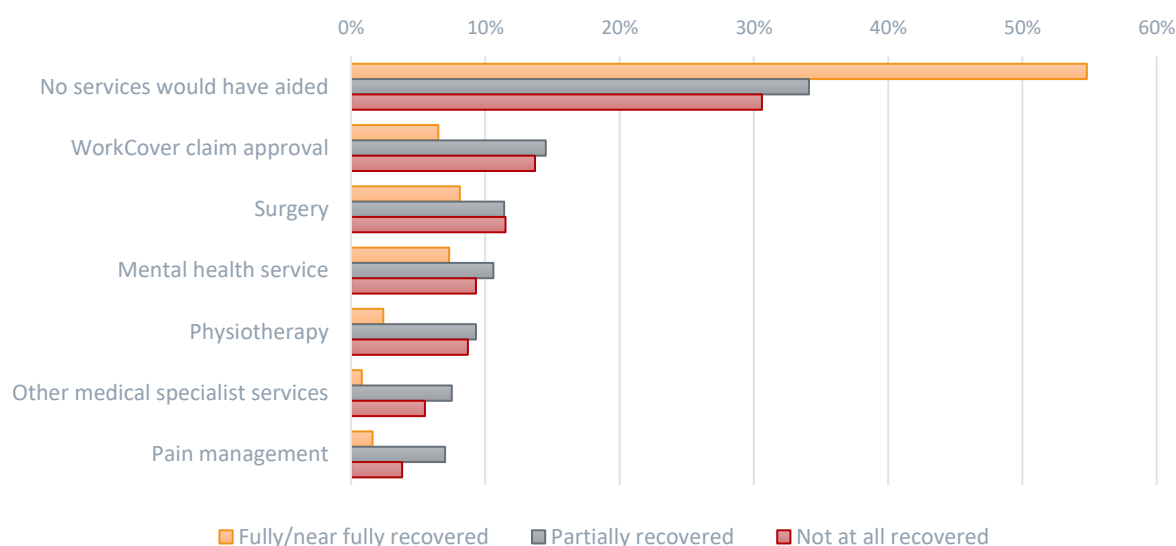


Fig 20. Services if provided earlier that may have benefited recovery²

Current financial support outside of paid employment

Additional finances sources sought

The participants of this study were identified as currently receiving additional financial revenue from several sources (Figure 21). Predominantly these were from personal sources such as savings, Centrelink benefits, as well as aid from family members. Those currently not working were more likely to receive Centrelink benefits and aid from family, as well as having received a private insurance payout or other injury compensation benefit.

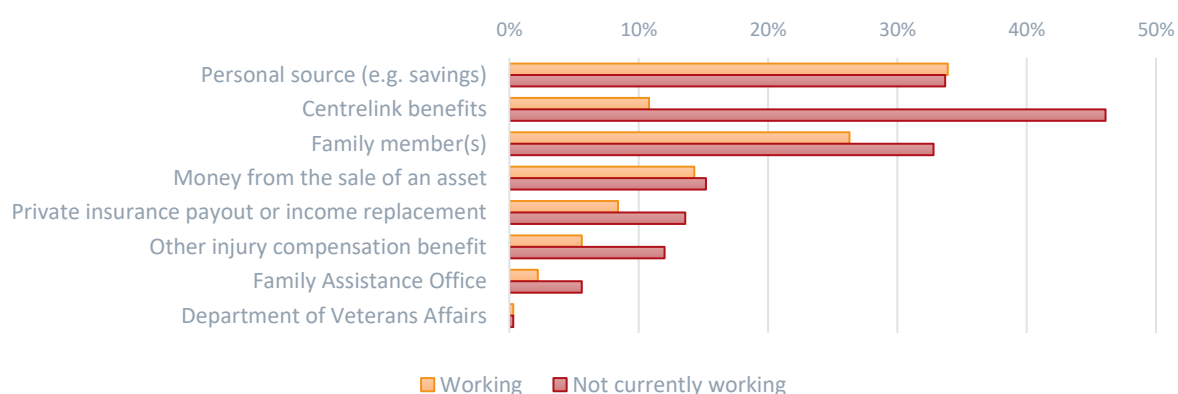


Fig 21. Current financial inputs (not including wages if working)

² Only services identified that were suggested by more than 5% of the total cohort were included

A total of 37% of participants needed to sell one or more assets because of their workplace injury or illness (40% of those currently not working and 34% of those working). Most commonly this was a car (13%), followed by their house (9%), a non-primary vehicle (e.g. boat, caravan, tractor, truck; 8%), furniture (7%), jewellery (7%), or other personal belongings (9%) (Figure 22). More participants who were currently out of work sold a car or house. Those aged 18-34 were more likely to sell a car, furniture or other personal belongings than other age groups. More than half of the participants reported they would currently be able to raise \$2000 within a week if they needed to.

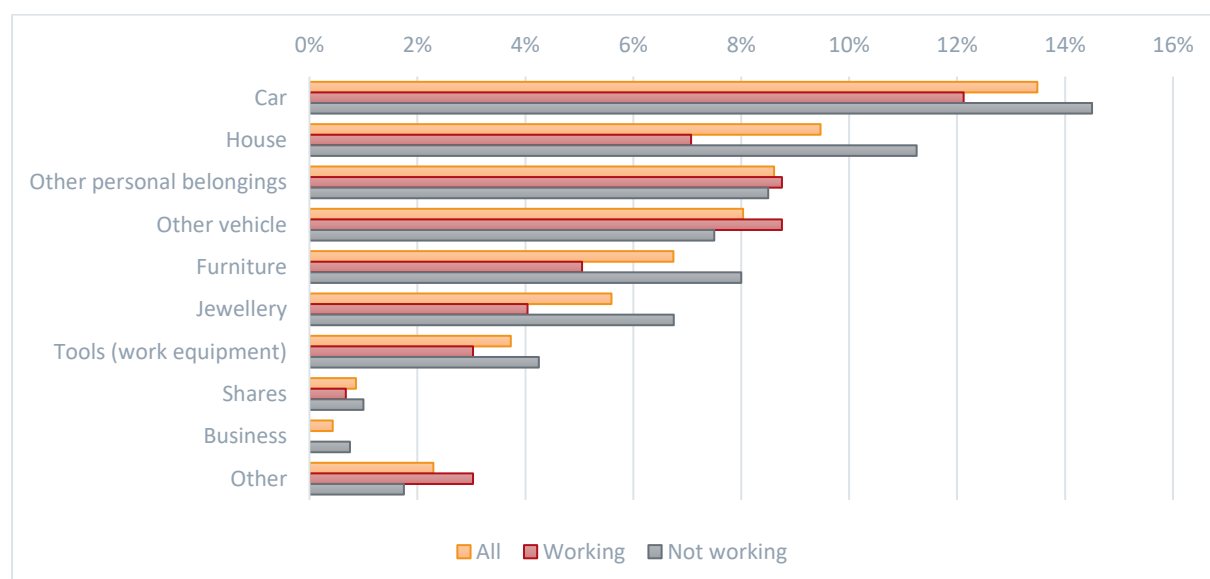


Fig 22. Proportion of study population who sold assets due to workplace injury or illness

Financial support before and after cease of payments

A total of 43% of participants at some stage applied for income support from Centrelink, with a higher proportion of those aged 18–24 (60%), with payments that ceased at ≥ 130 weeks (56%) and those currently not working (60%). The majority of these instances occurred after WorkCover payments ceased (Table 10). For each agency identified, the majority of applications for income support occurred after WorkCover payments ceased. In addition, over a third of participants felt they will need to apply for future income support from one of these agencies in the future, increasing to over half of those that are not currently working.

Table 10. Financial support sources

Financial source	% (any stage; n=697) ³	After WorkCover payments ceased (n=varies ⁴)
Centrelink	43%	84% of the 43%
Family Assistance Office	4%	62% of the 4%
Dept. Veteran's Affairs	0.3%	57% of the 0.3%
Any other source	2%	73% of the 2%

³ Respondents were able to provide more than one reason

⁴ According to the number who applied for income support from this source

Financial hardship was experienced currently by 63% of participants (n=438), including those who were working. In the past 12 months, 39% were not able to pay a utility bill on time and 27% fell behind on rent or mortgage payments (Figure 23). This led to 27% needing to pawn or sell an item, and 19% going without meals. Family and friends were most sought for support with 43% seeking financial assistance through them. As can be seen in Figure 22, all of these values are substantially higher than the lowest income quintile of Australian households (Australian Bureau of Statistics).

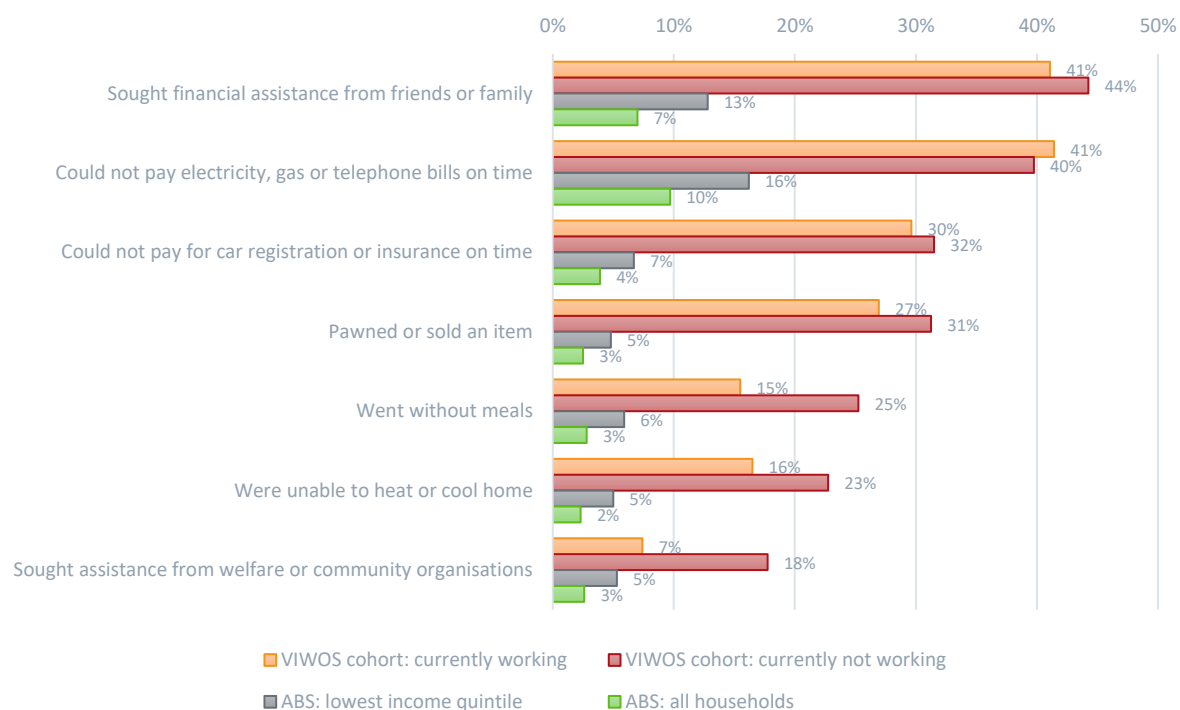


Fig 23. Financial assistance sought during the past 12 months⁵

Common Law payouts

Overall, 10% of the cohort received Common Law payouts, comprising 8% of those who left the compensation system between 52 and 130 weeks, 7% of those who had payments terminated at 130 weeks, and 30% of those who left the compensation system after 130 weeks. Those who received a Common Law payout were more likely to obtain \$2000 within a week compared to those who did not receive a payout (74% versus 53%). In addition, they were less likely to have been in financial hardship for not being able to pay for car registration or insurance (20% versus 32%), pawn or sell an item (20% versus 30%), go without meals (10% versus 22%) or seek welfare or community organisation assistance (6% versus 14%) compared to those who did not receive a payout. With the exception of welfare/community organisation assistance, these values were significantly higher than comparative ABS household data.

A higher proportion of those who received a Common Law payout sold a car (17% versus 13%) or house (12% versus 9%) compared to those who did not, and at the time of the survey were more

⁵ ABS household data 2015-16 used for comparison data. The ABS lowest income quintile refers to the adjusted lowest 20% income bracket

able to obtain \$2000 within a week (67% versus 28% and 63% versus 53% respectively) than those who sold those items and did not receive a payout.

Summary of findings

- Major forms of support found were with the participant's GP, WorkCover insurance agent and their work environment.
- There was a mixed response regarding the insurance agent experience, with a strong reaction from those who saw the level of support provided lacking.
- A wide variety of rehabilitation services were utilised with those with a physical injury
 - Those with a physical injury sought more mental health services the longer they were on benefits.
- Legal advice was readily sought, both for general advice, as well as to aid with grievances.
- Financial hardship was experienced by many of the participants, including those who were working.
- Many participants were required to supplement their current income through personal savings, Centrelink benefits, support from family members, and through the sale of assets
- Over a third were required to sell assets, most commonly a car or house.
- In the last twelve months, over a third were not able to pay a utility bill on time, and a quarter fell behind on rent or mortgage payments. Nearly a fifth went without meals.
- Those who sought financial support services such as Centrelink, predominantly did so after their compensation payments ceased.

IMPLICATIONS AND CONCLUSIONS

This survey was conducted approximately a year after payments ceased for injured workers who were part of the WorkCover system. The participants in this study were on payments for a minimum of 52 weeks and the results indicate that there are a variety of impacts of the workplace injury on the lives of injured workers leaving the WorkCover system after an extended compensation duration.

While many were seen as successfully recovering from their workplace injury or illness, this report highlighted the fact that many still perceived themselves as struggling, either from their injury or illness, in returning to work and/or financially.

Overall, the cohort was highly motivated to RTW

- Despite this, many still do not consider themselves recovered health-wise or financially from their workplace injury or illness
- Returning to work heralded the best overall outcomes
- Employment was seen as transient rather than permanent for most

The longer a worker was on payments, the lower their recovery and RTW prospects, with a high proportion of those with terminated payments perceiving themselves no longer being able to work. Those who considered themselves permanently unable to work was also seen through this cohort, despite in most cases being seen as possessing work capacity.

Those who did not return to work, not only saw themselves as poorly recovered, but tended to have a negative outlook over the entire benefit process and were more likely to express frustration.

Key populations

The four key populations showed different characteristics:

- 1. Those who left the compensation system between 52 and 130 weeks due to RTW**
 - Showed the best recovery rates after their workplace injury or illness
 - 83% were employed at the time of the survey, with 14% planning to RTW
- 2. Those who left the compensation system between 52 and 130 weeks due to other reasons**
 - The reasons for leaving the system may include non-compliance
 - 48% were currently employed and 23% self-reported they were permanently unable to work due to their workplace injury or illness
 - As members in this group were not guaranteed to demonstrate work capacity, recovery was worse than those who left >130 weeks due to RTW
- 3. Those who had payments terminated at 130 weeks**
 - A group with demonstrated work capacity
 - Only 36% were currently employed, and 34% reported being unable to work
 - Perceived recovery was lower than the >130 week groups
- 4. Those who left the compensation system >130 weeks**
 - Reasons for leaving the system include Common Law payments (30%), retirement (17% aged 65 or older), or RTW (2%)
 - Only 14% were currently employed and over half reported being unable to work
 - 24% of this group were actively planning to RTW
 - This group demonstrated the lowest RTW and recovery outcomes due to the time on benefits

Within these populations the age of the injured worker should also be considered

- The younger the worker, the more likely to RTW with a different employer
- Those aged between 45-54 were more likely to return to the same employer
- The older the worker, the less likely to RTW
- Even with good recovery rates, those over 55 had the lowest rate of employment
- The older the injured worker, the more likely to be perceived as permanently unable to work

Key areas of attention

This analysis identified several areas where attention may be placed in seeking to reduce the impact of their long-term injury, particularly those currently not working despite demonstrating work capacity:

Design of the system

- Communication was identified as a key area of importance
- Having to repeat the same information to different people was a frustration
- The insurance agent played an important role in how an injured worker perceived the system
- Many sought legal advice for information and to help with grievances
- Many would value quicker claim approvals, as well as surgical, mental health and physiotherapy treatments

Employer engagement

- Those who returned to the same employer demonstrated the best outcomes
- Lack of employer engagement was seen as a barrier to RTW

Health and recovery

- Nearly all injured workers had restrictions in everyday activities, even when they perceived themselves as recovered
- Many who RTW do not feel as though they have recovered
- Many injured workers saw themselves as permanently unable to work or never to fully recover
- Many injured workers attempted to RTW many times

Financial burden

- Many faced financial hardship even after RTW – much higher than the general population
- RTW was not seen as a guarantee for financial security

APPENDIX A: VICTORIAN INJURED WORKER OUTCOMES STUDY QUESTIONNAIRE

Responses unless otherwise indicated were either yes or no, or according to the following categories: Strongly agree; Agree; Neither agree nor disagree; Disagree; Strongly disagree; Refused; Don't know.

EXPERIENCE OF BEING ON WORKCOVER

O1

Thinking about your **ENTIRE** experience of your Workers Compensation claim, I'd like you to tell me whether you agree or disagree with the following statements.

Please note, if you have had more than one claim, please think about the one where you were receiving WorkCover payments for at least a year, and your payments stopped at some point before January 2018.

Would you agree or disagree that:

- a) The system was open and transparent
- b) There seemed to be good communication between the various people and organisations you dealt with
- c) You felt like the system was working in your best interest
- d) You believe the system treated you fairly
- e) The system helped you with your recovery
- f) You became frustrated having to repeat the same information to different people within the system

O2

Now thinking about your dealings with your WorkCover insurance Agent, I'd like you to tell me whether you agree or disagree with the following statements:

- a) You believe that your insurance Agent treated you fairly
- b) Your insurance Agent provided you with appropriate support and resources to assist in your recovery

I1

Which government agencies have you dealt with since your workplace injury or illness?

- Centrelink
- Family Assistance Office
- Department of Veteran's Affairs
- TAC
- WorkSafe (directly, e.g. Advisory Service or making a complaint)

I2

Would you say these agencies were easy to deal with? (Yes all were; Some were, some were not; None were easy to deal with; Refused; Don't know)

FF2

Which of the following healthcare providers have you received care from for your workplace injury or illness, at **any** point in time since your injury or illness? Have you received care from a...?

- GP (General Practitioner)
- Medical specialist
- Psychologist/psychiatrist or other mental health provider
- Physiotherapist
- Chiropractor
- Any other healthcare providers (Specify)

FF4

And are you **currently** receiving care from any of these healthcare providers for your workplace injury or illness?

- GP (General Practitioner)
- Medical specialist
- Psychologist/psychiatrist or other mental health provider
- Physiotherapist
- Chiropractor

FF5

Would you say your interactions with any of your healthcare providers have been stressful? (Yes, all were; Some were, some were not; None were stressful; Refused; Don't know)

FF6

Why have these interactions been stressful? (Recorded verbatim)

FF7

Thinking about **all** of the support services that you accessed in relation to your workplace injury or illness, were there any that you think could have better assisted your recovery if they were delivered **earlier** than they were? (Recorded verbatim)

HEALTH LITERACY

HL1

How often do you have problems learning about your medical condition because of difficulty understanding written information? (Always; Often; Sometimes; Occasionally; Never; Refused; Don't know)

HL2

How often do you have someone help you read hospital materials? (Always; Often; Sometimes; Occasionally; Never; Refused; Don't know)

HL3

How confident are you filling out medical forms by yourself? (Always confident; Often confident; Sometimes confident; Occasionally confident; Never confident; Refused; Don't know)

F11

Did you discuss your WorkCover claim with a lawyer or law firm at any stage following your workplace injury or illness?

F12

If yes, at what stage did you **first** discuss your claim with a lawyer or a law firm?

F13

What made you decide to discuss your claim with a lawyer? (Not happy with a decision; Compensation ceased; Needed help with the compensation process; On advice from friends or family)

F13b

Did you go ahead with engaging a lawyer?

F14

Do you feel that engaging a lawyer had a positive, negative or no effect on your claim experience?

RTW

W1

Since your workplace injury or illness, have you done any work at all in a job, business or farm? (This includes paid and/or unpaid work)

W10

Did you at some point return to work for the same employer where you had your workplace injury or illness?

W11c

Were the duties you returned to the same as before your workplace injury or illness, or were they modified in some way?

W11b

Were you working more, less, or the same number of hours that you were working before your workplace injury or illness?

W11e

And was your hourly rate of pay at this employer the same as before your workplace injury or illness, or was it modified?

W3

Was this modification to your <IF W11C=duties> <and/or> <IF W11b=hours> <and/or> <IF W11E=pay rate> **because of** your workplace injury or illness?

W5

Are you still working there **currently**? (at the same employer where you had your workplace injury or illness)

W13

Whether or not you have returned to work for the same employer, how helpful do you think your employer was in supporting you to return to work? (Very helpful; Somewhat helpful; Not very helpful; Not at all helpful; Not applicable; Refused)

W14

And how helpful were your co-workers at that same employer in supporting you to return to work? (Very helpful; Somewhat helpful; Not very helpful; Not at all helpful; Not applicable; Refused; Don't know)

F8

Which of the following people, if any, did you talk to specifically about returning to work?

- GP (General Practitioner)
- Psychologist/psychiatrist or other mental health provider
- Physiotherapist
- Rehabilitation provider
- WorkCover insurance agent
- Medical specialist
- Someone from your workplace
- Anyone else (Specify)

FF10

Did you undergo any work-related training to assist in returning to work?

W8

Since your workplace injury or illness how many times have you attempted to return to **any** kind of work?

W9

What were the barriers you faced or the things that prevented you from successfully returning to work? (Recorded verbatim)

W7

Roughly how long after your workplace injury or illness did you first return to some form of paid or unpaid work?

W2

And so just to check, are you **currently** doing any **paid** work in a job, business or farm?

W12

Is this paid work in the same industry you were in when you had your workplace injury or illness?

W4

How many hours do you currently work each week? (PROMPT IF HOURS VARY: Take the average per week over a month)

W3a

Are you currently enrolled in a course of study for a trade certificate, diploma, degree or any other educational qualification?

W15

Are you **actively** looking for work at the moment?

W16

And so which one of the following best describes your current situation?

- Permanently unable to work due to workplace injury or illness
- Temporarily unable to work due to workplace injury or illness, or
- Not working for some other reason

W17

Just to check, do you plan or hope to return to work at some stage?

W18

We'd now like to ask you about your general feelings about work. I'm going to read out a list of statements and for each one I'd like you to tell me whether you agree or disagree with the statement.

- a) You do not feel right if you are not working
- b) Having a job is important to you
- c) Work makes you feel you're doing something with your life
- d) You don't like being out of work
- e) You would get bored if you had no work to do
- f) You'd still want to work even if you could get more money on social security

I4

In the time since your workplace injury or illness, have you applied for income support from any of the following sources?

- Centrelink
- The Family Assistance Office
- The Department of Veteran's Affairs
- Any other source of income support from the government? (specify)

I5

Was this before or after your WorkCover payments ceased?

I6

Do you intend to apply for income support from any of the following sources in future?

- Centrelink
- The Family Assistance Office
- The Department of Veteran's Affairs
- Any other source of income support from the government? (specify)

I8

Did you have to sell any assets to assist your financial situation because of your workplace injury or illness? If yes, what did you have to sell?

- Car
- House
- Furniture
- Jewellery
- Other (specify)

INCOME AND FINANCIAL ASSISTANCE

I10

I'm now going to read out a list of possible income sources. For each one please let me know if you receive income from any of the following sources:

- Private insurance payout or income replacement
- Other injury compensation benefit
- Centrelink benefits
- Family Assistance Office
- Department of Veterans Affairs

- Personal source (e.g. savings)
- Money from the sale of an asset
- Family member(s)
- Any other sources? (Specify)

I7

Thinking about your current income, from all sources, is it higher, lower or about the same as what your income was before your workplace injury or illness?

I22

If suddenly you had to get \$2,000 for something important, could the money be obtained within a week?

I23

Have any of the following happened to you in the past 12 months?

- Could not pay electricity, gas or telephone bills on time
- Could not pay mortgage or rent payments on time
- Could not pay for car registration or insurance on time
- Could not make minimum payment on credit card
- Pawned or sold something because you needed cash
- Went without meals
- Were unable to heat or cool your home
- Sought financial assistance from friends or family
- Sought assistance from welfare or community organisations

RELATIONSHIPS AND SUPPORT

SC1

Can you get help from **family members** if you need it? (Yes, all of the time; Most of the time; Some of the time; No, not at all)

SC2

Can you get help from **friends** if you need it? (Yes, all of the time; Most of the time; Some of the time; No, not at all)

SC3

Can you get help from **neighbours** if you need it? (Yes, all of the time; Most of the time; Some of the time; No, not at all)

B3

What is your current marital status? (Single, never married; Widowed; Divorced; Separated; Married; De Facto)

SC4

The next questions are about your relationship with your partner. I'm going to read out a list of statements, and for each one, I'd like you to tell me whether you would agree or disagree with the statement.

- Your relationship with your partner is very stable
- Your relationship with your partner is strong
- Your relationship with your partner makes you happy
- You really feel like part of a team with your partner

SC4_e

All things considered, what degree of happiness best describes your relationship? (Unhappy; Mostly unhappy; Sometimes unhappy; Occasionally unhappy; Happy; Occasionally happy; Sometimes happy; Mostly happy; Almost always happy; Perfectly happy)

PERCEIVED FAULT

B6

Do you believe that another person was at fault for your injury or illness? (Partially; Totally; No, not at all)

CURRENT HEALTH STATUS

B9

Are you currently restricted in your everyday activities because of one or more physical or mental conditions?

B10

And is this related to your workplace injury or illness? Or something separate?

B11

In the last week how often has your injury or illness:

- Made you feel disabled
- Made you feel angry and frustrated
- Made you feel dependent upon others

(All of the time; Most of the time; Some of the time; A little bit of the time; None of the time)

QUALITY OF LIFE (SF-12) MODIFIED FOR CATI ADMINISTRATION

SF1

In general, would you say your health is excellent, very good, good, fair, or poor?

SF2a

The next few questions are about activities that you might do during a typical day. Does your health now limit you in undertaking moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf? (A lot; A little; Not at all)

SF2b

What about climbing several flights of stairs? Does your health limit you a lot, a little, or not at all?

SF3a

During the past four weeks, have you **accomplished less than you would like** with your work or other regular daily activities as a result of your **physical health**?

SF3b

During the past four weeks, were you limited in the **kind of** work or other activities as a result of your **physical health**?

SF4a

During the past four weeks, have you **accomplished less than you would like** with your work or other regular daily activities as a result of any **emotional problems**, such as feeling depressed or anxious?

SF4b

During the past four weeks, did you not do work or other activities as **carefully as usual** as a result of any **emotional problems**, such as feeling depressed or anxious?

SF5

During the past four weeks, how much did **pain** interfere with your normal work, including both work outside the home and housework? (Not at all; A little bit; Moderately; Quite a bit; Extremely)

SF6

The next few questions are about how you **feel** and how things have been with you during the **past four weeks**. How much of the time during the past four weeks:

- a) have you felt calm and peaceful?
- b) did you have a lot of energy?
- c) have you felt downhearted or sad?

(All of the time; Most of the time; A good bit of the time; Some of the time; A little of the time; None of the time)

SF7

During the past four weeks, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)? (All of the time; Most of the time; A good bit of the time; Some of the time; A little of the time; None of the time)

R5

In your opinion, to what extent do you think you have recovered from your workplace injury or illness? (Fully; Almost fully; Only partially; Not at all)

R6

INTERVIEWER NOTE: If respondent has voluntarily indicated earlier that they will never recover, do not ask this question; use discretion to complete R6 on behalf of the respondent.

To what extent do you think you will recover from your workplace injury or illness? (Fully; Almost fully; Only partially; Not at all)

R7

And how long do you think it will take for that level of recovery to occur?

- You have already recovered as much as possible
- It will be in the next few months or so
- It will be within a year
- It will take longer than a year

O8

Do you think you will recover enough to return to your pre-injury job (the same role, duties and hours)?

O10

Thinking back to the time that you stopped receiving your WorkCover payments, how did you find out that your weekly compensation payments were going to stop?

O11

When your weekly compensation payments ceased, would you say this had a positive, negative or neutral effect on your recovery?

O12

Why do you say that? (Recorded verbatim)

O3

People often talk about trying to 'get their life back on track' following an injury, illness or accident. This can mean different things to different people. Thinking about your own circumstances right now

(today), how would you rate the extent to which you have been able to 'get your life back on track', on a scale of 1 to 10 where 1 means 'not at all', and 10 means 'completely back on track'

O4

Thinking about your own life and personal circumstances, on a scale of 1 to 10, where 1 means 'extremely unsatisfied' and 10 means 'completely satisfied', how satisfied are you with your life as a whole?

O5

And using the same scale, where a 1 means "not at all satisfied" and a 10 means "very satisfied", how satisfied are you with:

- a) Your standard of living?
- b) Your health?
- c) What you are achieving in life?
- d) Your personal relationships?
- e) How safe you feel?
- f) Feeling part of your community?
- g) Your future security?

OVERALL EXPERIENCE

O13

Thinking across your entire experience of Workers Compensation, what do you think is missing in the support given to injured workers? (Recorded verbatim)

O14

And what do you believe is or was the **single most important factor** that has helped you in your recovery journey? (Recorded verbatim)

DEMOGRAPHICS

B7

What is the level of the highest qualification that you have completed?

- Primary
- Secondary
- Technical and other further education (Certificate, TAFE, white cards)
- Tertiary (undergraduate or post-graduate, doctorate)

B8

Are you of aboriginal or Torres Strait islander origin?