# 2026 Independent Review of the Workers' Compensation and Rehabilitation Act 2003 (Qld)

Submission to Mr Glenn Ferguson AM (Lead Reviewer) & Mr Gary Black.

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*Protecting and promoting justice, freedom and the rights of the individual.*

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## Who we are

The **Australian Lawyers Alliance (ALA)** is a national association of lawyers, academics and other professionals dedicated to protecting and promoting access to justice and equality before the law for all individuals.

Our members and staff advocate for reforms to legislation, regulations and statutory schemes to achieve fair outcomes for those who have been injured, abused or discriminated against, as well as for those seeking to appeal administrative decisions.

The ALA is represented in every state and territory in Australia. We estimate that our 1,500 members represent up to 200,000 people each year across Australia.

Our head office is located on the land of the Gadigal people of the Eora Nation. As a national organisation, the ALA acknowledges the Traditional Owners and Custodians of the lands on which our members and staff work as the First Peoples of this country.

More information about the ALA is available on our website.[1]

[1] www.lawyersalliance.com.au.

# Introduction

1. The ALA welcomes the opportunity to provide input to the independent reviewers appointed to review the Workers' Compensation and Rehabilitation Act 2003 (Qld) (the WCRA) pursuant to section 584A of the Act.

2. This submission is made by the Queensland Branch of the ALA. Our members who practise in workers' compensation represent thousands of injured Queensland workers each year across the state. We bring to this review decades of frontline experience with the scheme's operation and its impact on injured workers, employers and the broader community.

3. At the outset, the ALA wishes to make its overarching position clear: **Queensland's workers' compensation scheme is strong, sustainable and delivering for both employers and injured workers.** It has maintained the lowest employer premiums in Australia for over 20 years while preserving full access to common law rights for injured workers. The scheme's funding ratio of 141% (against a target of 120%) demonstrates exceptional financial health. There is no evidence-based case for wholesale reform.

4. We note that the Terms of Reference state that consideration of changes to common law under the WCRA is excluded from the scope of this review. The ALA welcomes this exclusion. However, we also note that the Terms of Reference are drafted very broadly and expressly permit the reviewers to consider "any other matters the Reviewers deem relevant" and "relevant laws applying in other Australian jurisdictions and reform." This breadth means the review could, in practice, recommend changes that affect the scheme's architecture and the rights of injured workers. The ALA urges the reviewers to honour the stated exclusion of common law in both letter and spirit.

5. This submission addresses the Terms of Reference by:

    a. Providing an overview and history of the Queensland workers' compensation scheme and its strengths;

    b. Comparing Queensland's scheme to other jurisdictions, particularly New South Wales and Victoria, to demonstrate Queensland's superior outcomes;

    c. Presenting statistical data on psychological injury claims and emerging trends;

d. Proposing practical improvements within the current framework that can achieve efficiencies without eroding workers' rights; and

e. Addressing fraud, compliance and scheme sustainability.

# Overview and History of the Scheme

## Scheme Architecture

6. Queensland's workers' compensation scheme is a centrally underwritten, publicly administered scheme managed by WorkCover Queensland. It provides a two-tiered system of protection for injured workers:

   a. **Statutory benefits:** Weekly compensation payments, medical and rehabilitation expenses, lump sum payments for permanent impairment, and support for return to work. These benefits are available to all eligible injured workers regardless of fault; and

   b. **Common law rights:** Injured workers who can demonstrate negligence retain full, unfettered access to common law damages. Queensland is one of the few remaining jurisdictions where this access is not subject to a whole person impairment (WPI) threshold.

7. This architecture is the foundation of the scheme's success. It balances immediate support for injured workers through statutory benefits with the preservation of common law rights that ensure fair compensation for those whose injuries result from employer negligence.

## Financial Health and Performance

8. The Queensland scheme's financial performance is outstanding by any measure:

| Metric | Queensland |
|---|---|
| Average premium rate (FY2025/26) | 1.343% of wages |
| Funding ratio | 141% (target: 120%) |
| Return-to-work rate | 90.2% |
| Common law claim costs (FY25 avg) | $207,467 (target: $226,000) |

| | |
|---|---|
| Common law claims (FY25) | 3,886 (stable: FY24 was 3,558) |
| Statutory claims increase | 1% year-on-year |
| Total claims expenses (FY25) | $2.898 billion (2.1% increase) |

9. The premium rate has risen only marginally from 1.20% in 2016 to 13.43% in FY2025/26 — an increase of just 11.92% over a decade. This is remarkable given population growth, workforce expansion, inflationary pressures and the emergence of new categories of claim including psychological injuries.

10. The funding ratio of 141% means the scheme could meet all of its current and future liabilities and still retain a significant surplus. In FY2025, the WorkCover Board recommended a payment to the consolidated fund due to high liquidity — a clear indicator of scheme strength, not distress.

11. The scheme is in an enviable position with: low premiums, very high funding ratio, strong resolution rates for common law claims, common law claims costs below projections, statutory claims costs increasing well below inflation and population growth, and a reasonably good return to work rate.

## Premium History

| Period | Premium Rate | Funding Ratio | National Rank |
|---|---|---|---|
| 2016–2022 | 1.20% | >120% | Lowest |
| FY2023 | 1.23% | >120% | Lowest |
| FY2024 | 1.29% | >120% | Lowest |
| FY2025/26 | 1.343% | 141% | Lowest |

12. Queensland has maintained the lowest employer premiums in Australia for over 20 years. This is a significant competitive advantage for Queensland businesses and a testament to the scheme's efficient design.

## Historical Context — The 2013 Reforms

13. The ALA considers it crucial that the reviewers are cognisant of Queensland's recent history of workers' compensation legislative change.

14. In 2013, the Newman government introduced a 5% whole person impairment threshold for access to common law damages. These changes:

    a. Were preceded by a parliamentary inquiry with a majority of government members. That inquiry did not recommend wholesale scheme design change, as thresholds were. The report from that inquiry commended, rightly in our view, the design of Queensland's scheme. Despite that, it was widely understood that the then Premier and a small number of LNP MPs demanded thresholds with misgiving being expressed by many other government MP's;

    b. Were introduced without meaningful consultation with key stakeholders including the ALA and the Queensland Law Society. We wish to emphasise that this period was aberrant: the ALA has a long and proud record as a stakeholder willing and able to engage with governments of all stripes to constructively contribute to scheme improvements, and wishes to continue to do so;

    c. Were widely opposed by injured workers, the legal profession, unions, medical and allied health professionals, and community organisations;

    d. Denied access to justice for thousands of legitimately injured workers. More than half of all workers who would otherwise have had access to the common law process were denied that access;

    e. Were a contributing factor to the then government's losses in two by-elections and its subsequent electoral defeat in 2015.

15. The subsequent government repealed those thresholds, restoring full common law access.

16. Crucially, following the restoration of common law rights, the scheme has remained in superb financial health. The 2013 changes were unnecessary and unfair.

17. The lessons from 2013 are clear:

    a. restricting injured workers' rights is not necessary for a scheme to remain in excellent financial health, if other aspects of scheme design are sound;

    b. Queenslanders value a scheme which provides proper access to common law entitlements, unfettered by legislative interference they see as unjust, and will exercise their view at the ballot-box.

### The 2023 Review

18. The scheme was last reviewed in 2023 under section 584A of the WCRA. That review found the scheme was operating effectively. While it identified areas for improvement, including management of psychological injury claims and return-to-work processes, it did not recommend any reduction in workers' rights or benefits. Many of the recommendations from that review remain to be fully implemented.

19. The ALA submits that the outstanding recommendations from the 2023 review should be prioritised before any new reform measures are considered.

## Comparison to Other Jurisdictions

20. The Terms of Reference direct the reviewers to consider "*relevant laws applying in other Australian jurisdictions and reform*." The ALA submits that a fair comparison between jurisdictions demonstrates conclusively that Queensland's scheme is the strongest and most balanced in the country, and that the restrictive reforms pursued in New South Wales and Victoria have not resolved the financial difficulties of those schemes but have significantly harmed injured workers.

### Scheme Financial Comparison

| Metric | Queensland | New South Wales | Victoria |
|---|---|---|---|
| Premium rate | **~1.34%** | ~1.82% | ~1.80% |
| Funding ratio | **141%** | 85% | ~116% |
| Scheme surplus/deficit | **Surplus** | $1.73B net loss (FY24/25) | Deficit (improving) |

| | | | |
|---|---|---|---|
| Common law access | **Unrestricted** | 15% WPI threshold (rising to 25%+) | Serious injury threshold |
| Recent reforms | **None required** | Major restrictions (2025/26) | Major restrictions (2024) |

## New South Wales

21. The NSW workers' compensation scheme, administered by iCare and regulated by SIRA, provides a cautionary example of what happens when scheme mismanagement is addressed by restricting workers' rights rather than fixing systemic problems.

22. **Financial distress:** The NSW scheme reported a net loss of $1.73 billion in 2024–25, following a $1.88 billion loss in the prior year. The funding ratio sits at approximately 85%, well below the target. The net outstanding claims liability stands at $25.6 billion. The Treasury Fund has required $6.1 billion in cash top-ups since 2018. These figures reflect deep structural and management failings — not excessive generosity to injured workers.

23. **Premium rates:** NSW's average premium rate is approximately 1.82% of wages — more than 35% higher than Queensland's. Despite higher premiums and far more restrictive access to common law, the NSW scheme is in deficit while Queensland's is in surplus.

24. **Restrictive reforms:** In response to its financial difficulties, NSW passed the Workers Compensation Legislation Amendment (Reform and Modernisation) Bill in February 2026. Key provisions include:

    a. Weekly payments for psychological injuries capped at 130 weeks (physical: 260 weeks) unless the worker has 21% or higher WPI;

    b. Medical expenses for psychological injuries limited to 2 years;

    c. The WPI threshold for common law (work injury damages) rising from 15% to 25% from July 2026, and to 28% from July 2029;

    d. A new "relevant event" test narrowing the circumstances in which psychological injuries are compensable; and

    e. Changes to the medical expense test from "reasonably necessary" to "reasonable and necessary."

25. **The key lesson from NSW:** Slashing workers' rights has not fixed the NSW scheme. The financial distress was caused by mismanagement at iCare and structural design issues, not by common law access or generous benefits. Queensland must not follow this path.

## Victoria

26. Victoria's WorkCover scheme experienced similar financial difficulties, leading to significant reforms that restricted workers' rights.

27. **Financial distress:** The Victorian scheme reported a deficit of $3.9 billion in 2021–22, with benefits exceeding premiums by $1.1 billion per year. The funding ratio has since improved to approximately 116% (December 2025) following a 42% premium increase and restrictive legislative changes, but remains below the long-term viability target of 120%.

28. **Restrictive reforms:** The Workplace Injury Rehabilitation and Compensation Amendment Act 2024, which took effect on 31 March 2024, introduced:

    a. A new definition of "mental injury" requiring a DSM diagnosis and significant behavioural, cognitive or psychological dysfunction;

    b. Exclusion of stress and burnout arising from "usual" work events;

    c. The causation test raised from "significant contributing factor" to "predominantly arising out of" employment;

    d. Weekly payments beyond 130 weeks now requiring 21% or greater WPI; and

    e. Establishment of Return to Work Victoria as a new body.

29. **The key lesson from Victoria:** Victoria's scheme fell into distress due to design and management issues. The government's response was to cut injured workers' rights, particularly for psychological injuries. Queensland's scheme has avoided these problems through sound management and design. There is no basis for importing Victoria's restrictive approach.

## The Central Point

30. The comparison between jurisdictions demonstrates a fundamental truth: **Queensland maintains full common law access, the strongest statutory benefits, the lowest premiums and a fully funded scheme.** NSW and Victoria, which have progressively restricted workers' rights,

have higher premiums, weaker financial positions and are forced into further rights-restricting reforms to address problems of their own making.

31. If any lesson is to be drawn from interstate experience, it is that Queensland's approach works and should be preserved. Queensland's scheme design of a shorter "tail" for statutory claims compared to Victoria and NSW is a key differentiator.

## Psychological Injury Claims — Statistics and Trends

32. The Terms of Reference specifically direct the reviewers to consider "the growth of primary and secondary psychological claims and its impact on injured workers, employers and the scheme." The ALA makes the following submissions.

### National Context

33. The rise in psychological injury claims is a national phenomenon, not unique to Queensland. Safe Work Australia data shows:

    a. 17,600 mental health serious claims nationally in 2023–24, representing 12% of all serious claims;

    b. A 161% increase in mental health claims over the past decade (since 2013–14);

    c. 14.7% year-on-year growth from 2022–23 to 2023–24;

    d. The top causes of psychological injury are harassment and bullying (33.2%), work pressure (24.2%), and exposure to workplace violence (15.7%); and

    e. The median time lost for mental health claims is 35.7 weeks, compared to 7.4 weeks for all claims — reflecting the genuine severity and complexity of these injuries.

34. These are real injuries sustained by real workers. The growth reflects greater awareness of psychological harm in the workplace and a societal shift in recognising mental health as important as physical health. The answer to rising claims is not to deny them but to manage them effectively and address the root causes.

35. In July 2023, Dr Mary Wyatt prepared a report for WorkCover Queensland entitled 'Using evidence for better results - Report to WorkCover Queensland' where practical implementation

ideas were outlined to improve outcomes for workers with mental health injuries.[2] Further, Dr Wyatt prepared a best practice guide to standards for injury management in Australia commissioned by It Pays to Care and GIO.[3] Research shows that workers with mental health injuries are treated differently than those with physical injuries which prolongs and complicates claims and return to work outcomes. Therefore, it is not as simple as stating mental health injuries lead to poorer outcomes, rather our systems, processes and the manner in which workers are treated, which are the root causes.

36. To date, the recommendations from these reports has not been implemented in a concerted, strategic and measurable way.

## Queensland

37. In Queensland, the data shows:

    a. 3,633 primary mental health claims out of 74,976 total claims in 2024–25 — less than 5% of total claims;

    b. Primary mental health claim costs amounted to 15% of total statutory scheme costs;

    c. Primary psychological injury claims have increased approximately 97% over the past five years. Whilst this looks like a poor trend, the overall numbers remain low compared to the overall scheme volumes. Further, the trend from FY 2024 to 2025 has seen a substantial slow down of the increase in primary mental health claims;

    d. Secondary psychological injury claims have risen approximately 60% over the same period;

    e. The average time lost is stated to be about 23.12 weeks compared to the national median of 35.7 weeks (unfortunately, data for Queensland median time lost is not available nor average national data); and

    f. Despite this growth, the scheme remains fully funded at 141%, with premiums stable and well below national averages.

[2] See Annexure 1

[3] See Annexure 2

38. **The critical point is this:** Queensland's psychological injury claims represent approximately 5% of total claims. This is significantly lower than the national average of 12%, NSW's proportion and Victoria's 18%. The Queensland scheme has absorbed the growth in psychological claims without any threat to its financial sustainability. The stark difference in Queensland data to our southern comparators suggests that attacking access to psychological claims beyond the current restrictions imposed by the "reasonable management action" provisions, would be solution in search of a problem. That does not mean that other refinements to the scheme and operational dynamics are not desirable. We make some suggestions in this submission.

39. Further, recommendations from 2023 are still being implemented and have not had the time to be fully considered for its impact on psychological injury claims.

## Comparison with NSW and Victoria

| Metric | Queensland | New South Wales | Victoria |
|---|---|---|---|
| Psych claims as % of total | **~5%** | ~12% | ~18% |
| Scheme financial position | **Fully funded (141%)** | Deficit (85%) | Below target (~116%) |
| 5-year growth in psych claims | ~97% | ~64% | Significant increase |
| RTW rate (psych) | Being improved | ~50% within 1 year | 45% away after 6 months |
| Legislative response | **No restrictions** | Major restrictions (2026) | Major restrictions (2024) |

40. While Queensland has experienced growth in psychological claims, we compare favourably to the NSW and Victorian experiences. More importantly, Queensland's scheme has managed this trend without the financial distress that has plagued other jurisdictions. This is not to ignore that there has been a trend increase in Queensland.

## The Cost and Complexity of Psychological Claims

41. The ALA acknowledges that psychological injury claims are more complex, take longer to resolve and cost more than physical injury claims. The national data shows a median cost of $67,400 for mental health claims compared to $16,300 for all claims. However, this reflects the genuine severity of psychological injuries, which cause significant and prolonged suffering. It also is reflective of the poor systems and processes in place to determine and manage psychological injuries and the inadequate support of employers for their workers with a psychological injury (as is evidenced in the research of Dr Mary Wyatt.

42. The appropriate response to the cost and complexity of psychological claims is not to restrict access to, or the amount of, compensation but to:

    a. Improve early identification and intervention;

    b. Streamline assessment processes (as we propose in Section 6 below);

    c. Invest in return-to-work support tailored to psychological injuries; and

    d. Address workplace factors that cause psychological harm.

## CASE STUDIES

<u>Example 1 - Delays</u>

43. The worker was employed by Queensland Children's Hospital. She sustained a psychological injury over a period from June to November 2023 as a result of significant workload pressure, repeated exposure to traumatic work, and harassment by a senior colleague.

44. The worker ceased work in November 2023 and lodged a statutory workers' compensation claim shortly thereafter. The claim was rejected on 1 May 2024 on the basis that the injury was attributed to reasonable management action. An Application for Review was lodged on 29 July 2024.

45. On review, the Regulator overturned the original decision on 6 November 2024, with the worker's statutory claim accepted approximately 12 months after it was first lodged. This delay resulted in the worker being deprived of timely access to WorkCover-funded treatment, incapacity benefits and return-to-work support.

46. The worker has since left her employment with Queensland Children's Hospital and has commenced operating her own business. She has pursued a common law claim and has been assessed by an independent psychiatrist as having sustained a 6% whole person impairment.

Example 2 - Delays

47. The worker is employed by a Queensland Government department as a Child Protection Officer. In January 2024, she was exposed to threatening behaviour in the workplace from a client involved in a child safety matter. The worker reported raising safety concerns with management, which she perceived were not adequately addressed, and she continued to have ongoing contact with the aggressive and threatening client.

48. As a result of these events, the worker developed progressively worsening psychological symptoms, culminating in a psychological breakdown on 5 April 2024. She subsequently ceased work and sought medical treatment. A statutory claim for a psychological injury was lodged shortly thereafter.

49. The worker's claim was rejected by WorkCover on 21 May 2024. An Application for Review was lodged on 12 August 2024, together with supporting witness evidence obtained by the worker. On review, on 11 December 2024 (approximately four months later), the Regulator set aside the primary decision and directed WorkCover to obtain an independent medicolegal report.

50. The independent medical examination took place on 24 February 2025. WorkCover ultimately accepted the claim on 15 May 2025, more than 12 months after the claim was initially lodged.

51. This delay deprived the worker of timely access to incapacity benefits, funded treatment and rehabilitation supports, and has arguably delayed her recovery and prolonged any potential return to work.

Example 3 - Delays

52. The worker is employed in a professional role and sustained a psychological injury arising from inappropriate workplace conduct, including the covert installation of cameras in the workplace (which was later substantiated), and a highly inappropriate and sexualised interrogation conducted by two male staff members.

53. She lodged her workers' compensation claim in July 2024. The claim was rejected by the self-insurer on 31 October 2024, and a Review to the Regulator was lodged shortly thereafter.

54. On 14 April 2025, almost 6 months after the statutory claim was rejected, the Regulator referred the matter back to the self-insurer for further action, including the obtaining of an independent medical examination. This demonstrates a lack of proper investigation initially.

55. The IME process was particularly problematic. The IME selected by the self-insurer failed to provide a report for approximately six months, despite repeated follow-ups. When the worker's solicitors eventually contacted the psychiatrist directly, their receptionist advised that the report was "not a priority" and a letter was sent to the self-insurer containing highly defamatory comments about the worker and stating that the *"matter will not be given priority over work"*. This conduct caused further delay and distress to the worker.

56. The delay is not entirely attributable to the self-insurer, however, they selected the IME provider and remained responsible for ensuring that the examination and reporting process was conducted appropriately and in a timely manner. A request was made for a new IME, which was only recently obtained. That IME assessed the worker as having a 17% whole person impairment.

57. Despite this medical evidence, the self-insurer has now issued a preliminary rejection decision. The matter will be progressed to a second review by the Regulator. The worker still has no decision or access to statutory compensation almost two years after lodging her claim.

58. This case highlights systemic issues with certain insurer selected IMEs, lack of accountability for delays caused by panel providers, and the significant prejudice to workers arising from prolonged decision-making in psychological injury claims.

<u>Example 4 - medical assessment tribunal referrals</u>

59. A worker was referred to the Medical Assessment Tribunal (MAT) following a report from a specialist dated 28 November 2025 stating the worker was stable and stationary. The worker's lawyer requested that WorkCover refer him to the MAT on 15 December 2025. WorkCover responded saying they would arrange for the referral to be done the week of 22 December 2025. The MAT confirmed the referral was received on 2 February 2026.

60. The worker's lawyer chased WorkCover and the Regulator many times to get an update on when he appointment would occur. The worker had stopped receiving any workers' compensation support once declared stable and stationary, which was not conducive to his financial position, nor his ongoing psychological state. In April 2026, the worker's lawyer received an email from the Tribunal stating they had rejected the referral from WorkCover, on the basis that the MAT requires an updated progress report from the specialist dated within the last 6 months, despite delays by WorkCover and the MAT.

61. This has been incredibly frustrating, detrimental to the worker's mental health and his financial situation.

Example 5 - lack of return to work support

62. A youth worker was assaulted at work and sustained both physical injury (considered stable and stationary) and a psychological injury (not yet stable and stationary). The worker and treating doctor were keen for a return to work program with the employer, however the employer suggested no suitable duties were available. Accordingly, the worker commenced a return to work plan with a host employer. After 2 weeks of host employment, WorkCover considered the worker demonstrated a capacity to return to pre-injury employment and ceased weekly benefits. There was no medical or other evidence (noting the psychological injury was not yet deemed stable and stationary) and the employer still had not provided any support or steps to allow the worker to return to her pre-injury role or any other role.

63. The host employment program has ceased. The worker does not yet have the ability to return to her pre-injury role unrestricted. The host placement was in no way similar or analogous to her pre-injury employment. The worker now has no weekly benefits, no employment to return to and will be waiting:

    a. Between 2 to 4 months for an appointment with a Psychiatrist for confirmation whether or not she is stable and stationary and thus ready to be referred to the MAT; and

    b. Then will be referred to the MAT and there are presently delays of about 3 to 4 months for such an assessment.

64. Thus, the worker will be without support either from WorkCover or her employer for between 5 to 8 months and without the ability to consider a lump sum offer to assist her or to commence

a common law claim, should she choose to do so. This situation is incredibly stressful and unfair to this worker.

## Proposals for Improvements Within the Current Framework

65. The ALA submits that meaningful improvements to the scheme's efficiency and outcomes can be achieved without any erosion of workers' rights. The following proposals address the Terms of Reference's focus on scheme sustainability, psychological claims management and fraud.

### Single Psychiatrist Assessment for Psychological Injuries

66. This is the ALA's **primary reform recommendation.**

67. Currently, the assessment process for psychological injury claims typically involves:

    a. An independent medical examination (IME) by a psychiatrist; followed by

    b. Referral to the Medical Assessment Tribunal (MAT) for further assessment.

68. This two-stage process creates significant delays, often measured in months. During this time, injured workers remain on statutory benefits, their recovery is impeded by uncertainty and delay, and costs to the scheme accumulate.

69. **The ALA proposes that Notices of Assessment for psychological injuries be capable of being issued on the basis of a single psychiatrist's assessment following an IME, without the requirement for all matters to progress through the MAT.**

70. The benefits of this reform are substantial:

    a. **Reduced delays:** Eliminating the mandatory MAT step would save months in the assessment process, allowing earlier resolution of claims.

    b. **Reduced costs:** Fewer assessments mean lower costs to the scheme, including reduced time on statutory benefits during the waiting period.

    c. **Better outcomes for workers**: Faster resolution reduces the adverse impact of prolonged uncertainty on recovery and return to work.

d. **Alignment with physical injuries**: Physical injury assessments do not require a mandatory tribunal stage — there is no principled reason why psychological injuries should be treated differently.

71. This proposal was discussed with the CEO of WorkCover Queensland in February 2026, who acknowledged the efficiency argument. The ALA notes that while the regulator has previously not changed this process, the current review provides an opportunity to do so with a clear evidence base.

## Improved Return-to-Work Processes

72. The ALA supports initiatives to improve return-to-work outcomes, particularly for workers with psychological injuries. We recommend:

a. Greater use of case conferences involving all parties (worker, employer, treating practitioners and insurer) to align expectations and support;

b. Improved communication between WorkCover and employers, particularly in same-employer return-to-work situations where gaps have been identified;

c. Dedicated risk assessment and triage pathways for psychological claims, with faster initial contact and decision-making — evidence shows that speed of initial engagement materially improves recovery outcomes; and

d. Continued investment in WorkCover's dedicated mental health program and partnership with Monash University for evidence-based best practice.

## Implementation of Outstanding 2023 Review Recommendations

73. The ALA notes that many recommendations from the 2023 statutory review have not yet been fully implemented. Before introducing new reforms, the reviewers should assess the status and impact of existing recommendations. Implementing outstanding improvements is likely to address many of the concerns raised in the current Terms of Reference.

## Fraud and Compliance

74. The Terms of Reference direct the reviewers to consider fraud and similar offences. The ALA makes the following submissions:

a. **The ALA supports strong and properly resourced detection, investigation and prosecution of workers' compensation fraud, including fraud by workers and employers.** The integrity and social licence of the scheme depend on public confidence that benefits are paid only to genuinely injured workers and that deliberate abuses are identified and sanctioned.

b. **The available enforcement data do not support a narrative of widespread worker fraud threatening scheme sustainability**. In 2024–25, the Workers' Compensation Regulator received 211 reports of suspected offending, commenced six prosecutions, successfully prosecuted 11 defendants and recovered $253,799.42 in fraudulently obtained funds for insurers. While every instance of fraud is serious and should be pursued, these figures represent a very small proportion of overall scheme activity and cost.

c. **The pattern of prosecutions also demonstrates that serious cases are already being dealt with firmly.** Of the 11 defendants successfully prosecuted in 2024–25, seven received terms of imprisonment (mostly suspended), and substantial fines were imposed in other cases. The majority of worker prosecutions involved failure to disclose work or income during the currency of a claim, or making false or misleading statements to the insurer. A smaller number of prosecutions concerned employer or director conduct, including falsely denying that a worker was employed and improperly attempting to obtain or use workers' compensation documents in connection with termination of employment. This profile suggests that:

i. the Regulator is appropriately targeting clear, deliberate and provable dishonest conduct, rather than ordinary disputes about liability or capacity; and

ii. proven worker fraud, while serious in individual cases, is numerically limited and does not appear to be occurring at a scale that would threaten the financial sustainability of the scheme.

d. **The largest ongoing integrity risks arise from employer non-compliance, including understatement of payroll, failure to insure and sham contracting** (including misuse of

Australian Business Numbers to disguise employment relationships). These practices shift cost and risk onto compliant employers, injured workers and the scheme as a whole. The ALA submits that strengthening investigation and enforcement in relation to employer non-compliance is likely to deliver greater sustainability benefits than further restrictions targeted at worker claims.

e. **Reforms directed at fraud prevention should not be conflated with broader restrictions on access to statutory or common law benefits**. Anti-fraud measures should be:

   i. evidence based and proportionate

   ii. narrowly targeted at deliberate dishonest conduct, and

   iii. clearly distinguished from policy decisions about eligibility, thresholds or definitions of compensable injury.

75. The ALA urges the Review to keep these issues conceptually distinct in its analysis and recommendations.

## Preservation of Journey Claims

76. The ALA submits that journey claims must be preserved, particularly for:

   a. FIFO (fly-in fly-out) workers who drive long distances to and from mine sites and other remote workplaces;

   b. rural and regional workers who face significantly longer and more dangerous commutes than their metropolitan counterparts; and

   c. workers in industries where journey risks are inherent to the nature of the work.

77. Journey claims are of particular importance to regional Queensland. LNP regional members have historically recognised the significance of these claims for their constituents, as was evident during the 2012 parliamentary inquiry. The preservation of journey claims also demonstrates that the ALA's advocacy is not limited to common law rights but extends to all aspects of the scheme that protect injured workers.

## Self-Insurance

78. The Terms of Reference ask the reviewers to consider whether the self-insurance scheme is fit for purpose. The ALA submits that any review of self-insurance arrangements must ensure that self-insured workers receive the same level of benefits and protections as workers covered by the main scheme. Self-insurance should not be a mechanism for large employers to reduce their obligations to injured workers. It is the experience of our members that egregious insurer conduct is much more likely to occur amongst some self-insurers compared to Workcover Queensland.

## Transparency and Data

79. The ALA recommends that WorkCover Queensland publish high-level scheme statistics on a quarterly basis, similar to the transparency framework that exists for Queensland's CTP scheme through the Motor Accident Insurance Commission. Greater transparency will build public confidence and enable evidence-based policy discussion.

## Distinction between Queensland workers' compensation and industrial relations frameworks

80. The ALA submits that the Queensland workers' compensation scheme performs a distinct and essential function that is different from, and should remain separate to, industrial relations processes under the Industrial Relations Act 2016 (Qld) and related legislation. Any reform process that considers these frameworks together must be careful not to blur their purposes or to shift compensable injury disputes into industrial relations fora.

81. The workers' compensation system is a no-fault, insurance-based scheme designed to provide timely income replacement, medical and rehabilitation expenses, and where appropriate access to common law damages, to workers who suffer injury arising out of, or in the course of, employment. Its central objectives are:

    a. early and fair acceptance of genuine injuries;

    b. funding of treatment, support and rehabilitation;

    c. safe and sustainable return to work; and

    d. predictable, pooled funding of injury costs across employers.

82. By contrast, industrial relations frameworks are primarily concerned with regulating the employment relationship itself. They establish and enforce:

a. minimum employment conditions, awards and agreements;

b. collective bargaining and industrial action rules;

c. protections against unfair dismissal, adverse action and certain forms of discrimination; and

d. dispute resolution processes between employers, workers and unions.

83. Remedies in the industrial relations sphere are generally prospective and relational. They focus on reinstatement, variation of terms, civil penalties, or orders to stop particular conduct.

84. Although the same factual circumstances may give rise to both a workers' compensation claim and an industrial relations or workplace rights dispute (for example, allegations of bullying, sexual harassment, discrimination or overwork), the legal questions and remedies are different:

a. workers' compensation focuses on whether the worker has suffered an "injury" within the meaning of the legislation, and whether employment significantly contributed to that injury, triggering an entitlement to benefits;

b. industrial relations processes focus on whether there has been a contravention of employment standards, workplace rights or anti-bullying / anti-discrimination obligations, and on what orders are needed to address that breach or prevent its recurrence.

85. The ALA is concerned that examining the workers' compensation framework in tandem with industrial relations legislation risks importing trends from other jurisdictions where certain disputes, particularly those involving psychosocial hazards such as bullying, harassment, discrimination and overwork, have increasingly been channelled into industrial relations or related jurisdictions rather than being treated as compensable injury matters within the workers' compensation system. Developments in New South Wales provide a recent example of this kind of re-direction of psychosocial disputes away from the core compensation framework.

86. The ALA submits that such a shift would be undesirable in Queensland for several reasons:

a. **Purpose mismatch**: industrial relations processes are not designed to fund medical care, rehabilitation, or long-term income support for injured workers. Moving psychosocial injury disputes into industrial relations fora risks leaving workers without adequate compensation, or forcing them into multiple, overlapping proceedings;

b. **Coverage gaps:** workers' compensation legislation often protects a broader class of "workers" than those who qualify as "employees" under industrial relations statutes, including some contractors and deemed workers. Re-locating disputes into industrial relations jurisdictions may exclude vulnerable workers from effective remedies;

c. **Delay and complexity:** requiring workers with psychological injuries to pursue complex industrial relations or discrimination claims to obtain redress, in addition to or instead of compensation, risks delay, increased legalism and re-traumatisation. A key strength of the workers' compensation scheme is its capacity to respond quickly and on a no-fault basis; and

d. **Scheme coherence**: keeping injury compensation within a single, specialist statutory scheme promotes consistency, better data on injury causation and outcomes, and more coherent prevention and return-to-work strategies. Fragmenting responsibility across multiple jurisdictions undermines that coherence.

87. The ALA therefore urges the Review to:

a. affirm the distinct role of the workers' compensation scheme as the primary mechanism for compensating work-related injury, including psychological injury arising from bullying, harassment, discrimination or overwork;

b. avoid recommendations that would have the practical effect of carving out categories of psychosocial harm from workers' compensation and re-locating them into industrial relations processes; and

c. ensure that any reforms to industrial relations processes complement, rather than displace, the workers' compensation framework.

88. Proper coordination between workers' compensation, industrial relations, work health and safety and anti-discrimination regimes is important. However, coordination should not be

confused with consolidation. The ALA submits that Queensland should avoid repeating any moves seen in other jurisdictions that erode the central function of the workers' compensation scheme to provide comprehensive, no-fault compensation for work-related injury.

## Stakeholder consultation preceding review, scope of terms

89. In the course of our stakeholder consultation, we have previously raised concerns that include:

    a. **Lack of consultation.** The ALA, the Queensland Law Society and the Bar Association of Queensland were not consulted before the review was announced. This is an unprecedented departure from the consultation that has traditionally accompanied major workers' compensation reviews in Queensland.

    b. **The breadth of the Terms of Reference.** While common law is stated to be excluded, the Terms of Reference permit consideration of "any other matters" and interstate reforms. This creates a risk that recommendations could indirectly affect common law access or scheme architecture in ways not contemplated by the stated scope.

90. The ALA urges the reviewers to approach their task with rigorous independence, to rely on evidence rather than narrative, and to ensure that all stakeholders are given a genuine and meaningful opportunity to be heard.

## Conclusion

91. Queensland's workers' compensation scheme is a national benchmark. It delivers the lowest premiums in Australia, maintains a funding ratio well above target, preserves full common law access and achieves strong return-to-work outcomes. There is no evidence-based case for wholesale reform.

92. The experience of New South Wales and Victoria demonstrates that restricting workers' rights does not fix scheme mismanagement — it simply shifts costs from insurers to injured workers and the community. Queensland must not repeat those mistakes.

93. The rise in psychological injury claims is a national phenomenon that Queensland has managed more effectively than any other major jurisdiction. The answer is not to deny or restrict access to compensation but to improve the efficiency of assessment and management processes. The ALA's proposal for single psychiatrist assessment of psychological injuries is a practical, cost-saving reform that can be implemented without any erosion of workers' rights.

94. The ALA stands ready to engage constructively with the reviewers and to provide any further assistance required. We respectfully urge that the review be conducted with transparency, independence and a genuine commitment to evidence-based outcomes.

**Peter Gibson**

President, Queensland Branch Committee

Australian Lawyers Alliance

# Annexures

# Using evidence for better results- Report to WorkCover Queensland

- A summary of the evidence from the policy paper *It pays to care*
- Practical implementation ideas for WorkCover Queensland

Abbreviations

| | |
|---|---|
| AFOEM | Australasian Faculty of Occupational & Environmental Medicine |
| CFO | Chief Financial Officer |
| ELT | Executive Leadership Team |
| EMPCAP | Early Matched Care for Australia Post |
| GDP | Gross Domestic Project |
| HR | Human Resources |
| IME | Independent Medical Examinations |
| IPTC | It Pays To Care |
| OIR | Office of Industrial Relations |
| PSC | Psychosocial Safety Climate Survey |
| RACP | Royal Australasian College of Physicians |
| RTW | Return to Work |
| RTWSA | Return to Work South Australia |
| WCQ | WorkCover Queensland |
| WISE | Work Injury Screening & Early Intervention |

Note to reader:

This report has been prepared with a quick turnaround time to ensure the paper is available to be read prior to the first stakeholder group meeting. To focus on important content, only limited references have been included but other references can be provided where requested.

The following material about WorkCover's situation was available and used:

- ELT Operations Report June 2023
- WorkCover submission to the 5 year review
- April 2023 WorkCover Supplementary Submission (5 year review)
- 10-2 31 March 2023 Claim Risks report
- WCQ Weekly Compensation Durations Program_Independent Review_Final Report v1.0

Report prepared by Dr Mary Wyatt – July 2023[1]

Mary is an occupational physician who is active in policy development and research through AFOEM and other organisations. Her interest is in getting research into practice. Decades of work in injury management has included running an early intervention case management approach across several medium to large employers. Other work has included IMEs, running RTWMatters.org (a non-profit seeking to share evidence-based practices that support better RTW), research on RTW, teaching via Monash University, work as a treating practitioner, conducting a state-based review of return to work for a regulator and advisory work for various insurers / regulators.

Mary is the lead Fellow in AFOEM / RACP's most recent "Health Benefits of Good Work" policy development – It pays to care: *Bringing evidence-informed practice to work injury schemes helps workers and their workplaces.* An imperative for change and call to action.

[1] This report is provided in my private capacity as an occupational physician

# Contents

# I. Background

WorkCover has been dealing with an increase in secondary mental injury claims. Employees suffering from mental injuries (primary and secondary) typically require greater time off work and have less successful return-to-work (RTW) results. This impacts the person, their relationships and families, and the workplace. Prolonged or complex claims flow through to increased common law claims.

WorkCover and other agencies across Australia and New Zealand are implementing strategies from the "It Pays to Care" (ITPC) policy by the Australasian Faculty of Occupational and Environmental Medicine (AFOEM).

WorkCover is adopting an evidence-based approach, leaning on the ITPC policy to devise future claim management strategies and organisational design. WorkCover will soon launch an early intervention pilot with psychosocial triage and matched care. The pilot aims to detect and manage psychosocial factors affecting recovery and RTW and in turn reduce secondary mental injuries.

It is also noted that there has been a considerable escalation in primary mental injury claims, many of which arise because of psychosocial workplace hazards. Further, primary mental injuries are often exacerbated by psychosocial influences.

To broaden WorkCover's work scope and engage stakeholders, plans are underway to form a stakeholder working group, comprising the Office of Industrial Relations, experts and relevant stakeholders.

Ensuring this group operates based on solid evidence is crucial. You have requested a short report with:

1. A summary of relevant evidence from IPTC, and
2. Practical implementation ideas within a WorkCover framework.

This report, along with WorkCover's data insights to understand trends, potential drivers and claim outcomes will be provided to the stakeholder working group.

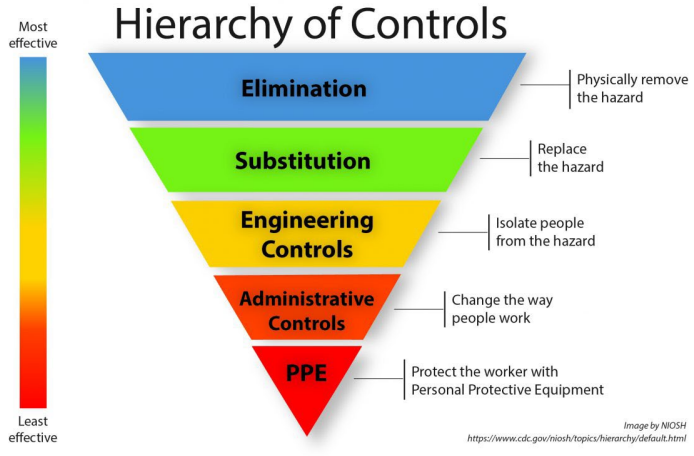
This report commences with a brief background to the report, summaries the key messages from IPTC, explores available data from material provided by WCQ and then explores practical implementation ideas.

In safety we follow the hierarchy of controls, outlined in the adjacent graphic.

As one moves towards the more systematic approaches towards the top, the more effective is the control. As one moves more towards being reliant on an individual, the less successful the strategy.

Similar principles apply in work injury schemes, system level changes produce the greatest impacts.

The practical implementation section focuses on the major areas where



improvements can realistically be made, to reduce secondary mental injury and improve RTW. The paper finishes with some examples of interstate initiatives.

A key aspect of case management to reduce secondary mental injury is early psychosocial triage and its facilitation of tailored care for individuals. A pilot is planned but noting the importance of the topic, further exploration of the approach has been included.

## II. It pays to care – Introduction

The It Pays to Care (IPTC) policy, developed as part of AFOEM's Health Benefits of Good Work® agenda, provides a comprehensive framework aimed at improving the management of work-related injuries and illnesses.

In a compensable setting, injuries or medical conditions lead to worse health outcomes compared to non-compensable situations. Being out of work long term is associated with poorer physical and psychological health and this is more likely in compensable settings.

Evidence on the impact of psychosocial factors on work injuries and health has grown over the last decade. New-found knowledge has revealed opportunities to better assist employees who have had an injury; to achieve better return to work outcomes, better health results, reduced stress for the employee and their family and in turn reduced costs for businesses and the broader community.

The policy emphasises the importance of adopting a biopsychosocial approach to care and promoting collaboration among stakeholders.

There are two policy papers:

Bringing evidence-informed practice to work injury schemes (PDF) presents evidence on psychosocial factors as barriers to return to work and how these can be addressed. It offers ways to improve scheme delivery in the 4 central work injury domains of leadership and regulation, case management, the workplace and healthcare.

A values and principles based approach to bringing evidence-informed practice to work injury schemes (PDF) covers the values and principles of healthy insurance schemes. Evidence shows that values matter. Injury insurance systems that are fair, respectful, engaging, transparent and collaborative, support recovery and RTW.

# III. Key elements of the evidence as it pertains to WorkCover Queensland

*Realising the Health Benefits of Work*[9] reported the negative health consequences of being out of work for more than six months: increased rates of overall morbidity and mortality, increased rates of mental ill health and suicide, increased substance use. Worklessness can challenge a person's core identity, taking away a sense of being a provider at home and of contributing to the workplace. There are negative impacts on children, family and significant others.

## The importance of the biopsychosocial lens

Most people return to work after a work injury with minimal difficulty and usually without any long-term consequences. The remainder find themselves in a more challenging situation.

There may be an unsupportive supervisor, the person may be anxious and worried about how they will be viewed when they return to work. There may be other health issues or home stressors, or poor recovery expectations, or an unwelcoming work environment. Evidence from implementation studies over the last 5 years has shown that many of these barriers can be effectively addressed when they are identified early.

It acknowledges that our body (biological), mind (psychological) and life situation (social) all play a part in our health.

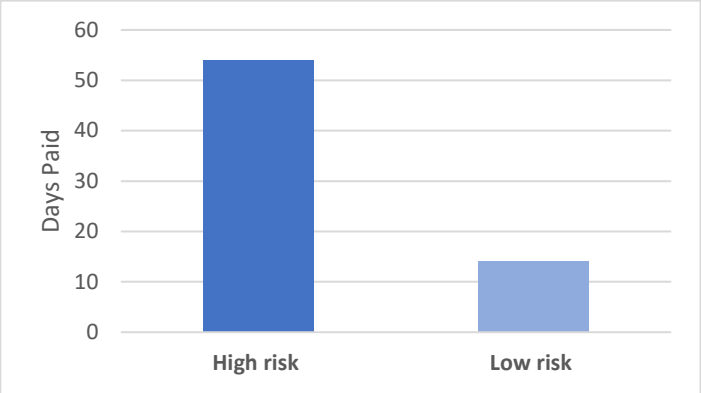
Psychosocial risks include:

- Personal psychosocial factors, e.g., low coping ability, fear of re-injury, other health conditions;
- System induced psychosocial factors, e.g., real or perceived interaction with a system that is experienced as unfair;
- Case management psychosocial factors, e.g., delays, poor communication;
- Workplace psychosocial factors, e.g., lack of supportive contact with injured worker, poorly managed modified duties;
- Healthcare psychosocial factors, e.g., lack of engagement with work issues and RTW, non-collaborative approach, non-evidence based treatments, focus on the biomedical model with interventions etc.

Psychosocial factors dominate unnecessary work disability. Issues such as loss of confidence, fear of re injury, lack of trust in the approach of the workplace, isolation, financial stressors, the impact of physical limitations that reduce capability for home care tasks, usual work and non-work activities are some of the factors that can contribute to distress and poor mental health. These negative psychosocial factors make it harder for someone to get back to work after an injury and increase the risk of long-term disability. They increase the likelihood of secondary mental injury.

Those identified as high risk through psychosocial questionnaires have about three times the amount of time off work than those considered low risk.

**Figure 1. Average days of wage reimbursement per claim by risk categorisation[2]**




## Collaboration and cooperation.

In the realm of injury insurance schemes, an important component for success lies in fostering cooperation and collaboration at every level:

- For individual cases;
- At the level of the workplace;
- Within systems or schemes.

Collaboration increases the likelihood of success: major reviews of the evidence indicate that positive input across at least two of the three domains of healthcare, the workplace and case management is needed for success. When one part of the system is uncooperative, success in recovery and RTW is less likely and the workload of others increases.

## Key messages: The principles of healthy injury insurance schemes

The evidence says that values matter.

Injury insurance systems that are fair, respectful, engaging, transparent and collaborative, support recovery and RTW.

Why, what underpins this? There are two models that helps us understand.

1. Social capital is the value that comes from people trusting each other. We see a clear example of this with the pandemic, which can be measured in GDP. Countries with high levels of social trust have had reduced morbidity and mortality and better economic performance.

   Lack of trust and lack of cooperation lead to significantly worse outcomes. As an example, WorkSafe Victoria indicates only around ¼ of GPs trust the employer to adhere to the work restrictions. In turn the GP may certify that worker is unfit for work, sensing a need to protect their patient.

[2] Reprinted from "Work Injury Screening and Early Intervention (WISE) study. Preliminary outcomes," by M. Nicholas, G. Pearce, M. Gleeson, R. Pinto, and D. Costa. 2015; November 30. Presentation to Rehabilitation Psychologists' Interest Group.

By contrast, in high trust environments there is greater goodwill, more cooperation and collaboration, the administrative burden is reduced, agreements are easier to reach and there are fewer disputes.

2. Reciprocity, the notion that we respond in kind, is one of the most consistent facets of human nature, across history and across societies. Treat me well, it's very likely I will respond in kind. Treat me badly, I'll be justified in being uncooperative. It is a powerful driver of our behaviours and has a major impact in our field of compensable injuries - how workers are treated has an important influence on their recovery and return to work.

People want to work in an environment where values matter. There is consensus that we need to build a sustainable and skilled case manager workforce. If our systems support case managers to act fairly and reasonably, schemes are more likely to attract and retain talent.

Other important aspects of work injury schemes are outlined via the following key messages:

1. **Leadership: Promoting positive psychosocial influences:** Policymakers play a crucial role in shaping injury insurance schemes by promoting positive psychosocial influences at multiple levels. This includes enacting legislation and standards that support a healthy workplace culture, overseeing the schemes' operations and ensuring effective delivery and dispute resolution systems. Strong leadership at these levels is essential to create a supportive and constructive environment that enhances the well-being and recovery of injured workers.

2. **Collaboration: Integrated approach for better outcomes:** Improved outcomes are achieved when there is seamless integration and collaboration between key stakeholders, including healthcare providers, workplace accommodation specialists and case managers. By working together towards a shared goal, the overall effectiveness of injury insurance schemes is enhanced, leading to better return-to-work rates and improved worker well-being.

3. **Fairness: Impact on health outcomes and work disability:** The perception of fairness is important for workers with an injury. Those who believe they have been treated fairly experience better health outcomes and are less likely to experience long-term work disability. By prioritising fairness in the management of injury claims, insurers can create a more supportive and equitable environment that fosters worker recovery and well-being.

4. **Worker health priority: Evidence-based treatment and empowerment:** The health of injured workers is the top priority in healthy injury insurance schemes. Treatment decisions are evidence-based, ensuring that workers have access to appropriate, timely and high-quality care. Providing workers with reliable information about treatment options empowers them to make informed decisions about their health, while fostering self-management encourages workers to take an active role in their recovery journey.

5. **Effective case management: Procedural fairness and support:** Individual case management is a critical component of healthy injury insurance schemes. Procedurally fair, timely, proactive and supportive case management approaches have been associated with higher levels of worker perceived fairness and justice. Furthermore, evidence-informed case management leads to reduced work disability, less distress and a decrease in secondary mental ill-health among injured workers.

6. **Effective communication: Impact on recovery and return-to-work:** Communication is a powerful tool in facilitating recovery and return-to-work outcomes. Case management systems underpinned by positive communication between stakeholders have been shown to

improve return-to-work outcomes and reduce overall costs. Effective communication fosters cooperation, trust and engagement, creating a more conducive environment for worker recovery.

7. **Long-term thinking: Fostering continuous improvement:** Adopting a long-term perspective enables injury insurance schemes to engage in broader and deeper thinking, focusing on evidence-informed practices that lead to sustained improvements. Long-term approaches also foster skill and career development within the industry, creating a cycle of continuous improvement that benefits all stakeholders involved.

## Key Messages: The Role of the Workplace in Improving Return-to-Work Outcomes

1. **Fair and constructive employer response promotes return-to-work (RTW):** Workers who perceive their employer's response to injury as fair and constructive are significantly more likely to return to work compared to those who don't. This finding emphasises the crucial role played by employers in supporting injured workers during their recovery journey. By fostering a positive and supportive environment, employers can effectively contribute to successful RTW outcomes.
2. **Enhanced workplace management benefits worker wellbeing and productivity:** Improving workplace management of work injuries presents significant opportunities to enhance both worker wellbeing and workplace productivity. Employers who prioritise injury management and create a supportive atmosphere for injured workers foster a positive psychosocial workplace environment. This positive environment is associated with earlier RTW, leading to improved worker outcomes and overall organisational productivity.
3. **Key figures in workplace injury management:** The success of RTW efforts depends on the collaboration and engagement of key figures within the workplace. This includes the injured worker, their direct supervisor, the RTW coordinator and senior management. Each of these stakeholders plays a unique role in influencing workplace culture and setting priorities related to injury management. Effective communication and cooperation among these figures are critical for achieving positive RTW outcomes.
4. **Positive psychosocial workplace environment facilitates earlier RTW:** A workplace that fosters a positive psychosocial environment has a direct impact on the timing of RTW. Employees who experience low stress interactions with RTW coordinators and are supported during their recovery journey are more likely to return to work sooner.
5. **RTW Coordinators benefit from comprehensive training:** RTW coordinators play a pivotal role in guiding injured workers through their recovery and facilitating RTW. To fulfill their role effectively, coordinators have expressed a need for comprehensive training and skill development. By investing in the professional development of RTW coordinators, workplaces can enhance their capacity to provide the necessary support and resources to injured workers.
6. **Engaged senior management influences injury management:** Senior managers who are actively involved and receive regular reports about injuries and work injury management are more influential in this space. Their engagement fosters a culture that prioritises worker health and safety, leading to improved injury management practices and RTW outcomes.
7. **Supervisors need training:** Supervisors in high-claim industries are essential figures in facilitating RTW for injured workers. To support them in their role, comprehensive training programs assist. These programs should cover various aspects, including knowledge, skills

and behaviours that promote a successful RTW process. Equipped with the right training, supervisors can effectively manage injured workers and contribute to their smooth transition back to work.

## Key Messages: Policymakers, insurers and regulators

1. **Influence of regulators and insurers on work injury schemes:** Regulators and insurers play a crucial role in shaping the culture, attitudes and behaviour of work injury schemes. Their approaches, communication styles and policies and procedures directly impact how these schemes function. By implementing effective policies and practices, regulators and insurers can foster a collaborative and cooperative environment within the schemes, leading to improved return-to-work (RTW) outcomes.
2. **Policy settings enhance collaboration and cooperation:** Collaborative efforts among all stakeholders are vital for successful RTW outcomes. Policy settings and approaches that promote workforce skills development and improved scheme interactions contribute to a shared goal of facilitating successful RTW for injured workers. When all players in the scheme work together towards this common objective, the likelihood of successful RTW is significantly increased.
3. **Encouraging positive behaviours and trust:** To foster a positive work injury scheme environment, it is vital to encourage positive behaviours, build trust and promote cooperation among participants. This can be achieved through several methods, including:
    - Establishing stated principles and expectations of service standards, emphasising fairness, respect, efficiency, and transparency;
    - Measuring claimants' experiences and identifying factors that influence recovery and RTW;
    - Measuring scheme culture and levels of trust between different participants;
    - Transparent sharing of scheme data to enhance transparency and understanding;
    - Explicitly focusing on engagement through stakeholder strategies, outreach initiatives and meetings that bring various scheme participants together;
    - Minimising unnecessary delays, especially in initial claim notifications and avoiding unnecessary disputes that may hinder the RTW process.
4. **Importance of trust and cooperation:** Trust and cooperation in work injury schemes lubricates interactions. Building a culture of fairness, trust and collaboration is essential for fostering a supportive and efficient environment for injured workers. Endeavours to improve fairness, trust and collaboration among all participants in the scheme ultimately lead to better RTW outcomes.

## Key Messages: Case Management in Work Injury Schemes

1. **Positive interactions with case managers yield better outcomes:** Workers who experience positive interactions with their case managers demonstrate higher rates of return to work, faster recovery and improved overall health. Case management plays a critical role in promoting successful return-to-work outcomes for injured workers.

2. **Elements of effective case management:** To promote recovery and successful return to work, case management should encompass several key elements:
    - Procedurally fair, timely, proactive and supportive interactions between case managers and injured workers;
    - Well-trained and adequately resourced case managers who possess the necessary skills and expertise to address the unique needs of injured workers;
    - A systematic approach to early identification of workers' needs and risks, followed by targeted support to address those specific requirements.
3. **Systematic approach to early identification:** An effective case management system should prioritise early identification of injured workers' needs and risks. This involves promptly assessing the individual circumstances of injured workers and developing tailored support strategies to address their specific challenges. By adopting a systematic approach, case managers can proactively address potential barriers to return to work and recovery.
4. **Importance of staff selection and training:** The success of case management heavily relies on the quality of case managers. Adequate staff selection ensures that case managers possess the requisite skills and aptitude for their roles. Comprehensive training programs equip case managers with the knowledge and tools they need to navigate complex work injury cases effectively.
5. **Supporting case manager effectiveness:** To enhance case manager effectiveness, work injury schemes should provide appropriate caseloads, mentorship opportunities and clear career path options. These support systems empower case managers to perform their duties efficiently and contribute to better outcomes for injured workers.
6. **Transparency and reporting**: Transparent reporting of case management systems is crucial for promoting accountability and continuous improvement. This includes sharing information on turnover rates, case managers' perceptions of their effectiveness, caseloads and outcomes and associated costs. Transparency helps identify areas for improvement and enables stakeholders to make informed decisions regarding case management practices.

## Key Messages: Healthcare in Compensation Settings

1. **Addressing biopsychosocial care in workers' compensation:** Both medical practitioners and injured workers express concerns about the current approach to healthcare within workers' compensation systems. There is a clear need to shift towards a biopsychosocial care model that considers the holistic needs of the individual, addressing not only their medical condition but also the modifiable psychosocial influences affecting their well-being and recovery.
2. **Importance of a biopsychosocial model:** The key elements of effective healthcare in compensation settings involve recognising the significance of treating the whole person. A biopsychosocial model emphasises a comprehensive approach that acknowledges the interplay between physical, psychological and social factors in an individual's health condition and recovery process.
3. **Empowering evidence-informed medical care:** High-value healthcare is paramount in empowering individuals with health conditions related to work injuries. Evidence-informed

medical care ensures that the treatment provided is based on the best available scientific evidence, leading to more effective outcomes and empowering the injured workers to actively participate in their recovery journey.

4. **Incentivising high-value care:** To promote high-value care within compensation settings, appropriate incentives can be introduced to encourage healthcare providers to focus on evidence-based practices and prioritise the well-being and recovery of injured workers.

5. **Enhancing training for health professionals:** To improve the quality of healthcare provided within compensation settings, there is a need for better trained health professionals. Being equipped with the necessary knowledge and skills will enable health providers to deliver more evidence based, work focused and effective patient-centred care, along with greater levels of cooperation with other participants of the scheme.

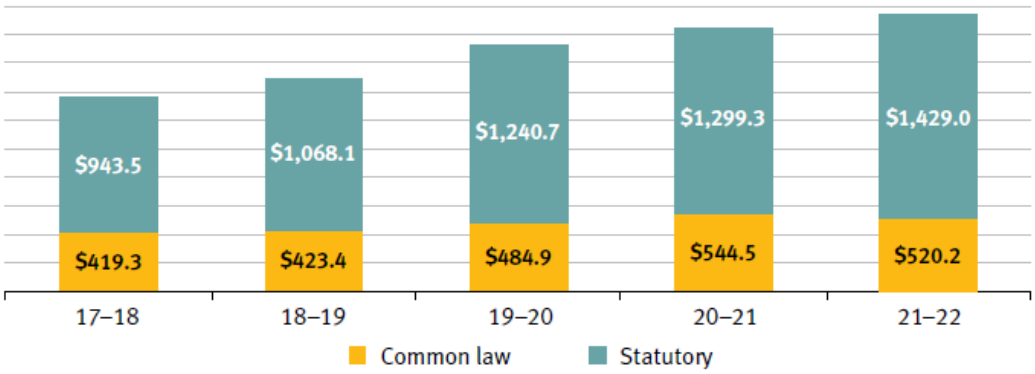
6. **Collaborative treatment approaches:** Interventions that involve collaboration between two of the three domains of healthcare - workplace accommodation and case management - significantly reduce the time lost from work. This highlights the importance of integrating healthcare interventions with other support systems, leading to more efficient and successful return-to-work outcomes.

# IV. Overview of WorkCover Queensland available data

Since 2017, the average days lost from work has increased by 33% for all claims, including an almost 60% increase in days lost from work in the government sector.

Over the same period statutory and common law claims costs have increased from $943mill to $1, 429mill, an increase of 43% (not adjusted for inflation).

**Figure 2 Scheme payments 2017-18 to 2021-22[3]**

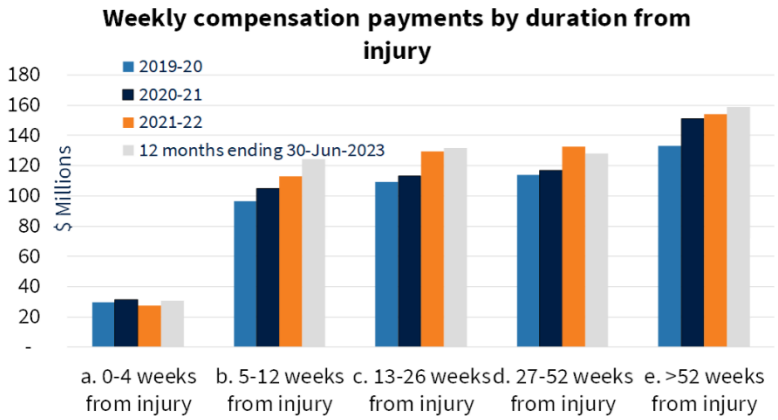



The time lost from work has increased for both physical and mental injury claims, though a large proportion arises from the increase in mental injury claims, including both primary and secondary mental injury claims.

The return to work rate is worse for those with a primary mental health claim and worse again for those with a physical injury compounded by secondary mental injury.

- 95% physical injury claim
- 80% mental injury claim
- 66% physical injury with secondary mental injury claim.

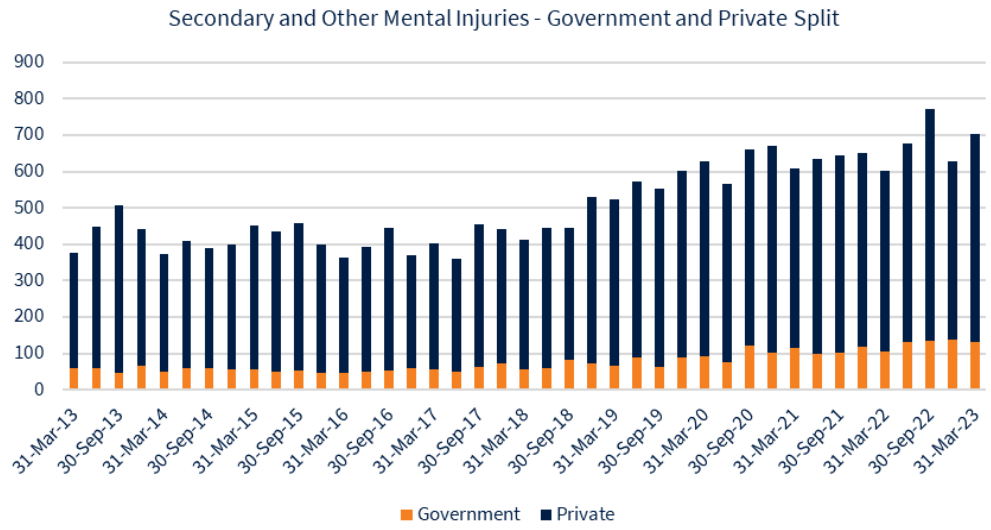
Since 2019-20 there has been a year on year increase in time lost payments for claims over 5 weeks in duration. This flows through to the later time points at 13, 26 and 52 weeks and beyond.



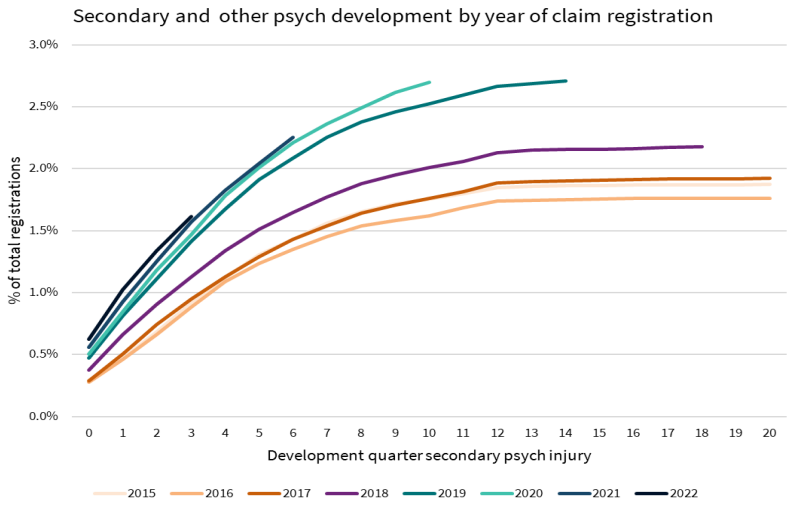

[3] Queensland workers' compensation scheme statistics, 2021–22, Pocket book

## Secondary mental injury

Worker numbers with a secondary mental health injury component have been increasing since 2015, in both the private and government sectors.



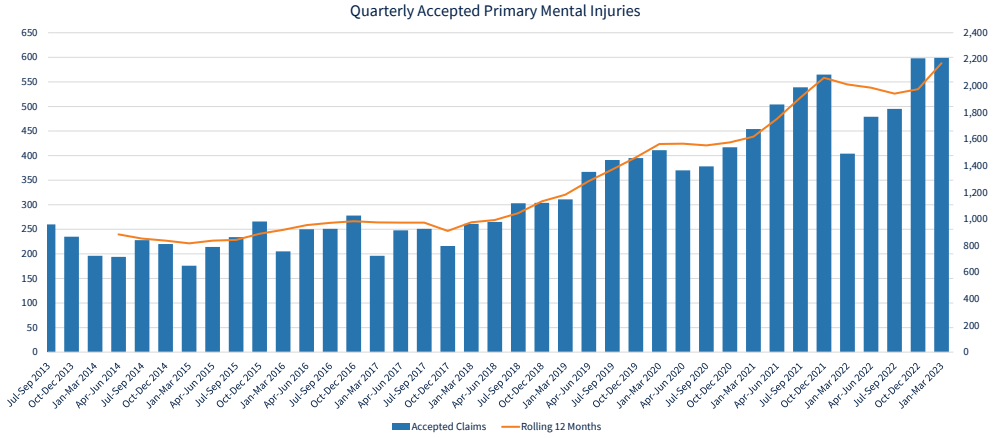

The adjacent chart illustrates that secondary mental health injury is continuing to increase both at claim lodgement and during the claim.




Common law claims with a secondary mental injury have increased to 48% for the previous 2 years, with this trend continuing in 2022-23.

## Primary mental injury claims

The number of primary mental injury claims was stable between 2013 and 2017. Since 2017-18, the number of accepted primary mental injury claims has doubled and statutory benefits have increased by 270 per cent.[4] The number of primary mental injury claims are continuing to increase.




### Mental injury claims:

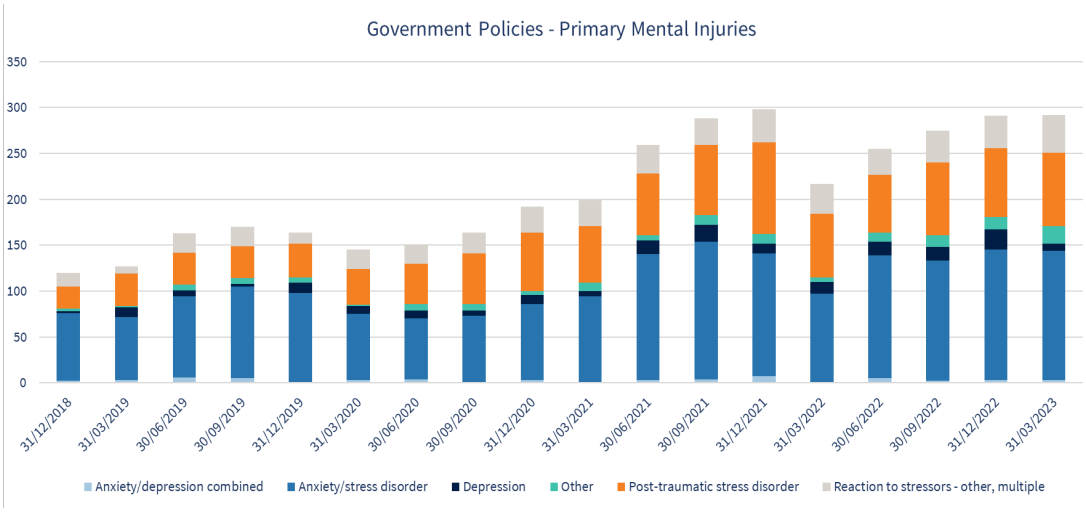
- take three times longer to decide (around 32.9 working days) than physical injuries (9.9 working days);
- take three times more effort in terms of workload for claims staff;
- have higher periods of time lost (128.2 average annual paid days) than for physical injury claims (52.5 average annual paid days);
- have an average annual claim cost of $20,392 ($17,016 in 2020–2021) almost double the average annual claim cost for physical injuries ($11,075 for 2021–2022);
- are more likely to continue beyond 12 months, with 60 per cent of workers paid weekly compensation for 52 to 104 weeks, and 80 per cent of workers receiving weekly payments after 104 weeks, having evidence of a mental injury; and
- have worse return to work outcomes.

## Government

The time lost from work for government employees has outpaced the growth in lost time in the private sector.

| DAYS LOST FROM WORK | July 2017 | March 2023 | % increase |
|---|---|---|---|
| All claims | 40.5 | 53.7 | 33% |
| Private employer | 41.0 | 52.3 | 28% |
| Government employer | 36.9 | 57.5 | 59% |

Primary mental injuries in public sector workers have increased from 8.7 to 14.9 per cent (almost 1 in 6 claims in 2021-22). Increases predominantly relate to anxiety and stress disorders and PTSD.




Recovery after injury is better for public sector workers, with the duration of government mental injury claims 15 per cent better than the private sector.

80 per cent of government claims currently paid weekly compensation past 52 weeks have a mental injury, with the proportion of primary mental injuries significantly higher than private employers (50 per cent vs 15 per cent)

In short, claims duration and days lost from work, secondary mental injury, primary mental injury, and claims cost have all substantially increased over the last five years.

# V. Practical implementation ideas within a WorkCover framework

This segment of the report concentrates on the application of evidence-based strategies that are expected to yield the most significant enhancements in performance and outcomes.

A simple roadmap includes:

- Short term priority – case management, including psychosocial risk assessment with matched care;
- Medium term priority – the workplace;
- Longer term priority – program evaluation.

Each is discussed in turn.

## Case management – a pressing need

In IPTC we have presented the available evidence regarding case management. However there is a dearth of evaluation studies on strategies and approaches to improve case manager capability and outcomes.

This section is therefore based on the limited available evidence on case manager development, broader evidence about performance, and experience.

This section argues for:

- The importance of high staff morale and agency;
- Enrichment of on the job training for skill development, including mentoring and regular group case discussions sharing experience

### *Staffing and resources issues*

WorkCover has faced significant challenges in recruiting sufficient case managers, as well as increased staff turnover. These challenges are also being faced by other jurisdictions.

Longer duration claims and the rise in mental injuries mean that claims are more complex and the workload of case managers is increased.

When case management slips, secondary mental injury is substantially more likely. Delays, disputes, poor communication, changes in case managers all increase frustration and distress. Generally, the evidence suggests that increasing claim duration is associated with higher rates of secondary mental injury.

Further, the rise in both primary and secondary mental injury claims is a challenge for case managers, who carry the emotional labours of dealing with people in difficult circumstances.

The above fuels a negative cycle.

### *Overarching principles – morale and performance*

Case management is fundamentally a role about helping people.

It requires a solution mindset.

Working in the world of RTW means working in a world of innumerable barriers: some examples - fear, relationship breakdowns, unhelpful supervisors, over medialisation of everyday health problems, time constraints, engaging difficult people.

As discussed in the context of workplace culture, psychosocial safety climate (which measures psychosocial safety but also leadership and engagement) shows high psychosocial climate / morale is associated with higher performing teams. Eg in the NHS in the UK, better staff engagement / morale has been shown to be associated with better outcomes for hospitalised patients.

WorkCover's current staff morale is said to be moderate. This alone will impact performance and is important to address. This is a barrier to consistent and timely case management and a barrier to reverse the rise in secondary mental injuries. It needs a solution focus.

Leadership and experience matter. If RTW is a team game that requires cooperation and collaboration at a case manager level, the same approach is needed across WorkCover – senior staff are the role models for the organisation. Role clarity, being successful with outcomes and staff engagement are needed at all levels of the organisation.

Occupational physician colleagues working in the mining industry advise that big mining companies recognise the importance of experience, layering subject matter experts at the top or second top position to manage mines. They recognise that experience matters for major decisions and that experience filters down and those at the coalface develop confidence the organisation is aligned.

Case managers want to do good work. When they help people, they are more satisfied and less likely to leave for other opportunities.

A 2020 survey of case managers via RTWMatters.org received responses from about 60 case managers (in various settings, insurance, RTW Coordinator, rehab). The survey is unscientific, those who responded are more likely to care about the industry and therefore bias the results (as it turns out, WorkCover case managers were overrepresented in the sample and case managers of 5+ years of experience were also overrepresented).

Asked about what was rewarding in their role, the 46 responses to the open ended question their work were:

- 33% (one third) said achieving successful outcomes was the most rewarding part of their work;
- Helping people was not far behind, with a quarter (26%) of the case managers surveyed finding value in this aspect of work;
- A fifth (20%) of respondents found personal connections and relationships most rewarding;
- 11% valued recognition for their efforts from injured workers and others;
- 8% expressed a personal belief in the value of recovery and RTW;
- Just 4% found technical aspects of the role to be the most rewarding.

WorkCover has put many systems in place to overcome the delays in claims determination. This is excellent. However, there is now increased pressure on case management via the Customer Advisors. The "Claims Optimisation" project is excellent and needs to be implemented as soon as possible to prevent secondary mental injury.

There are systems and processes to follow and to enhance case management.

But at the core is the individual case managers' 'heart'; clarity about the aims of their role to help people and their focus on active case management. This is aided by their understanding of how to go about case management and their skills and experience. Processes and systems are important, but need to be balanced with case manager agency, lest processes become further barriers to the core issue – the worker and active case management. The balance can be difficult to achieve.

There are short term imperatives to improve case management. It is vital to deal with the delays. However, the problems that arise with short term imperatives is that longer term approaches become lower priorities and often languish. This in turn degrades the likelihood of success in the future.

### *Skill development*

Skilling case managers to be effective is important to:

1. Improve timely case management and reduce secondary mental injury;
2. Improve job satisfaction and morale, with the expectation of reduced turnover and improved productivity, with further reduction in claims duration and secondary mental injury.

There seems to be agreement that at present, case management is more passive than it needs to be. Customer service and satisfaction are important components of case management. However, while these approaches are commendable, the role of a case manager is far more comprehensive. It requires active management of cases, guiding individuals along a constructive path and at times, engaging in difficult conversations. Active case management requires many skills and experience matters. It is also noted that, despite efforts on enhancing these areas, there is a discrepancy as customer satisfaction levels are not reaching the anticipated benchmarks.

There is a significant need to build up the level of expertise within WorkCover and to enhance the proactive nature of case management. In summary, case managers need to be recognised for their critical role that extends beyond customer service, one that requires them to actively manage their cases.

WorkCover has a well-regarded system of induction training. A common situation - learning about the theory is different to being confronted with putting things into practice.

In Medicine we do this by learning on the job and by being closely supervised for our first few years of work.

Doing is helped enormously by seeing how our peers operate, hearing how they approach situations, how they talk to people, how they explain things, comparing notes and importantly comparing outcomes with transparency when things have gone wrong.

My experience in running a team of professional case managers is learning from each other carries enormous value.

In that same survey of case managers we asked about their training and development.

Overall, the trend we observed was that the longer a case manager had been in the industry, the longer they intended to stay in the industry. The majority said their skills were self-taught, through experience or self-directed learning. The experienced cohort felt they had missed out on peer-to-peer learning and mentoring.

Case discussions in groups, led by an experienced case manager, is a practical way of learning and skill development and are recommended as a trial that ought to be evaluated for feedback and outcomes.

This approach provides sharing the basics, the skills and the clever workarounds to barriers that experienced case managers develop. Newer case managers pick up tools and options, while the more experienced can be valued for their longevity and contribution.

Hearing a turn of phrase to influence a worker about their treatment, leaning about how find a way around a difficult supervisor, how to talk to a claimant about their work readiness, how to bring up RTW in the first conversation with a worker - getting a handle on these how to communicate approaches in these situations give case managers tools to use and agency. These are vital things for case managers to learn, to give them confidence in their role and to achieve better results.

Line managers also require case management skills. A dashboard to easily identify claim and work status should be supplemented by regular case discussion and file reviews by the line manager, or another designated person. The line manager needs sufficient experience and understanding of case management to quickly identify gaps in management by reviewing files and the ability to upskill the frontline case manager.

## Psychosocial matched care

Presently, evidence indicates that if conducted proficiently, early psychosocial triage and matched care can significantly enhance the claimant's experience, diminish psychosocial barriers and therefore secondary mental injury and result in significant reductions in time off work.

WorkCover was an early starter to early psychosocial risk assessment, other insurers have further advanced this approach and there is opportunity for WorkCover to learn from those further ahead. Those insurers who have fully implemented this approach report being pleased with the improved outcomes, particularly in long term cases.

Both the WISE study in NSW and the EMPCAP Study at Australia Post achieved about 30% reduction in lost time in the high risk group. Claims costs were notably less with high levels of employee satisfaction. A number of factors would be expected to lessen the percentage time lost from work with a broader rollout across WorkCover, including small to medium employers, program degradation from a focused research setting, competing priorities, etc. Nonetheless, the potential benefits are significant.

The reduction in psychosocial barriers, as evidenced by use of multiple screening questionnaires, was noted at Australia Post. This provides further evidence that addressing psychosocial barriers improves outcomes for workers and workplaces. The high-risk group members saw a:

- 34% reduction SF-Orebro psychosocial screening questionnaire risk score;
- 46% reduction DASS depression scale;
- 42% reduction DASS anxiety scale;
- 31% reduction DASS stress scale;
- Pain self-efficacy rose by 36%, and
- Pain catastrophizing decreased by 26%.

WorkCover Queensland was an early adopter of psychosocial triage and care, implementing the initial "Recovery Blueprint" system followed by the "Tailored Care" and should be commended for their approach and the intervention.

WorkCover Queensland is planning an updated pilot program based on the WISE study model.

A key aspect of this approach is that psychosocial triage needs to be performed systematically and routinely.

Early identification of psychosocial barriers increases the likelihood of effective management. If psychosocial barriers are not systematically sought, they are commonly missed by health

practitioners and case managers. Some studies indicate we miss about 80% of psychosocial barriers when we do not specifically look for them.

The longer we wait, the more evident psychosocial barriers become without screening. However, the longer we wait the harder it becomes to reverse the negative dynamics created by psychosocial barriers.

Triage should be a streamlined and automated process, not an additional task for already busy case managers. WorkCover has substantial experience and a solid system of early triage. It is understood that WorkCover Queensland has the capability to electronically send a link for psychosocial screening, with 70-80% completion rates and automatic score calculation.

The gaps in practice for those who score above a certain threshold, placing them in the high-risk group, are a standardised system of assessment and a standardised system to address their particular barriers.

This necessitates a systematic assessment process for all workers deemed at high risk of work disability. This assessment process needs to be standardised, easy to arrange and trusted.

Resources are then needed to address these barriers, i.e. matching the care to the individual's particular concerns.

Table 1 below highlights differences between my understanding of the "Tailored Care and Support" compared to current recommendations.

**Table 1 - comparison of Tailored Care and Support to updated models**

| Principle of systemic application of psychosocial triage and matched care | Tailored Care and Support |
|---|---|
| Systematic approach –<br>Undertake psychosocial assessment on all claims over a defined threshold, e.g. any time lost from work, two weeks lost from work,<br>Within 1-2 weeks of claim lodgement, the earlier the better. | Initiated by the case manager, using data and case manager judgement, when they have concerns about psychosocial barriers.<br><br>Data says we miss most cases if relying on personal judgement. The later psychosocial barriers are identified the more difficult it is to address issues. |
| Those at high risk of prolonged work disability need an assessment of their individual barriers, to match care to the issues impacting that person. | Claimants were classified into one of four risk groups, with guidance on case management for each group provided. Missing a standardised assessment process. |
| Clear standardised system to support those with psychosocial barriers; easy to access, assessor needs skills to assess, counsellor needs skills to counsel. | Case managers need to access (external) resources on a case'- by- case basis.<br>Reliant on case managers discretion, experience, initiative. |
| Scale – results to date suggest that 40+% of cases have identified psychosocial barriers to work. This means WCQ will need a strong system to deal with the volume of cases involved with a broader rollout:<br>○ Psychosocial screening and intervention need to fit within the overall claims system,<br>○ System needs to collect data so that clear information is available to assess, monitor and improve the systematic approach,<br>○ Needs to be an aid for case managers, not extra work. | Case manager dependant, with guidance, rather than systematic |

A suggested timetable to set up for one or more simultaneous pilots include:

Two months:

1. Develop a plan for standardised psychosocial assessment and intervention;
2. Identify claims teams or industries or employers for the pilot/s;
3. Train staff, including **why**, how it can help them, help them gain experience;
4. Set up a process and outcome evaluation plan.

The WISE and EMCAP studies included about 3-400 claimants in their studies. Trends are likely to be observed before then but this is included in case as it may assist evaluation plans.

Results are likely be evident by 6 months post injury.

### *Learnings for implementation*

Implementation needs staff engagement; it is crucial that case managers see this approach as an opportunity to lessen their workload and assist workers and workplaces, rather than an extra chore.

An organisational level of understanding of this approach is needed and will take time to develop across managers, team leaders and case managers. An understanding of the principles will enable modifications to the program to be implemented when problems arise.

As well as initial staff engagement, with inevitable staff turnover and program degradation over time, it is important that the program is periodically refreshed and updated training is incorporated into the implementation program.

There are several ways a pilot could be implemented. For instance, the program in New South Wales was executed in the public hospital system, offering valuable lessons that could be applied in Queensland. Alternatively, other large organisations or government departments interested to improve work injury management would be appropriate to engage in such a pilot.

Engaging a return-to-work service provider who has adopted early psychosocial matched care as their standard approach could provide an opportunity to trial the program with smaller employers.

Psychosocial coaching or therapeutic counselling, a key component of this approach, can be implemented in several ways. It requires coaches or counsellors with training or experience in psychosocial counselling. Psychologists with specific training have been used in both the WISE and Australia Post studies. RTW service providers with appropriate training can provide psychosocial counselling. Private providers, such as the Navigator Group, offer tailored services in psychosocial counselling at scale.

## Workplaces: the psychosocial environment and opportunities

The workplace culture and the specific response to injury by the employer, are both key factors in whether an individual re-engages with work following an injury or illness.

The workplace's psychosocial environment is one of the most important psychosocial barriers and the workplace culture is a major driver of mental injuries.

Noting the importance of the workplace environment, it seems worthwhile expanding on the evidence to highlight the opportunities for improvement.

### *RTW*

The RTW Survey explores the outcomes and the experiences of people with work injuries in Australia. Among the many questions is a series of enquires about the employer's response to the interviewee's injury.

The RTW Survey shows that when the employee considered their employer's response was constructive, RTW results were 43% higher in physical claims (87% versus 61%) and 65% higher in psychological claims (76% versus 46%) for mental injury claims. [5]

A strong correlation exists between the overall culture of a workplace and how it manages work injuries, with the latter being a subset of the former. The psychosocial safety climate (PSC) survey explores employee perceptions of management commitment, the priority of mental health within the organisation, communication and employee participation and involvement. It can predict:

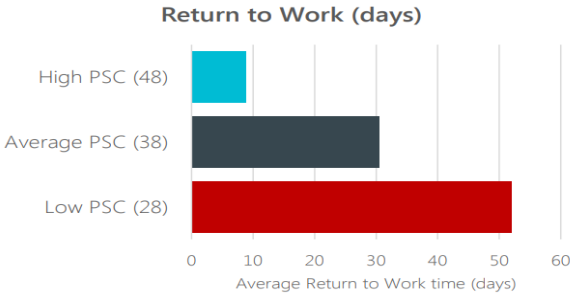
- Future work absence after work injury, as well as:
- Future work conditions, psychological health, and engagement with other workers;
- Injury likelihood and under-reporting of work injuries;
- Sickness absence;

[5] Return to work: A comparison of psychological and physical injury claims: Analysis of the Return to Work Survey results. Dr Mary Wyatt, Dr Tyler Lane. Report for Safe Work Australia, published 2017. www.safeworkaustralia.gov.au/doc/return-work-comparison-psychological-and-physical-injury-claims

- Prosocial procedures (job design, social relations) that prevent bullying;
- Productivity loss.

Companies with low scores (poor psychosocial culture) have high claims costs and organisations with high scores (good culture) have low claims costs. Organisations with a low or moderate PSC have significantly more average days lost per workers' compensation claim than those with high PSC scores, as shown in Figure 3 below.

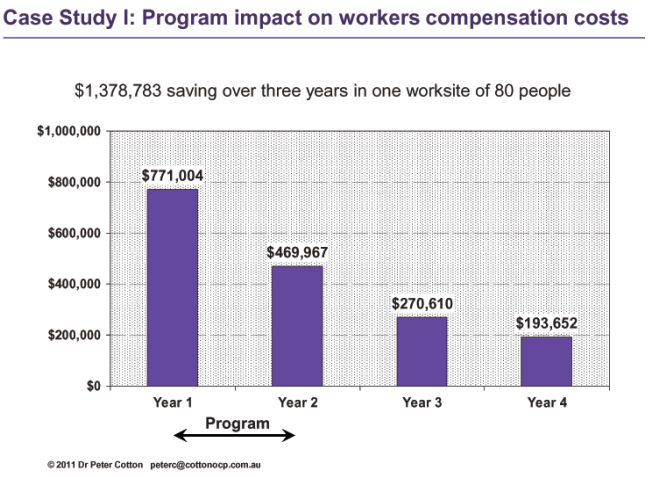
**Figure 3. Average time to RTW by PSC score[6]**




Improving the psychosocial climate by itself can also improve RTW results. A case study at a school of about 80 staff illustrates this. The school had a problem with many features of low morale; individual and school morale, excessive work demands, professional interaction and growth, supportive leadership, role clarity.

A 12 month leadership development / coaching program was implemented, with notable improvements in the measures of the psychosocial climate. Improvements in all the above measures was noted. While the performance improvements alone made for a successful program, a significant outcome was the considerable savings on workers compensation costs resulting from building a strong workplace culture.

**Figure 4 - Leadership program and compensation costs**




[6] Psychosocial and human capital costs on workplace productivity, Safe Work Australia by H. Becher, and M.F. Dollard, 2015. www.safeworkaustralia.gov.au

These improved outcomes and financial savings resulted from the sole focus on leadership and team development. No initiatives were implemented in the areas of claims management or early intervention.

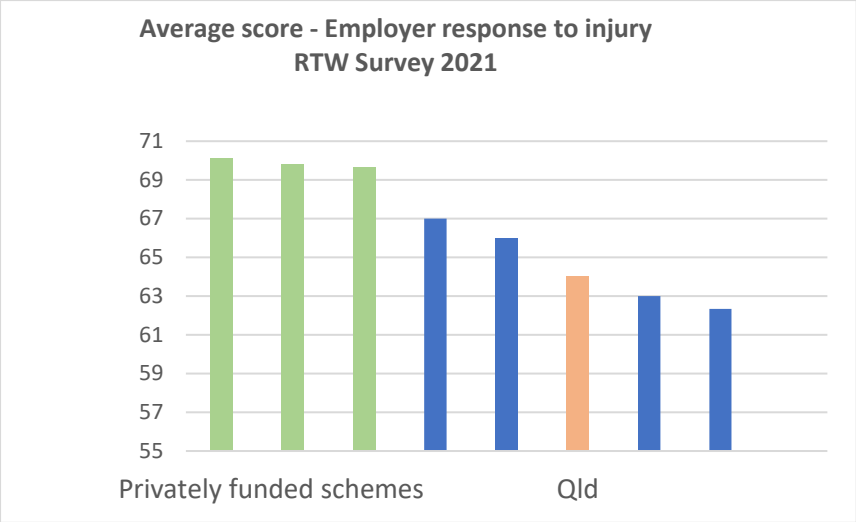
This example is supported by numerous other studies of employers that have focused on increased care for workers with an injury, with consequent substantial improvements in outcomes for people and financial benefits for the workplace.

### *Queensland employers' response to injury*

The publicly available data from the 2021 RTW Survey notes employers in privately underwritten schemes score higher in terms of the employee with an injury's view of the nature of their employer's response to their injury. Queensland's employers performance is rated as the 6th out of the 8 main jurisdictions.

Noting the workplace is a key driver of RTW results, there are important opportunities to improve the workplaces response to a worker's injury in Queensland.

**Figure 5 - Employer response to injury – average scores according to worker with injuries**




The questions used for this measure are questions that provide insight into the issues that can be improved:

1. Your employer did what they could to support you;
2. Employer made an effort to find suitable employment for you;
3. Employer provided enough information on rights and responsibilities;
4. Your employer helped you with your recovery;
5. Your employer treated you fairly DURING the claims process;
6. Your employer treated you fairly AFTER the claims process.

### *Improving the workplace's response to injury - a coordinated approach for WCQ.*

At the workplace, a RTW Coordinator's job is made considerably easier by getting the workplace team onside. When line managers and HR are helpful, the coordinator's job tends to be streamlined with less obstacles. The same applies for WCQ, when the employer is engaged the case managers role is streamlined.

Workplace issues are frequently hidden and as with individuals, we need to routinely seek to identify barriers. If a case manager influences an employer to be more constructive, it will assist for that particular case, but also for the future.

An integrated systematic approach to address workplace issues is recommended. Communication about workplace issues involve many people. Case managers and the team at WCQ need a simple method of evaluating workplaces for risk and ways of overcoming workplace resistance to improvements.

The following table attempts to outline current and potential communication options.

What are the leverage points for each group at workplaces, for each communication option? Can we develop a 'leverage map'?

What will engage a senior manager, how can a case manager engage a difficult supervisor, could a specialised team influence CFOs, how can the costs be communicated to HR or a production manager to bring them into the workplace team on a particular case, or for their injury management approach overall? Who is paying for the claims and premiums, do they have a sense of what can be done to achieve improved workplace management?

| | Case managers | Team leaders | Specialised team |
|---|---|---|---|
| RTW Coordinator | Routine contact | | |
| Line manager | x | | |
| HR | | x | x |
| Finance | | x | x |
| Senior management | | | x |

Could we have a package of communication tools, verbal, written and video, which are routinely used by the claims area teams?

Developing a suite of communication tools to be used by individuals in various roles within WorkCover Queensland and the safety inspectorate could be beneficial. These tools could target senior managers, finance and HR departments, return-to-work coordinators and line managers. Case managers need to be skilled and focused on engaging with employers as well as employees. While past efforts have been fruitful, there are more opportunities for improvement. A set of screening questions could be useful for case managers to identify high-risk workplaces.

### *Employers learning and developing together*

Over the last year we have worked with insurers and regulators and claims agents from across Australia, as part of our IPTC engagement and advocacy program. The majority have joined face-to-face sessions regarding IPTC, as well as a series of online follow up sessions.

A notable feature of these interactions has been the level of engagement and collaboration, not previously a part of the industry.

There has been engagement between insurers, providers and insurers, experts and those at the coalface and many others. Some have set up projects, others are working towards some of the areas under discussion.

There is much goodwill and many interested in supporting others in the industry. People and organisations have been willing to share, give of their time, results, methods and learnings.

There are employers who have done extremely well in injury management, providing strong systems and strong levels of workers support, with substantial financial rewards.

It is recommended WorkCover considers a program of mentoring, with an experienced successful employer coaching a group of 5 to 10 employers together. There are a number of structures that could be used to connect the group and roll out a program to work together over say 6 months. A desire to improve by the employer would be a key requirement.

The potential benefits from this are the benefits to those organisations, but importantly the skill development WorkCover will develop with such an approach. The more WorkCover become skilled in understanding and influencing workplaces and what can be done, the more effective WorkCover will be with injury prevention and management.

### *Psychosocial hazards: a collaborative approach to prevention*

Psychosocial issues in the workplace are major contributors to mental ill-health and significantly affect whether an individual re-engages with work.

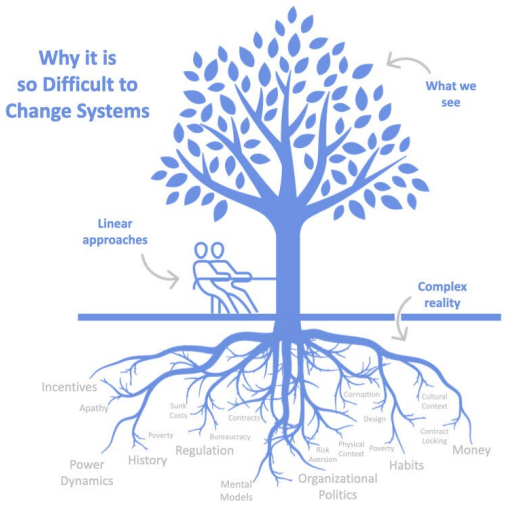
The "Managing the risk of psychosocial hazards at work Code of Practice 2022" was released in Queensland in April 2023. The code outlines the responsibilities to address psychosocial hazards at the workplace.

The effective implementation of prevention measures for psychosocial hazards is likely to be challenging. Such an approach requires both encouragement and enforcement and it can be difficult to reach employers who do not already prioritise employee well-being.

Addressing psychosocial risks in the workplace is of paramount importance for both injury prevention and facilitating return to work. WorkCover Queensland has a history of taking proactive measures through the "Injury Risk Reduction Initiatives" and a strong history of collaboration with stakeholders.

Joining the interlinking issues of employers response to injury and injury prevention by a joint approach to addressing workplace psychosocial hazards is worth exploring.

The degree of difficulty to change workplace culture should not be underestimated. We have been discussing improvements in workplace culture since the 1990's, under various descriptive terms, varying approaches including encouragement, education and now a re-ignited focus on regulation. It is a critical issue to address for many reasons, particularly the impact on well-being.




The adjacent graphic illustrates some of the barriers to change.[7] The complex reality depicted in the picture is highly relevant. Changing long standing practices at workplaces that may be struggling or disinterested, or simply consider they have more pressing priorities, will require a sustained and multifaceted approach.

Overseas experience has suggested focusing employers on prevention of psychosocial hazards has had limited success in the absence of compliance approaches. Local research notes that health and safety inspectors tend to respond less to psychosocial hazards than physical hazards.

Joining forces on this seems worthwhile.

A paper on why transformations fail[8] provides a useful framework for supporting workplace psychosocial climate, seen in the adjacent graphic.

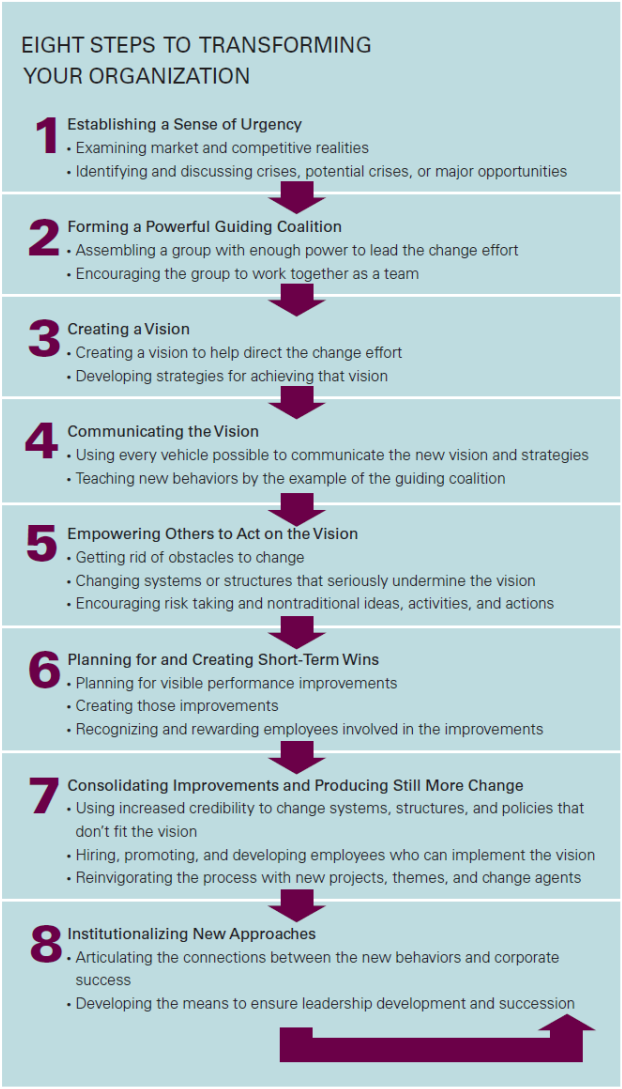
The Code of Practice establishes a sense of urgency. Employers, WCQ and OIR would be a powerful coalition, particularly if supported by government.

Some options come to mind. However, those at the coalface are needed to explore how the systems may be integrated.

Conducting a workshop with employers, WorkCover Queensland and OIR would be helpful. Collaborative sharing of approaches and experiences can maximise opportunities for effective intervention and prevention.

Strategies might include identifying joint high-risk workplaces through claims data, workplace surveys, or health and safety information. Coordinated messaging between WorkCover Queensland and the safety inspectorate could help address issues in workplaces that have been slow to adopt these measures. Influencing senior management is key to this endeavour.

A coordinated change approach is more likely to be successful.




[7] From Systems Innovation, Showing up to make things happen in the new world of systems innovation
[8] Why Transformation Efforts Fail, John Kotter. The tests of a leader | Best of HBR | 1995

## The public sector

Government departments require special attention with the high percentage of mental health claims and associated costs.

Collaborating with one such department may pave the way for broader changes in the management of work injuries and workplace psychosocial hazards.

The challenge of engaging with the public sector is acknowledged. This means that understanding the options for engagement are more important. Are costs allocated to cost centre's for government to understand the cost centres and drivers? What will engage senior management; direct or indirect costs, the need to reduce turnover or staff absence, their PCBU responsibilities? Does the rapid increase in mental health claims need a whole of government approach? Who can act as a conduit to communicate and influence?

Departments have many competing priorities. A common challenge across departments is the labour force shortages and short term imperatives can be a useful lever for change. A positive workplace culture increases an employer's attractiveness to employees and reduces turnover.

Once again, there is a need for collaboration with government and the public sector. While case management improvements will assist mental injury claimants to some degree, preventing mental injuries in the first place is the clear priority.

## GPs and certification

Many assume, because the general practitioner writes the certificate of capacity, that the GP is a barrier to return to work via their certification practices.

However, the reality is that most general practitioners (GPs) will follow the wishes of their patient. If the worker says to the GP they are in too much pain, or conveys that the workplace is not to be trusted, or the person is distressed, it is significantly more difficult for the health provider to say to that person they should to be back at work.  Typically, there are psychosocial barriers that the GP senses, though does not fully understand.

There is limited time in general practice and increased pressures on GPs with freezing of Medicare rebates over a number of years.

Doctors who are more experienced in managing work injuries are more likely to write certificates of capacity reflecting the worker's true capacity. They are more likely to have better outcomes.

The Personal Injury Education Foundation is planning a postgraduate course in compensation medicine for GPs and other health providers. Given GP limitations, it is strongly recommended insurers and regulators in Queensland support this national initiative. It is in employers interest do the same.

## Program evaluation and implementation research

Program evaluation addresses the challenge of translating evidence into practical implementation.

Program evaluation assesses the way a program operates as well as the impact of initiative. This includes intended effects, costs, benefits achieved, successful strategies, potential issues and unintended consequences.

This approach also helps the broader industry to develop, with jurisdictions learning from each other's intervention approaches and evaluations.

Program evaluation requires knowledge and implementation as a business as usual approach. It needs to be easy to initiate and simple to conduct. Results of program evaluation feed back into further improvements.

While this is a long term initiative and will not address pressing problems, this approach can aide WorkCover with a continuous improvement model of work and is strongly recommended.

## Activities in other jurisdictions

Learning about what's happening in other places can help.  This section outlines some interstate projects, which have either arisen from or been enhanced by IPTC.

One of the common features in these initiatives is the emphasis on engagement and collaboration, which yield better results.  It is expected these organisations would be pleased with WorkCover engagement – sharing learnings (noting that WorkCover is a leader in healthcare management), discussing systems and outcomes.

WorkSafe Tasmania is currently undertaking a comprehensive initiative aimed at enhancing workplace management within the government's two largest sources of claims costs. The first phase of this initiative involves conducting university-affiliated research through worker interviews. Subsequently, a half-day workshop will be held, bringing together senior managers, union representatives, WorkSafe Tas officials, IPTC and researchers to collaboratively explore the next steps forward. By incorporating worker interviews, the initiative aims to shed light on persistent problems, and influence senior leaders and others in a cooperative approach to tackling the issues.

RTWSA is currently engaged in a comprehensive project focused on examining the entire claims system for psychosocial barriers. As part of this effort, they have developed a specialised tool designed to serve as a framework for identifying and addressing psychosocial barriers across the system. This tool is being utilised to conduct a soft system audit AND also to facilitate meaningful engagement within the organisation and among those responsible for case management.

Additionally, RTWSA has implemented IPTC to enhance their connections and refresh education and engagement of health and service providers. This program will be run over a duration of approximately 12 months and includes the provision of an audit option for General Practitioners (GPs) to undertake. The anticipated change in professional development requirements for GPs is likely to result in an increased number of audits conducted on their practices.

# Establishing best practices:

## Developing a national standard for workplace injury management in Australia:

## *An It Pays To Care and GIO Collaboration*

Dr Mary Wyatt

# Today

- The influential role of the workplace
- How the workplace influences RTW – good systems
- Integration of prevention psychosocial hazards and post injury psychosocial management
- Why develop an Australian Standard
- The system of developing an Australian Standard – consultation and engagement
- Focus
  - setting standard vs compliance focus
  - for medium to large employers

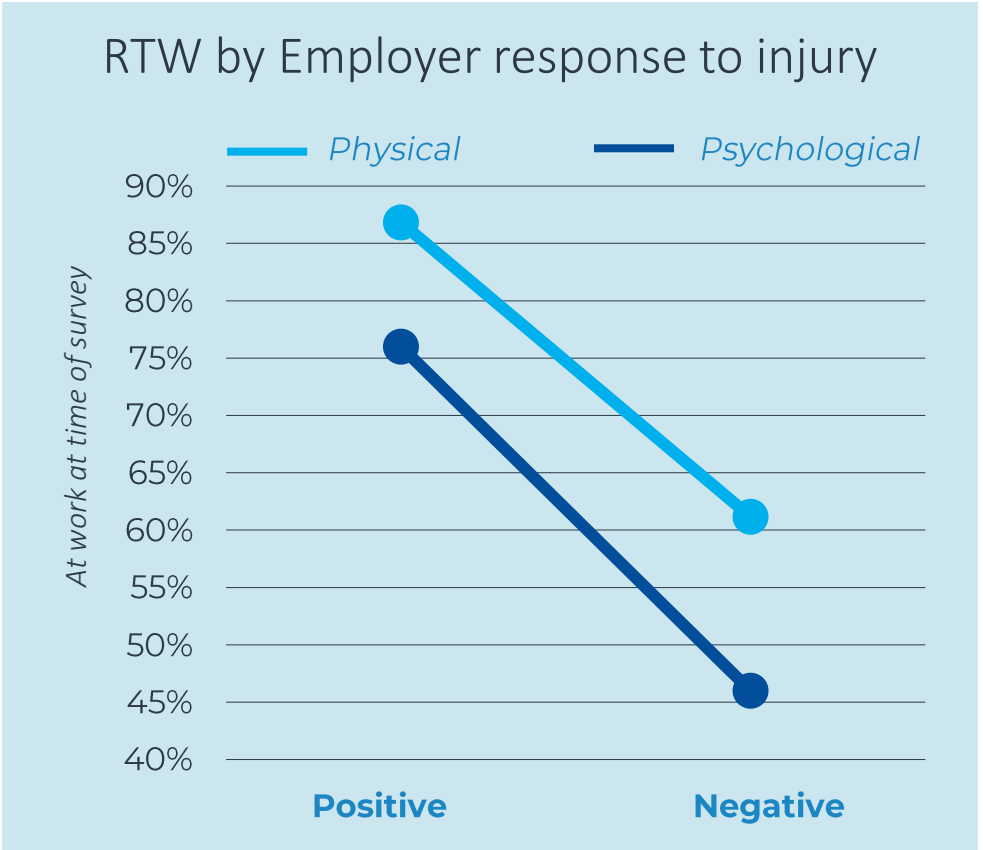
# The influential role of the workplace

# Employers play a key role

## *RTW by how employers respond to the injury*

Positive response from employer, RTW is:

- 43% higher in physical claims (87% versus 61%)
- 52% higher in psychological claims (79% versus 52% )



Annexure 2

# What to influence – positive factors increase RTW

| Key influencing factors in RTW Survey | Physical | Psychological |
|---|---|---|
| Positive employer response to injury | 42% | 65% |
| Early contact from workplace versus no workplace contact | 26% | 63% |
| Employer pre-claim assistance provided | 18% | 33% |
| Absence of disagreement / dispute | 22% | 31% |
| Lack of concern about lodging a claim | 24% | 29% |
| Positive interaction with system / claims organisation | 25% | 11% |
| Positive workplace culture prior to injury | 25% | 2% |
| Higher personal resilience | 10% | 12% |
| Medical care focused on RTW | 8% | * |

# Employer support – are we there yet?

| Employer support attributes – time series (% 'Strongly Agree' / 'Agree') | 2013 | 2014 | 2016 | 2018 | 2021 |
|---|---|---|---|---|---|
| Your employer did what they could to support you | 75.6 | 73.8 | 75.4 | 74.4 | 67.2 |
| Your employer provided enough information on your rights and responsibilities | 67.3 | 69.1 | 67.2 | 68.4 | 61 |
| Your employer made an effort to find suitable employment for you | 75.1 | 71.2 | 72.2 | 71.3 | 63.9 |
| Your employer helped you with your recovery | 68.4 | 67.5 | 65.2 | 65.2 | 58.4 |
| Your employer treated you fairly during the claims process | 81.4 | 78.2 | 79.3 | 79.1 | 73 |
| Your employer treated you fairly after the claims process | 82.6 | 78.5 | 79.6 | 79.5 | 74.4 |
| **Average score over time** | **75** | **73** | **73** | **73** | **66** |

RTW Survey 2021 Employer support: Table 8 modified

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# Note: differences for psych cases

# Early injury reporting – psych claims

Psychological claims are less likely to be lodged early:

- 34% of employees with a physical claim lodge their claim within 7 days of injury
- Versus 11% of employees with a psychological claim

| Percent - Days from injury to claim | Physical | Psychological |
|---|---|---|
| **Less than 7 days** | **34%** | **11%** |
| 7 - 13 days | 22% | 13% |
| 14 - 20 days | 12% | 9% |
| 21 - 27 days | 8% | 7% |
| 28 - 41 days | 8% | 14% |
| 42 - 55 days | 4% | 8% |
| 56 - 69 days | 3% | 5% |
| 70 - 83 days | 2% | 4% |
| 84 - 180 days | 5% | 17% |
| **Over 180 days** | **3%** | **13%** |

# Early contact – physical vs psych

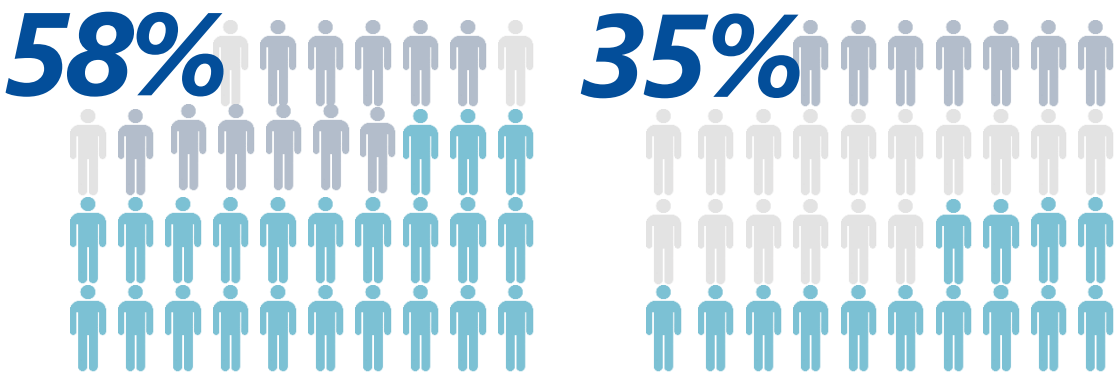
## *Psychological claims associated with less employee contact*

58% of employees with physical injury claim say their employer made contact with them about their injury.

Only 35% of employees with a psychological claim say their employer made contact about their injury.

Of those who say they heard from their employer:

- 34% with a physical claim had contact from their employer within 3 days of reporting their injury
- Only 11% of those with a psychological claim heard from their employer within 3 days




| Days from injury to claim | Non psychological | Psychological |
|---|---|---|
| **Less than 7 days** | **34%** | **11%** |
| 7 - 13 days | 22% | 13% |
| 14 - 20 days | 12% | 9% |

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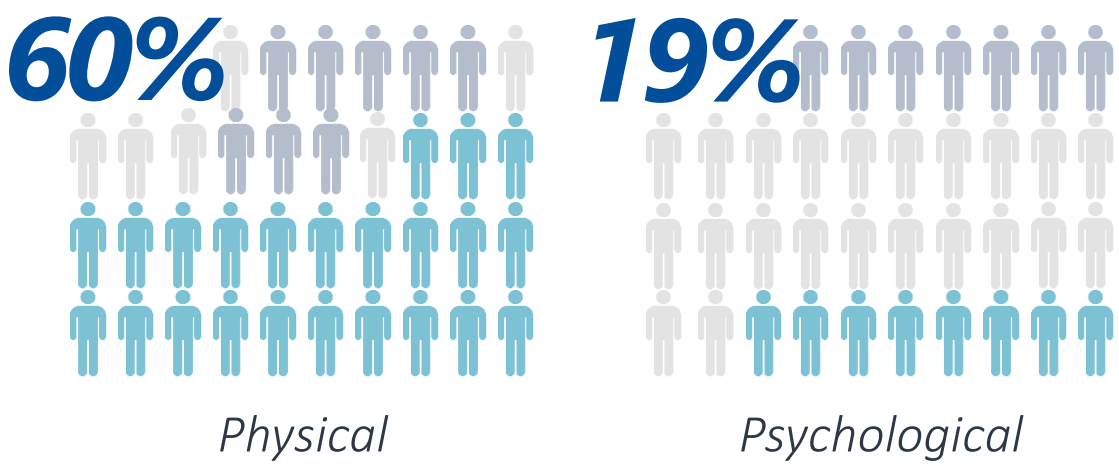
# Psych claimants less likely to receive assistance

Employees with a psychological claim are much less likely to receive assistance from their employer prior to claim lodgement

Percent who agreed Employer helped manage injury before lodged claim?



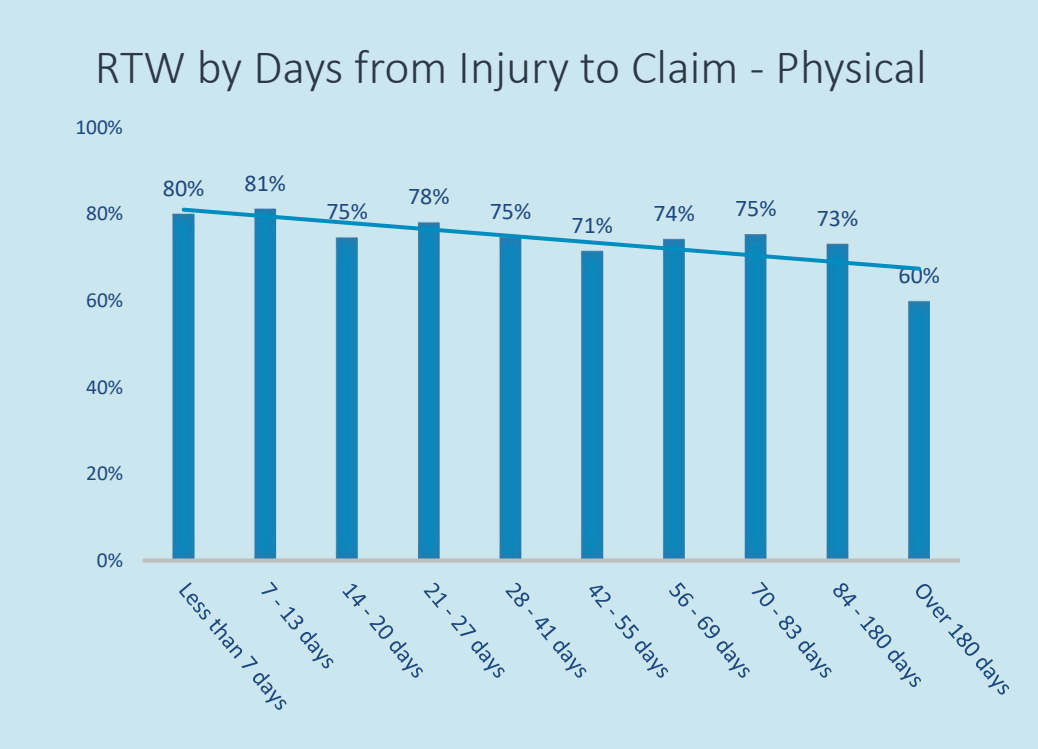
# How the workplace influences RTW – good systems

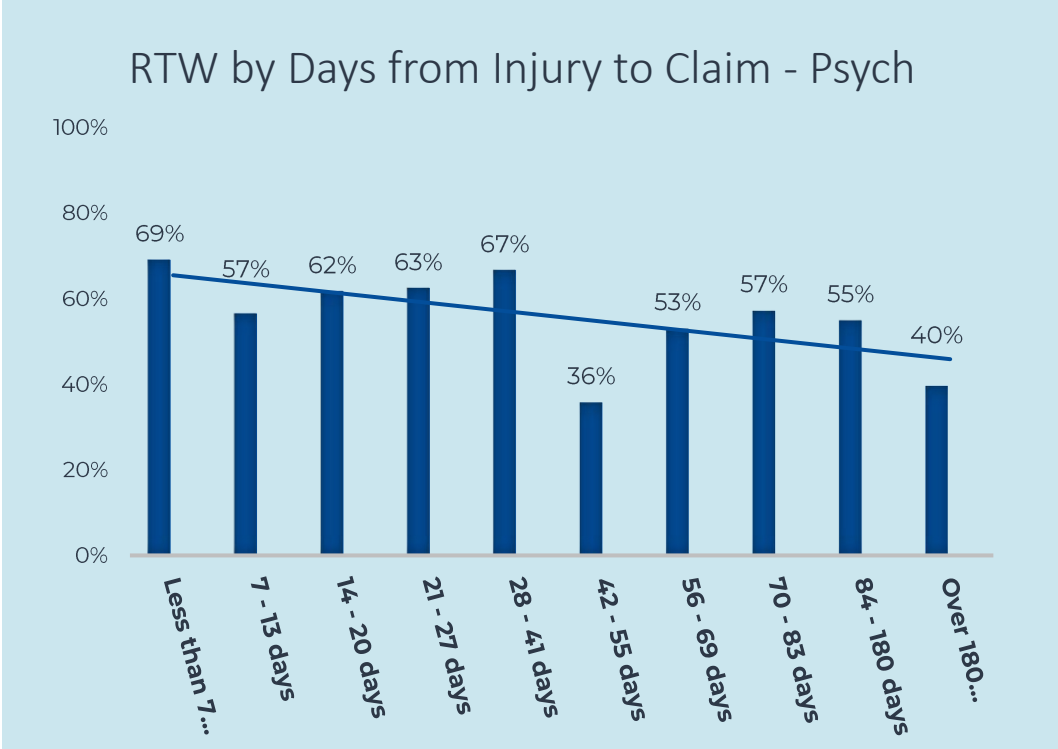
# 6 key workplace opportunities

1. Injury reporting system
2. Early constructive intervention, including identifying those with increased support needs,
3. Post injury psychosocial support
4. Quality of interaction with RTW Coordinator
5. Supervisor engagement
6. Senior management engagement

# Early injury reporting

## Claims that are lodged early are associated with higher RTW

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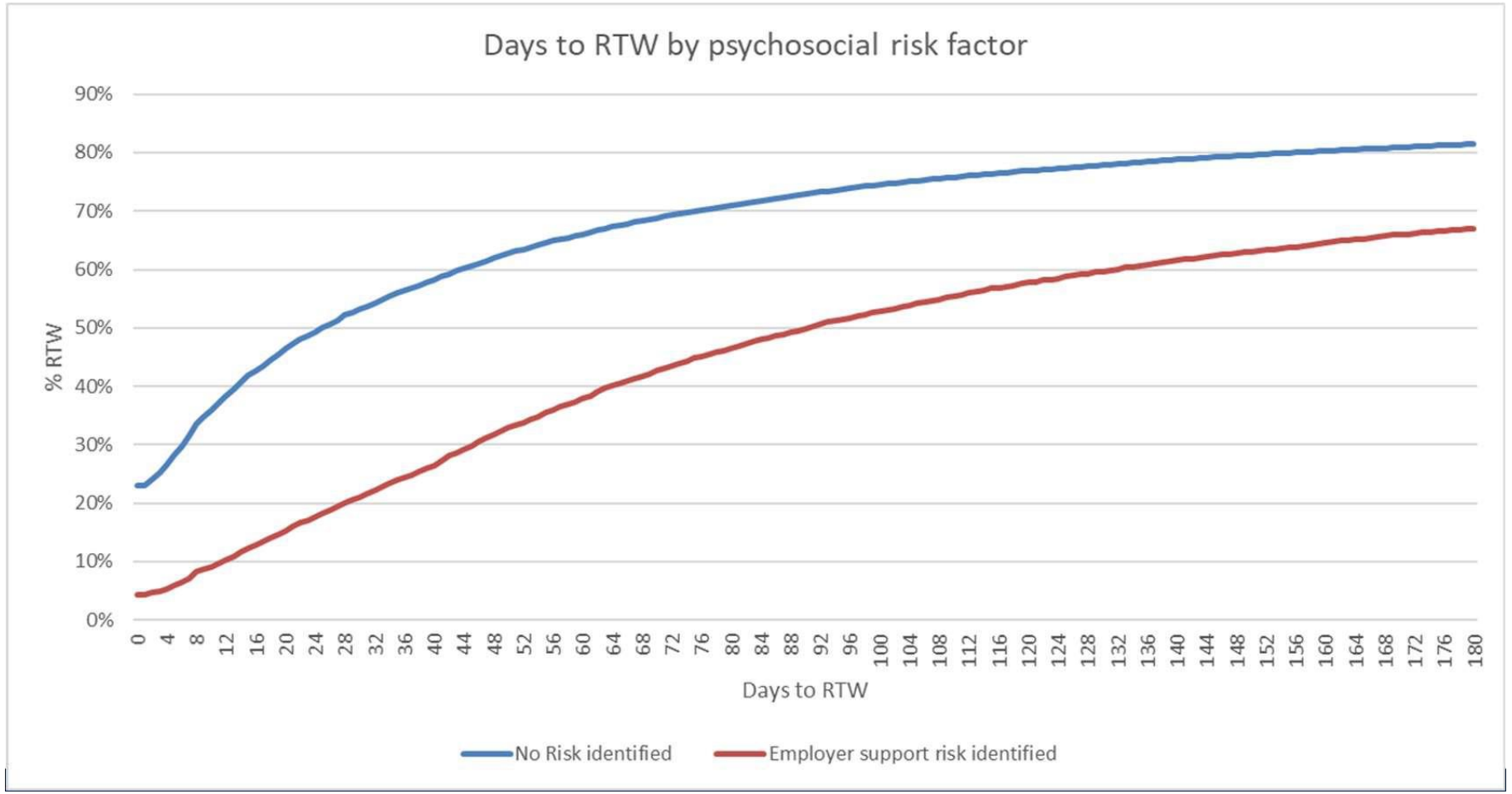
# 1. Key elements of good injury reporting systems

## Injury reporting systems

- Be easy to use and reliable
- Personable
- Avoid delays
- Elicit the right information
- Share relevant information
- Foster employee satisfaction
- Trigger early rehabilitation
- Collect information about cost centre allocation

# Employer unable or unwilling to support RTW



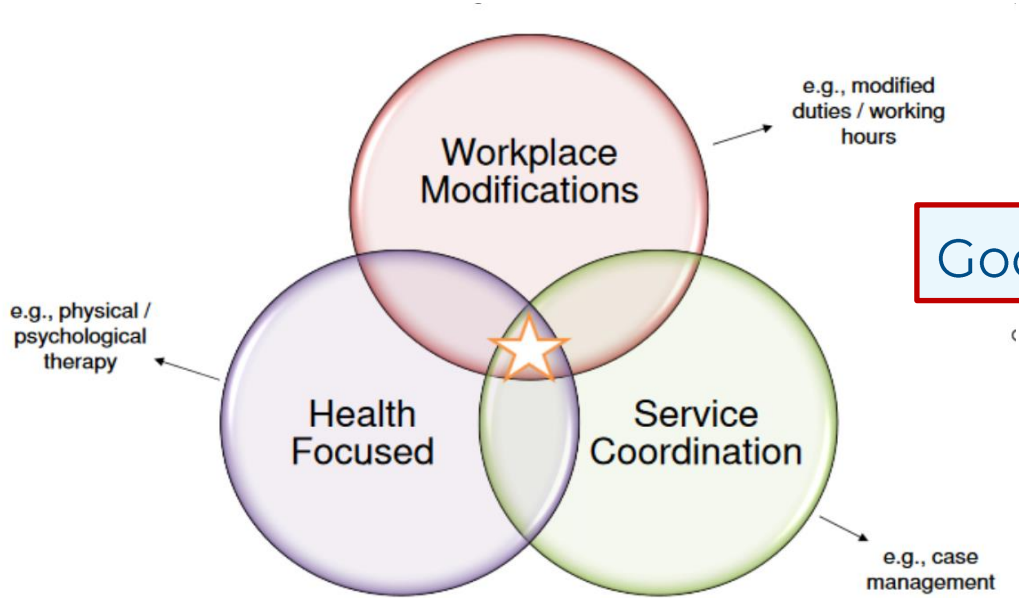

WorkCover Queensland from Tailored Care and Support initiative, which collects psychosocial data

# 2. Proactive coordinated early intervention

Annexure 2

- Best outcomes have engagement across all three domains
- Need two at least.

1. Employer
2. Healthcare provider
3. Case manager




Good early intervention starts day 1

Annexure 2

# 3. Psychosocial across prevention and recovery

## Prevention

Psychosocial climate impacts many workplace factors –

1. Future work conditions, psychological health and engagement with other workers.
2. Injury likelihood and under-reporting of work injuries.
3. Sickness absence;.
4. Prosocial procedures (job design, social relations) that prevent bullying.
5. Productivity loss.
6. Future work absence after work injury.

## Early RTW care

- Early ID of those with psychosocial barriers
- Followed by extra support
- When well implemented (public hospitals NSW, Australia Post) has resulted in 30%+ cost savings
- With high employee and workplace satisfaction

# 4. The role of doctors vs RTW Coordinators

## Doctors

- Length of shorter-duration claims are influenced by injury related factors
- Docs play a greater role in short duration cases
- Less impact on longer term cases

## RTW Coordinators

- At 6-month follow-up good interactions with the RTWC nearly doubled odds of RTW*
- RTWCs report their training is inadequate
- Legislatively heavy whereas soft skill training needed
- Role competencies outlined

# 5. Supervisor engagement and response

- Reduces claim numbers
- Improves supervisor satisfaction
- Reduces days off work
- Alters their perspective on their role
- Reduces claims and time lost
- Common law claims – anecdotal evidence

In pivotal position to observe

- changes in behaviour
- physical, mental and personal problems
- for employees returning to work

- Early
- recognition of problems
- intervention and support

# 6. Senior manager engaged = organisation engaged

## How to engage

- Understand the costs and benefits of managing employee health
- Premium costs
- Indirect costs
- Claims costs dashboard
- Impact on premium calculator
- Cost calculator

## How they can lead

- Leading by example – eg calling the worker
- Ask managers about key issues
- Practicing active safety leadership.

# Integration of prevention psychosocial hazards, post injury psychosocial management and HR

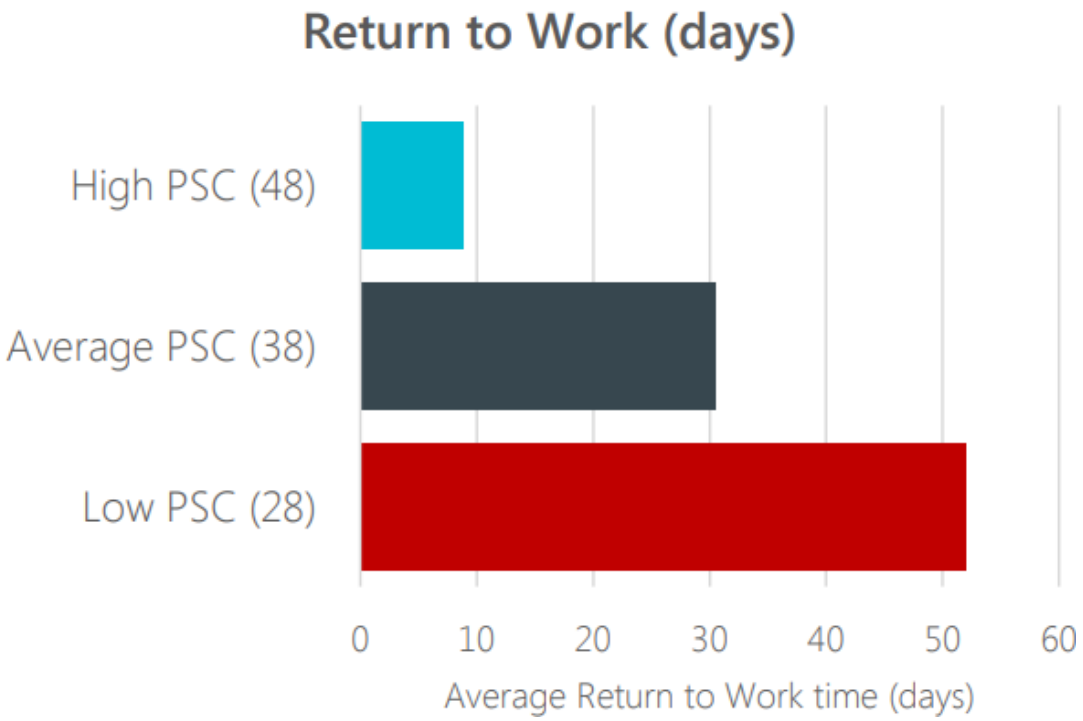
# Results of investing in employee health and well-being

Annexure 2

| Measure | Awarding Body | Period Covered | Performance Data | Comparison |
|---|---|---|---|---|
| CHAA (Corporate Health Achievement Award) | American College of Occ and Env Medicine (ACOEM) | 1999–2012 | **78.72%** cumulative return | S&P 500: **-0.77%** |
| HERO Corporate Health Scorecard | Health Enhancement Resource Organisation (HERO) | 6 years (not specified) | **235%** appreciation | S&P 500: **159%** |
| C. Everett Koop National Health Award | The Health Project | 2000–2014 | **2.35 to 1** stock outperformance ratio | S&P 500 Index |
| Gallup Great Workplace Award | Gallup Organisation | Not specified | **115%** growth in earnings per share (EPS) | Competitors: **27%** growth in EPS |
| Health Advantage Appreciation Fund (HAAF) | Proprietary stock fund based on company culture of health | 2009–2018 | **264%** return on equity | S&P 500: **243%** return on equity (2% per year outperformance) |

# Psychosocial Safety Climate (PSC) correlations

High PSC = good culture




- Claims and RTW in high PSC orgs:
  - 30% reduction in work injury claims
  - 8 days vs 52 days RTW
- Sickness Absence:
  - 13% decrease in absence for each unit increase in PSC

# Other correlations

| | |
|---|---|
| Psychological health | 60% lower risk of depression/anxiety in high PSC environments |
| Work engagement | 0.41 unit increase in engagement per unit increase in PSC |
| Workplace bullying | 42% reduction in reported bullying in high PSC orgs |
| Productivity | Potential 8% gain through improved PSC |

# Psychosocial factors and hazards in RTW

- Lack of support
- Stigma
- Role clarity
- Organisational change
- Loss of work identity

Fear and anxiety

Loss of confidence

Changed relationships

Frustration with RTW process

Home situation stressors

Financial stress

# Summary

- Systems thinking pays off
- Employers are the major influence on RTW
- Psychosocial support helps prevent claims and improves recovery
- We need a suite of reasons and strategies to influence employers, with education and engagement the priority focus
- A proportion will require a compliance focus before action

Annexure 2

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# National Standards for Workplace Injury & Illness Management Systems (WIIMS)

# The issue



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An imperative for change and call to action

*"Workplace factors are a central influence on RTW outcomes – more influential, according to research and stakeholders, than scheme operation, case management and the individual characteristics of the worker. Workers' compensation stakeholders in Australia and elsewhere have said that the workplace is the single greatest influence on RTW outcomes"*

## Standards Gap

While the Occupational Health and Safety (OH&S) Management Systems Standard has existed in Australia since 2001, there is no equivalent standard for workplace injury and illness management systems.

## Guidance

Medium to large businesses lack practical guidance or a reference point to ensure their workplace systems effectively manage injuries and promote positive return-to-work outcomes.

## Focus

While some guides exist at the state level, they vary in detail and primarily focus on employer obligations under the governing Workers Compensation Act

## Audience

Current industry-led standards for claims management primarily cater to insurers and claims agents – not employers

# The issue



Between 2008-18, 2.2 million FTEs were lost due to productivity losses from work-related injuries and illnesses, and on top of this $37.6 billion in costs were incurred by the health system.

FY 2022 there were 497,300 people who suffered a workplace injury in Australia, of which:

- 66% had time off as a result of the injury of illness (328,218)
- Only 31% received workers compensation for the injury or illness (154,163)

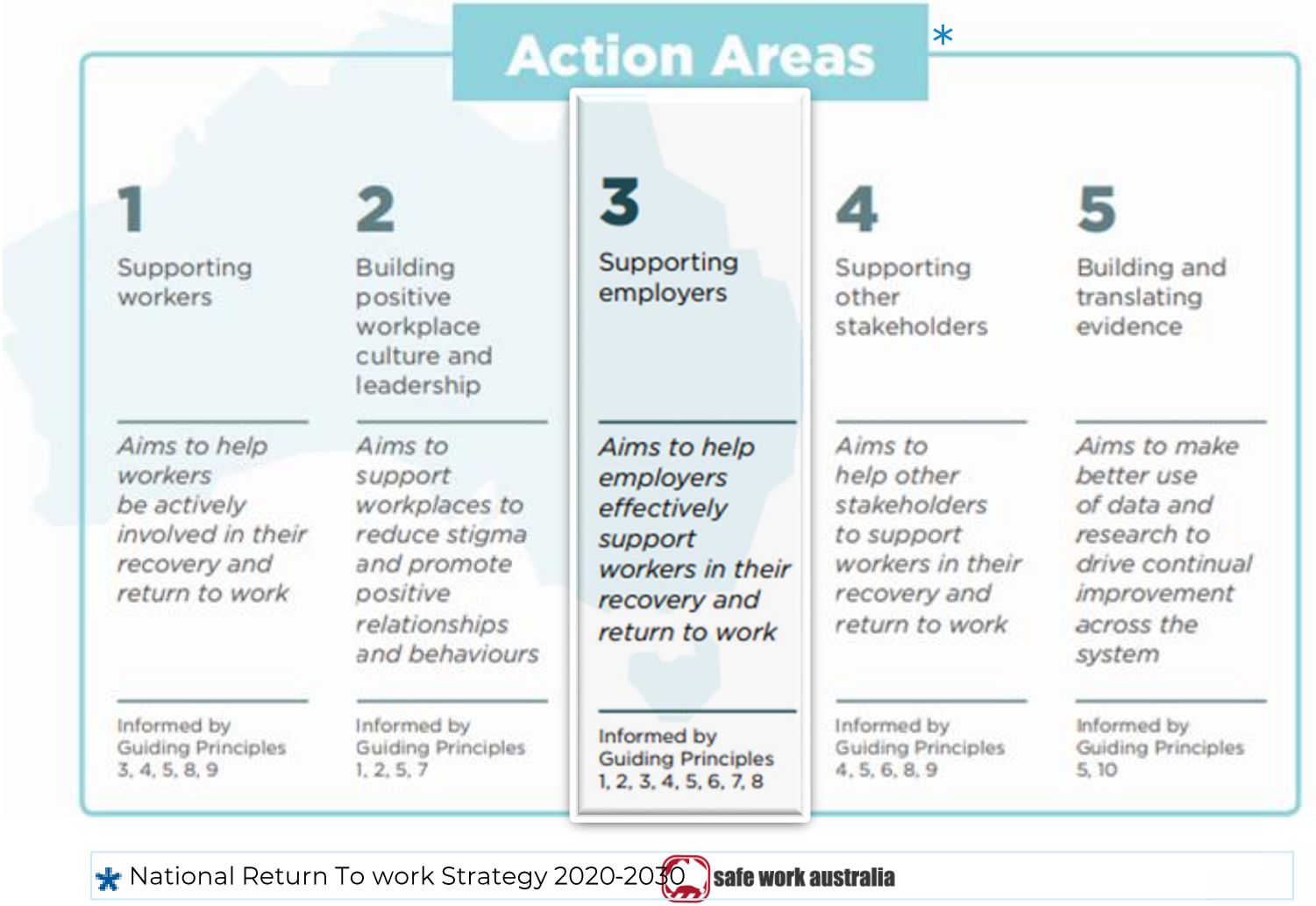
Workplace injuries associated with mental health are on the rise

Current practices and approach for workplace injury management is varied, with limited practical consensus or guidance for Employers on what elements should be included in a Workplace Injury Management framework

# WIIMS - A Possible Solution

Annexure 2

WIIMS should demonstrate a positive net benefit for workplaces and workers aligning to the **National Return to Work Strategy 2020-2030* strategic goal** to foster employers' capability to prepare for, effectively respond to and manage work-related injury and illness in the workplace.

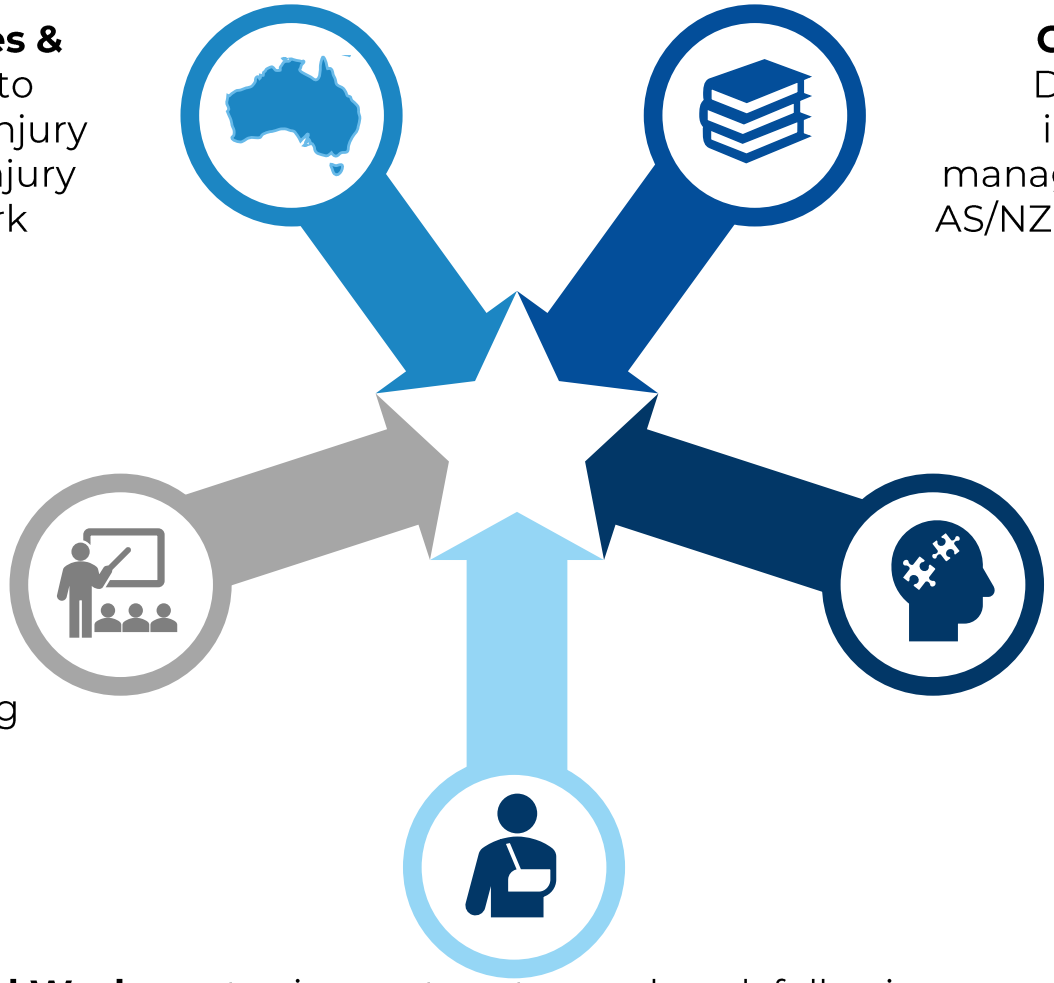



* National Return To work Strategy 2020-2030 safe work australia

# Benefits



**Cross Border Alignment of States & Territories** enabling employers to consistently identify and manage injury management risks and improve injury management and return to work performance company wide.



**Complimentary Standards** Design to benefit users who implement multiple AS/NZ management systems standards – i.e. AS/NZS ISO45001, ISO45003 & ISO9001

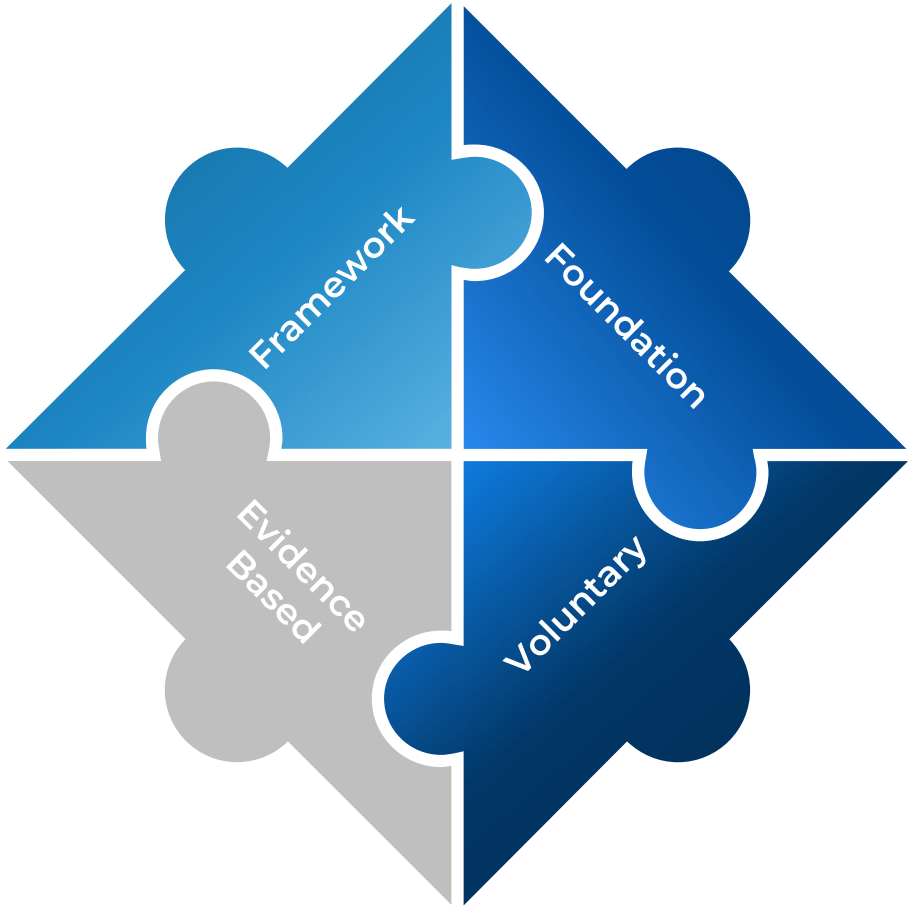
**Increased Learning and Capability** for organisations and their key stakeholders, to achieve continual improvement through performance evaluation and improvement planning practices.

**Support Organisations** to mitigate against workplace obstacles and negative psychosocial influences that can impact on a workers recovery

**Help Injured Workers** stay in or return to good work following a work-related injury or illness

# How would WIIMS work?






## Framework

The intent of WIIMSS is to provide employers with a framework for managing and preventing work-related injuries.

## Foundation

The framework will act as a foundation with basic workplace injury management elements that employers can adopt and build upon according to their business needs.

## Voluntary Guidance

WIIMS will not act as a compliance tool but as a voluntary framework to help guide employers with the development of management systems for work-related injuries

## Evidence Based

To provide the best support for employers and their workers, the WIIMS should align to the evidence-based principles of It Pays To Care:

# How would WIIMS work?



**To provide the best support for employers and their workers, the WIIMS should align to the evidence-based principles of It Pays To Care:**

**Leadership** ➡ Scheme leaders promote a culture of positive psychosocial influence.

**Collaboration** ➡ Trust and effective stakeholder engagement is empowered.

**Fairness** ➡ Equitable, transparent decisions enhance compliance and outcomes.

**Prioritises Workers** ➡ Worker health is prioritised through evidence-based interventions.

**Responsiveness** ➡ Case management is proactive and supportive.

**Communication** ➡ Clear, consistent communication drives positive outcomes.

**Long-Term Thinking** ➡ Scheme sustainability and workforce development is a priority.

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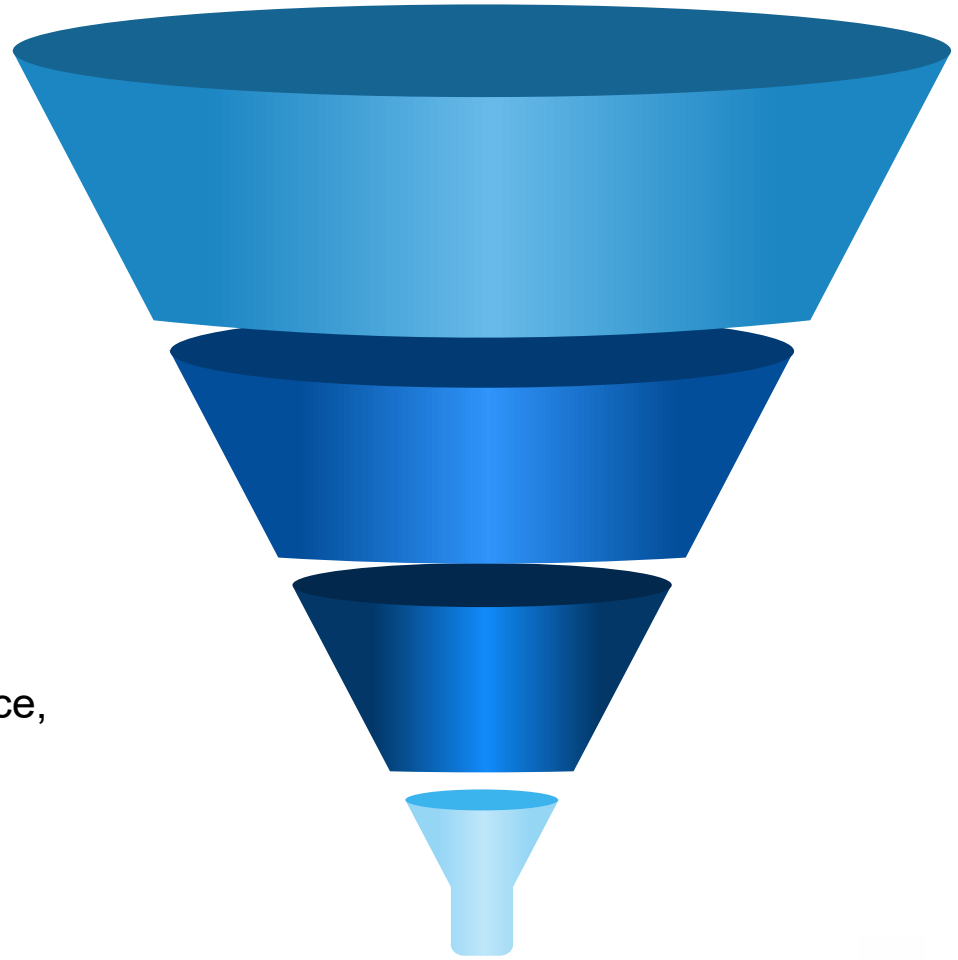
An imperative for change and call to action

# Principals

- An evidence-informed, data-driven approach that is strategic in nature
- A focus on inclusion and engagement with relevant stakeholders in the management of workplace injury & illness.
- Taking a worker-centred, supportive approach.
- Promoting workplace accommodation and timely and safe return to work
- Joint responsibility of organisational management, the worker/workforce, and worker representatives
- Legal compliance (as applicable in the jurisdiction)



# The Scope of WIIMS

Annexure 2

**Workplace Injury & Illness Management System**
- Management commitment and leadership
- Responsibilities, accountability, and authority
- Workplace Injury & Illness management policies – Physical & Psychological
- Workplace injury & Illness management procedures – Physical & Psychological

**Planning**
- Review internal policies, processes, programs, procedures, practices, and resources
- Identifying gaps, return to work barriers, and opportunities in internal policies, procedures, practices, programs, and resources
- Set objectives, targets, and establish workplace injury & illness management action plans

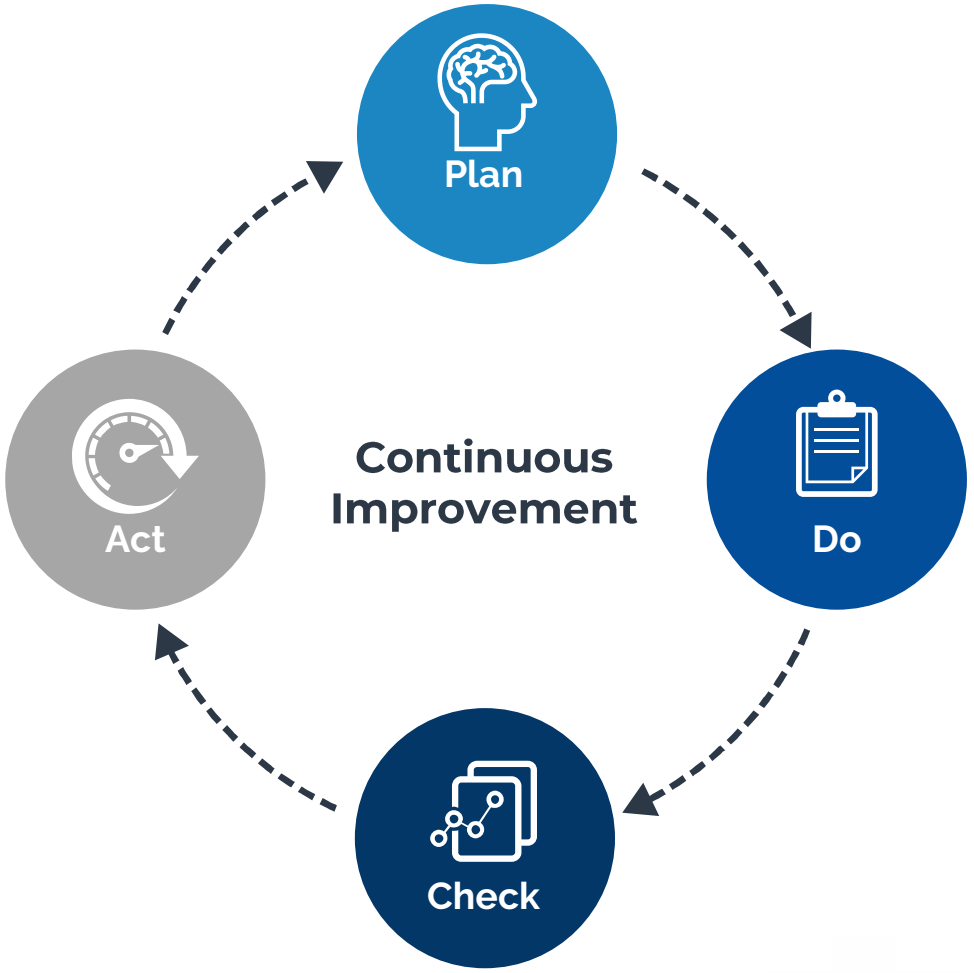
**Implementation**
- Implementation of workplace injury & illness management plan with resources available
- Early intervention and protection measures, workplace accommodation for injury & Illness.
- Improving organisational culture related to workplace injury management and illness
- Training, awareness & competence, managing change

**Performance monitoring, evaluation, and continual improvement**
- Monitor and evaluate the performance of the management system
- Internal Audit, identifying new and unresolved issues
- Management review
- Continual Improvement

# What is a Management System?

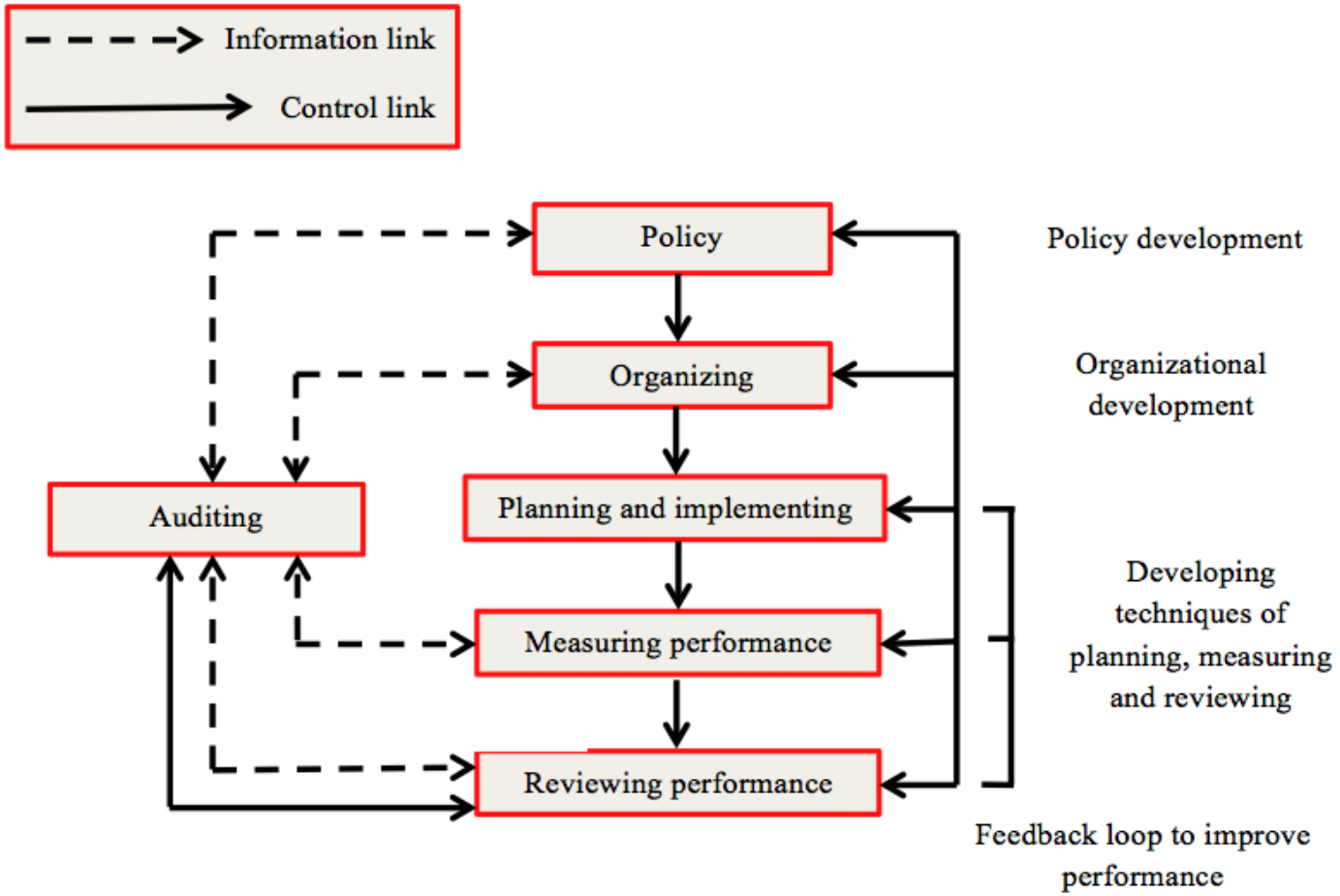


- A formalised approach of policies, processes and procedures used by an organisation to ensure that it can fulfill the tasks required to achieve its objectives.
- Support a set of requirement that include a high-level structure clarity, consistent core text and common terms with core definitions.
- Has a monitoring and evaluation practice for organisations
- Subject to continuous improvement as the organisation learns



# What is a management System?

Annexure 2




Adapted from the Health and Safety Executive, 1997. Successful health and safety management

# Timeline

Annexure 2

## Concept

GIO proposed the concept for a WIIMS at It Pays To Care 2023

## Industry Consultation

It Pays To Care gathered feedback from industry experts to create Guidance Document for WIIMS

## Industry Support

Stakeholders and experts from across the industry supplied verbal and written support to It Pays To Care for the development of WIIMS

## Submission of application to Standards Australia

GIO supporting It Pays To Care in lodging submission with Standards Australia

## Development of WIIMS

Once application is approved, Standards Australia will invite industry bodies such as ARPA, ICA, Employer Groups, Unions to be a part of a working group.

The working group will then set technical teams to develop the standard.

# Questions



**Dr Mary Wyatt**
Founder, It Pays To Care

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# Thank you