

AUSTRALIAN INSTITUTE FOR SOCIAL RESEARCH

BUILDING BRIDGES

Perspectives of Rehabilitation and Return to Work Coordinators

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Disclaimer

The views presented here are the views of survey respondents only. In this report we are seeking to represent the views of our respondents accurately. We do not seek to comment on, critique, endorse or condone these views or the suggestions contained therein.

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Background

Effective from 1 January 2009, employers with 30 employees or more were required to appoint rehabilitation and return to work coordinators (RRTWCs) in SA. The introduction of a legislative requirement for RRTWCs follows the *Clayton Review* of the worker's compensation system. RRTWCs are responsible for the organisation's internal management of work-related injuries and the rehabilitation and return to work of injured employees. The RRTWC does not generally have authority to make decisions about compensation claims, incur expenses on behalf of WorkCoverSA or develop and approve rehabilitation and Return to Work Plans. Core training for RRTWCs is provided by WorkCoverSA.

Seven principles for effective RTW have been identified:

1. The workplace develops a culture which has a strong commitment to health and safety demonstrated by the behaviour of the workplace parties
2. The employer offers modified work to injured/ill workers so they can return early and safely to work activities suitable to their abilities
3. RTW planners ensure the plan supports the returning worker without disadvantaging co-workers and supervisors
4. Supervisors are trained in work disability prevention and included in RTW planning
5. The employer makes early and considerate contact with injured/ill workers
6. Someone has the responsibility to coordinate RTW
7. Employers and health care providers communicate effectively with each other about the workplace demands as needed, and with the worker's consent

Methodology

An online survey explored demographic and workplace characteristics of RRTWCs, perceived efficacy of RRTWC training and professional development activities, organisational value of the RRTWC role, barriers to RTW, and usefulness of strategies to promote RTW in the workplace.

Respondent characteristics

- 570 RRTWCs participated in the survey, a response rate of 26.4%.
- The average age was 44 years.
- Approximately one third were male.
- Most had a Certificate III-IV or Diploma level qualification (39.5%).
- The most common concurrent role held within the organisation was OH&S manager/ officer (19.3%).
- 42.5% had been in RRTWC role for between 12 and 17 months.

Industry, organisations and the workplace

- 26.0% of respondents worked in the community services industry, 23.5% worked in manufacturing.
- One quarter of respondents worked in organisations with less than 50 employees.
- On average, RRTWCs provided assistance to 18 workers and had been involved in 16 claims.
 - 17.7% of RRTWCs reported no claims experience.
- 57.4% worked a standard fulltime week of around 37 to 40 hours.
 - 60.7% of respondents reported 0 to 4 hours were spent on RRTWC activities.
 - On average, 16.2% of RRTWCs' working hours per week were spent in the RRTWC role.

The RRTWC role

- 54.9% reported previous experience in the area of return to work before their current position.
- Half became RRTWCs by nomination.
- Half had completed the 3 day RRTWC training course.
- Two thirds rated the RRTWC training as effective or extremely effective.
- 60% *agree or strongly agree* that staff value their role, and 65% *agree or strongly agree* that managers value their role.
- All support and professional development activities were rated as useful to some degree
 - *Employers Mutual training seminars/workshops*, and *WorkCover RRTWC networking sessions* were rated as the most useful.

Barriers to RTW

- *Inflexible work roles or conditions* were rated (3.81)¹ as the most significant ‘role and workplace’ barrier to RTW.
- *Inadequate treatment by health care providers* (3.67) was the highest rated ‘process’ barrier (relating to action from providers or claims managers).
- Personal factors including *negative worker attitudes* (4.23) and *psychological complications for the worker* (4.22) were rated as the most significant barriers to RTW by RRTWCs.

Successful strategies to promote RTW

- *Regular contact with the client* (4.68) and *working closely with claims/case managers* (4.49) were rated as the most useful of the communication and support strategies.
- Highest rating for strategies related to workplace policies and procedures was for *early contact with employees* with 64.9% of RRTWCs rating this as very useful.
- *Establishing clarity of responsibility for the RTW process at the worksite* (rated at 4.3) was considered to be the most useful strategy to help the RRTWC perform their role successfully.
- Approximately 60% of RRTWCs were aware of the *Re-employment Incentive Scheme for Employers* (RISE), with only 40% aware of the RTW Fund.

¹ Rated from 1 (not at all significant) to 5 (very significant).

2 BACKGROUND

2.1 WHY REHABILITATION AND RETURN TO WORK COORDINATORS?

The rehabilitation and return to work of injured workers in South Australia (SA) is overseen by the WorkCover Corporation of South Australia (WorkCoverSA) in accordance with the Workers Rehabilitation and Compensation Act 1996 (the Act).

Effective from 1 January 2009, a number of changes were introduced to the Act, including an amendment which created a legislative requirement for appointment of rehabilitation and return to work coordinators (RRTWCs) in SA. The amendment (Section 28D) requires employers with 30 employees or more, to appoint a return to work coordinator, responsible for managing rehabilitation and return to work efforts in the workplace. Normally this must be done within six months of the employer's registration with WorkCoverSA, though some exemptions to this rule do apply.

If organisations have two or more workplaces with more than 30 workers they are required to appoint a contact for each workplace to assist the coordinator. Employers are also required to "provide such facilities and assistance as are reasonable and necessary to enable a coordinator to perform his or her functions under this section" and "comply with any training or operational guidelines published by the Corporation from time to time for the purposes of this section" (*Worker's Rehabilitation and Compensation Act, 1996, S28D*).

While RRTWCs were not uncommon in self-insured and large employers in South Australia prior to this rule, the legislation was expected to result in the number of RRTWCs across the State increasing. Failure to appoint coordinators, or replace them in the case of a vacancy, within the prescribed time can result in a maximum penalty of \$10,000 (*Worker's Rehabilitation and Compensation Act, 1996, S28D*).

The introduction of a legislative requirement for RRTWCs follows the South Australian government review of the worker's compensation system, commonly known as the *Clayton Review* (Clayton, 2007). The review was commissioned at a time when South Australia had the lowest return to work rates of all Australian States and Territories, the highest levy rates paid by employers, and a continuing increase in the number of long-term injured workers, and therefore, of long-term claims (Clayton, 2007: 4-5). The review recommended a revitalization of the South Australian Worker's Compensation Scheme in line with changes in other states, including New South Wales and Victoria. The report stated:

The South Australian workers' compensation system is at a turning point in its history. The current trajectory of the scheme, in terms of its failure to achieve satisfactory return to work outcomes, means that it is unsustainable in both social and economic terms (Clayton, 2007, p. 158).

The Clayton review sparked renewed interest in the role of the workplace in improving return to work outcomes (Barnett, Hordacre, Parnis, & Spoehr, 2010). It recommended that:

South Australia introduce a system of workplace-based Rehabilitation and Return to Work Coordinators (RRTWC) to apply to any workplace with 30 or more workers with the aim, after three years to extend its operation to workplaces with 20 or more workers (Clayton, 2007).

The introduction of RRTWCs was informed by examples from overseas along with the introduction of similar legislative requirements for return to work coordinators interstate. The central aim was to increase the effectiveness of organisations in improving rehabilitation and return to work outcomes.

2.2 WHO CAN BECOME A REHABILITATION AND RETURN TO WORK CO-ORDINATOR?

In accordance with the Act, RRTWCs must be an employee of the organisation and be based in South Australia. WorkCoverSA recommends that coordinators have -

- ✓ a good understanding of the workplace, work practices and work requirements;
- ✓ access to all areas of the workplace; and
- ✓ access to employees and supervisors with whom it may be necessary to discuss suitable work for injured workers.

It is important that RRTWCs be “respected by other employees and supported by management” as coordinators are unlikely to be able to fulfil their responsibilities under the Act without the co-operation of other employees and the backing of management (WorkCoverSA, 2008).

2.3 WHAT ARE THE ROLES AND FUNCTIONS OF COORDINATORS?

RRTWCs are responsible for the organisation’s internal management of work-related injuries and the rehabilitation and return to work of injured employees. The functions of RRTWCs in accordance with Section 28D (4) of the Act are:

- (a) To assist workers suffering from compensable disabilities, where prudent and practicable, to remain at or return to work as soon as possible after the occurrence of a disability;
- (b) To assist with liaising with the Corporation in the preparation and implementation of a rehabilitation and return to work plan for a disabled worker;
- (c) To liaise with any persons involved in the rehabilitation of, or the provision of medical services to, workers;
- (d) To monitor the progress of a disabled worker’s capacity to return to work;
- (e) To take steps to, as far as practicable, prevent the occurrence of a secondary disability when a worker returns to work;
- (f) To perform other functions prescribed by the regulations.

Strategies recommended by WorkCoverSA to assist with the implementation of these functions include:

1. Making early contact and being supportive and understanding when illness and injury occurs and maintaining a sound relationship between the employer and the worker;
2. Offering suitable employment to workers who are not fit to perform their normal duties;
3. Accommodating injured workers by arranging to make modifications to work stations or rearranging shifts;
4. Making sure workers modify their work practices to include regular changes of posture, stretches and any required rest breaks, in line with their treating doctors’ instructions;
5. Involving supervisors in return to work planning; and
6. Building co-worker and workplace support for injured workers.

It is important to note that the RRTWC does not generally have authority to make decisions about compensation claims, incur expenses on behalf of WorkCoverSA or develop and approve rehabilitation and Return to Work Plans (for more information about Plans see Section 28A). Additionally, these rules do not necessarily apply to self-insured employers who may assign some or all of these authorities to their RRTWC.

2.4 WHAT TRAINING IS NECESSARY TO BECOME A CO-ORDINATOR?

WorkCoverSA has established a core training program for RRTWCs, which is currently delivered by fifteen providers in South Australia, who represent a range of rehabilitation, educational and other training providers². The duration of the training depends on whether the organisation to be trained falls into a high or low risk category (a WorkCoverSA Industry Based Levy Rate of 4.5% or above is considered high risk). Low risk organisations require a Level 1 full day training course at a set fee of around \$341, whereas high risk organisations require a Level 2 three day training course at a cost of approximately \$979. Potential RRTWCs are also able to apply for recognition of prior learning and credit transfer for some modules. RRTWCs are appointed for a period of three years, after which point they are required to undertake further retraining and refresher courses are required annually.

The training is in accordance with national guidelines and meets the requirements for national accreditation. The training consists of four core training program units designed to ensure RRTWCs are able to:

1. Identify, access and understand relevant current legislation governing workers compensation in South Australia, particularly regarding employers' requirements relating to workplace based RRTWCs.
2. Conduct situational workplace assessments
3. Develop return to work plans
4. Implement and monitor return to work plans.

2.5 THE WORKPLACE AND RRTWCs

The focus on workplace culture, particularly through RRTWCs, is supported by national and international research findings (WorkSafe Victoria, 2007). Kenny (1995, cited by Clayton, 2007) describes a supportive organisational culture as one characterised by 'occupational bonding' in the form of meaningful and respectful relations between workers, employers and co-workers. In addition, the Clayton Review states –

'It is almost universally acknowledged that the best results in terms of return-to-work outcomes are gained from arrangements that have their focus at the workplace' (2007: 176).

This is evident in the results of a Dutch study of 200 workers with low-back pain which demonstrated that, while incurring slightly higher costs, the workplace intervention approach produced significantly higher return to work rates than approaches not including this focus (Steenstra *et al*, 2006).

A Canadian study reported return to work rates for employees with significant disabilities was markedly higher in Quebec than neighbouring provinces, a fact that was attributed to strong workplace culture and a focus on early intervention (Clayton. 2007). However, it is noteworthy that the Australian system was already out-performing the Canadian system at this time in terms of workplace focused return to work programs (Westmorland & Buys, 2004). A study comparing disability management practices in Australian and Canadian workplaces found that while Canadian workplaces are characterised by stronger collaboration between employees and management, a greater proportion of services are provided by outside parties, such as externally-based consultants (Westmorland & Buys, 2004). The study found that Australian workplaces already had a greater workplace focus, with a higher proportion of return to work programs based at the workplace, early contact with workers being common and modified duties normally being provided.

Similarly, another international study found that Australia's management of work injuries is workplace based, an approach that is unusual in the other countries studied (Canada, France, Germany, the Netherlands, New Zealand, Sweden, the UK and the US) (Shrey & Hursh, 1999). Nevertheless, the study advocated improved workplace

² The full list is available on the WorkCoverSA website: <http://www.workcover.com/site/home.aspx>

management programs including the training of return to work managers and the introduction of thorough auditing of company return to work systems to enable continuous improvement.

A study of disability management programs in large self-insured companies in Australia found that there was room for improvement in management of the return to work process (Westmorland & Buys, 2002). It recommended that improvements could be made by improving employee education and training in return to work management, establishing a culture which encourages employees to participate in their own return to work, improving communication and cooperation, ensuring senior management is involved in return to work and that company departments operate collaboratively.

The recommendations of the Clayton report are influenced by the findings of a study by the North American research organisation, the Institute of Work and Health (IWH) in Toronto, which included a stock take of return to work initiatives (Institute for Work & Health, 2007). Workplace and workplace culture were consistently identified for the role they play influencing return to work rates. For example, a study in Michigan found that companies with higher ratings of people-orientated culture demonstrated a significantly lower lost workday rate (Habeck, Hunt, & VanTol, 1998; Hunt & Habeck, 1998). Similarly, a study of patients in Maine undergoing surgery for carpal tunnel syndrome found that the rate of return to work was 1.6 times higher for workers who perceived a higher safety culture in their workplace, and almost twice as high for workers who perceived a higher level of people-orientated culture in their workplace (Amick et al., 2000).

2.6 SEVEN PRINCIPLES FOR EFFECTIVE RTW

The Institute of Work and Health review identified seven principles for effective return to work which reduce costs and duration of work-related injury (Institute for Work & Health, 2007).

1. The workplace develops a culture which has a strong commitment to health and safety demonstrated by the behaviour of the workplace parties

The importance of the first principle has already been discussed above. A strong commitment to health and safety, supported by effective health and safety policies and practices is an important step in injury prevention and also in injury management. A workplace culture which demonstrates a commitment to the health and safety of its employees is more likely to develop appropriate return to work strategies which avoid the costs and pitfalls of excessive workplace absence and re-aggravation of injuries. This 'culture of care' was highlighted in research by the Australian Industry Commission (1995) as the 'key to controlling injury and disease at work'.

2. The employer offers modified work to injured/ill workers so they can return early and safely to work activities suitable to their abilities

The application of the second principle, the provision of 'modified work', 'work accommodation' or 'work redesign', is well known in rehabilitation literature (WorkSafe Victoria, 2007). Modified work is a vital element in preventing the 'disuse syndrome' that can accompany long-standing illness or injury (the motto for which is 'use it or lose it'), and potentially lessen or avoid the 'loss of self' that can accompany chronic illness or injury (Bortz, 1984; Charmaz, 1983; WorkSafe Victoria, 2007). Strong evidence that work accommodation offers significantly reduced disability duration has been found (Franche et al., 2005). The provision of modified work programs to injured workers, was supported by a review of 29 studies on the topic between 1975 and 1998 (Krause, Dasinger, & Neuhauser, 1998). The review found that on average modified work programs halve absences arising from workplace injury/illness, double the chances of returning to work after such illness/injury and help reduce associated costs.

Similarly, a more recent study from the Netherlands, found that these programs can halve the amount of sickness absence and the number of employees who never return to work (van Duijn, Meidema, Elders, & Burdorf, 2004). However, this study also found that despite their value, modified work programs were not always well implemented. Barriers to successful implementation included lack of options for modification, a lack of employee understanding about the program, and negative attitudes toward the program. Strategies to overcome these issues include ensuring:

- Supervisors are well trained and able to assist with identification of suitable modified duties;
- Information is provided to staff about the benefits of these programs and a positive attitude is maintained by supervisors and co-workers;
- Duties provided are meaningful and productive and as close as possible to pre-injury duties;
- Modified duties are reviewed regularly to ensure they are in line with medical restrictions and gradually scaled up to normal levels; and
- Medical restrictions are reasonable and able to be accommodated (van Duijn et al., 2004).

3. RTW planners ensure the plan supports the returning worker without disadvantaging co-workers and supervisors

Principle three emphasises the importance of return to work plans supporting the returning worker without disadvantaging co-workers and supervisors. This principle is an important component to ensuring a supportive workplace culture for the returning worker and is particularly pertinent in relation to the provision of modified duties.

Co-workers may come to resent the injured worker as a result of RTW programs, due to perceptions that injured workers are being given a lighter workload (Guzman, Yassi, Tate, Cooper, & Khokhar, 2002). All possible steps must be taken to avoid such sentiments from developing, as research findings confirm the relationship between the supportiveness of co-workers and effective return to work (Australian Institute for Primary Care, 2006; Australian Institute for Social Research, 2010; Franche *et al.*, 2005; Kenny, 1998; Roberts-Yates, 2003; Roberts-Yates, 2006).

4. Supervisors are trained in work disability prevention and included in RTW planning

International findings suggest RRTWCs and health professionals are not a substitute for involvement of the injured worker's immediate supervisor. One study from the United States reported that the supervisor's response to workplace injury influences the speed and quality of an employee's recovery from injury and "may be the single most important influence in whether they return to work" (Shaw, Robertson, Pransky, & McLellan, 2003). In addition, a Swedish study highlighted employees' belief that supervisors played an important role in return to work, that early contact after injury and ongoing communication were vital to this, and that a straightforward return to work plan which invited the employee to return to work (on modified duties if necessary), together with a positive workplace environment, were significant motivating forces in encouraging employees to return to work (Nordquist, Holmqvist, & Alexanderson, 2003).

In another American study, the researchers found that a simple but effective set of two-hour training sessions for supervisors greatly improved return to work rates and lessened new claims in the meat packing industry (Shaw, Robertson, McLellan, Verma, & Pransky, 2006). The issue of training is equally important in relation to RRTWCs, as they are expected to have competencies across many domains.

An international literature review by Shaw *et al* (2008) identified six main competencies required of RRTWCs including:

- ergonomic and workplace assessment;
- clinical interviewing;
- social problem solving;
- workplace mediation;

- knowledge of business and legal aspects; and
- knowledge of medical conditions.

5. The employer makes early and considerate contact with injured/ill workers

The impact of early and considerate contact with injured/ill workers by their employers is not well documented. However, a study by US and Canadian researchers entitled 'It Pays to be Nice', found that workers dissatisfied with their employers' response to their injury were 1.5 times more likely to have negative return to work outcomes after accounting for other factors (Butler, 2007). Furthermore, workers who were satisfied with the response were more likely to claim solely for medical expenses and not seek reimbursement for lost time. The study, which included a sample of over 1800 workers during the first year after a claim, found that employees' satisfaction with their employers' responses to their claims was the most important single influence on employment stability after the onset of back pain.

6. Someone has the responsibility to coordinate RTW

Studies emphasising the significance of workplace culture have encouraged research into the role of RRTWCs in improving return to work outcomes. For example, a study by Franche *et al* (2005) found that return to work programs based in the workplace are effective in reducing the length of work disability and costs of compensation and health care. One of the factors highlighted as a component of a successful return-to-work program was the involvement of a RRTWC. The study found moderate evidence to suggest that their involvement improves outcomes, including reducing disability duration and associated costs (Franche *et al.*, 2005).

7. Employers and health care providers communicate effectively with each other about the workplace demands as needed, and with the worker's consent

Principle seven concerns the importance of effective communication and coordination of return to work management with all parties involved in the return to work process, including medical practitioners, occupational therapists, case managers and vocational rehabilitation providers. This principle is supported by systematic literature reviews which provide evidence that clear communication, cooperation and agreed common goals between the different parties involved in the rehabilitation and return to work process are critical for positive medical and vocational outcomes (Australian Institute for Primary Care, 2006; Australian Institute for Social Research, 2010; Franche *et al*, 2005; Roberts-Yates, 2006).

The complex nature of the worker's compensation and rehabilitation environment has been found to lead to miscommunication, mistrust and disappointment, which may result in the failure of RTW, even when a worker had adequate physical capabilities to perform transitional or pre-injury duties (Pransky, Shaw, Franche, & Clarke, 2004). They argue that the designation of a RRTWC is an important strategy in facilitating effective communication and coordination.

An earlier review of the South Australian worker's compensation system found that the consultation period revealed 'a profound and deep-seated element of distrust, permeating most of the relationships between major players' (Baril, Berthelette, & Massicotte, 2003; Clayton, 2005). Other international work has emphasised the importance of employers and supervisors working with union representatives to facilitate RTW and the positive impact of union involvement on the claim (Franche *et al.*, 2005). However, this study found that compared with their overseas counterparts, Australian workplaces are less likely to have union involvement and are more likely to see union involvement as a barrier to return to work.

3 METHODOLOGY

The RRTWC survey was developed collaboratively with WorkCoverSA. It consisted of a number of multiple and free response questions exploring the demographic and workplace characteristics of the coordinators, and the perceived efficacy of RRTWC training and professional development activities. RRTWCs also provided information of how their role was valued by management and other staff in their organisation. They also were asked to respond to questions about the barriers to RTW and the usefulness of strategies to promote RTW in the workplace.

Approximately 2,500 names on the WorkCoverSA RRTWC distribution list were provided to AISR. All those with valid email addresses received an invitation to participate in the online survey, which was administered online via *Survey Monkey*. The personalised email included a unique web-link, which allows for the determination of more precise response rates, as well as manage email bounces and error messages, and 'out of office' responses.

The survey was piloted with 50 randomly selected RRTWCs on 8 July 2010. These coordinators were asked to provide feedback about the content and any technical problems they had in completing the survey. No issues arose from the pilot. The survey was subsequently launched on 13 July 2010, and sent to 2,156 recipients, with a reminder sent on 26 July. A total of 570 RRTWCs took part in the survey, equating to a response rate of 26.4%.

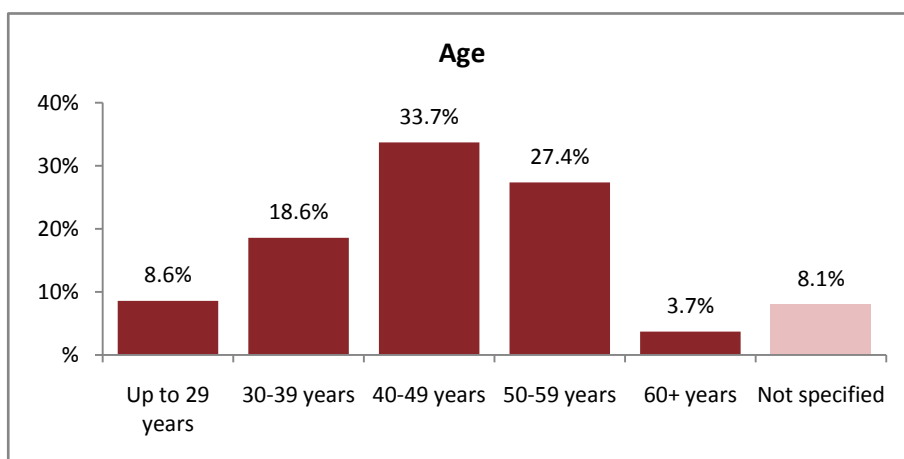
4 SURVEY FINDINGS

4.1 RESPONDENT CHARACTERISTICS

4.1.1 DEMOGRAPHIC PROFILE

In total, **570** RRTWCs³ took part in the survey, one third were male (33.0%), more than half (59.1%) were female and 7.9% failed to specify. The age profile shown in Figure 1 indicates most RRTWCs undertaking the survey were in the 40-49 year age bracket. The average age of participants was 44.32 years.

Figure 1. RRTWC age profile



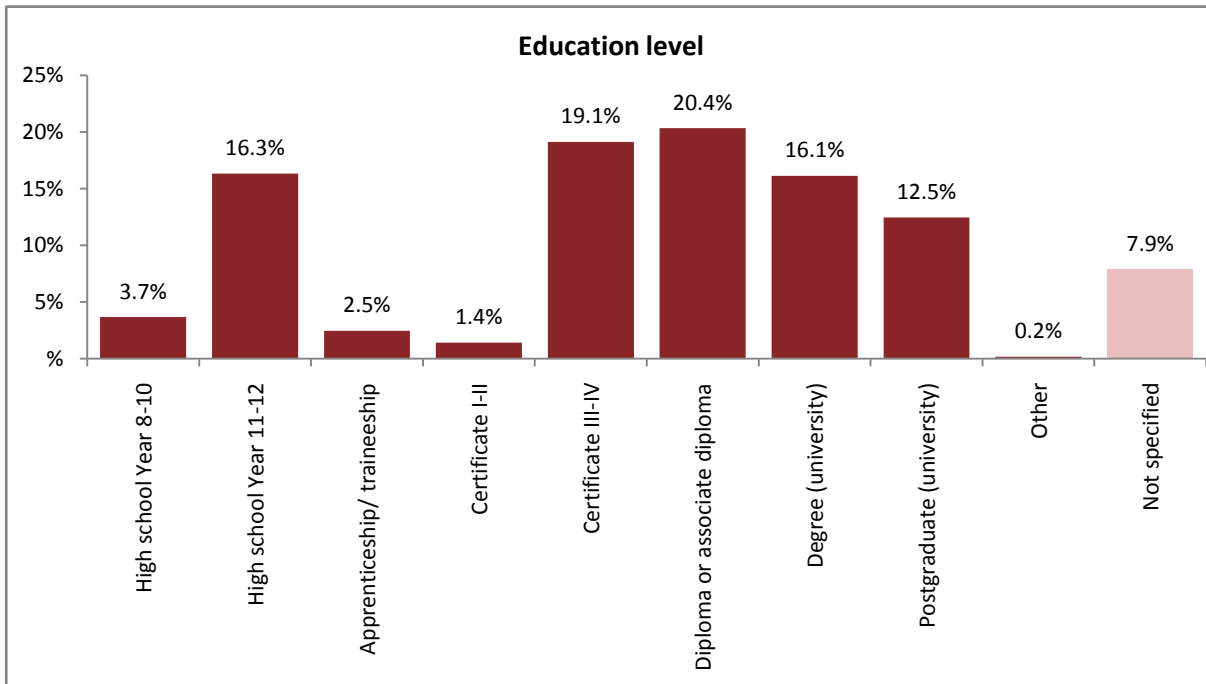
A majority of respondents (90.4%) came from English speaking backgrounds. The ten individuals from non-English speaking backgrounds identified Dutch, French, Indian, Romanian and Vietnamese as their first language. One person

³ Tables and figures include all respondents, except where otherwise indicated in a table note.

(0.2%) indicated they were from an Aboriginal or Torres Strait Islander background, while 45 individuals (7.9%) did not answer this question.

Generally there was a high level of education among the RRTWCs responding to the survey (see Figure 2 **Error! Reference source not found.**). Most had a Certificate III-IV or Diploma level qualification, with over a quarter having university level qualifications.

Figure 2. Highest level of education achieved by RRTWCs

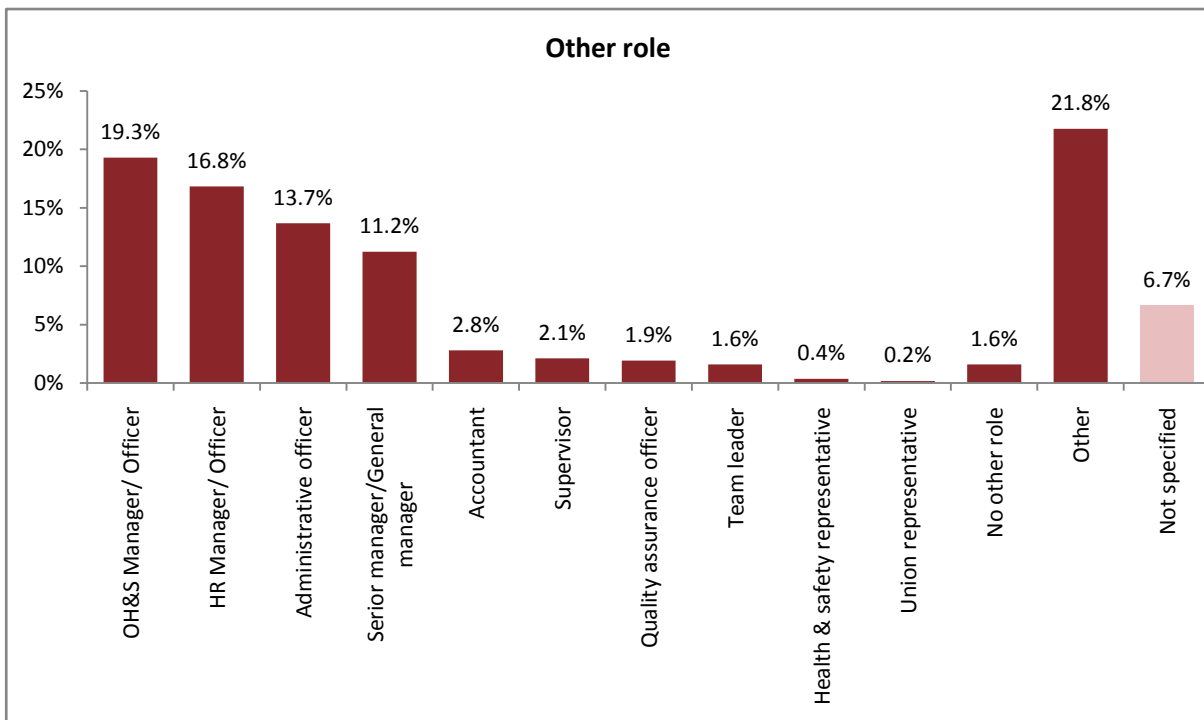


4.1.2 RRTWC – SINGLE RESPONSIBILITY OR ONE OF MANY ROLES

RRTWCs were asked to describe their other main (concurrent) role in their organisation of employment. Only 9 (1.6%) indicated that being an RRTWC was their only role in the organisation. A number of RRTWCs reported performing multiple roles in addition to their RRTWC role. In particular, OH&S and HR roles were commonly shared with the RRTWC role, including management or training roles. RRTWCs tend to ‘wear many different hats’ within their organisation. Most coordinators noted they were either human resource (HR) or occupational health and safety (OH&S) managers or officers (see Figure 3).

A high number (n=124) of respondents provided a response in the ‘other’ category including Payroll, Office Manager, Systems Manager, Business Manager, Service Manager, Injury Management Officer and Training Managers/Officer.

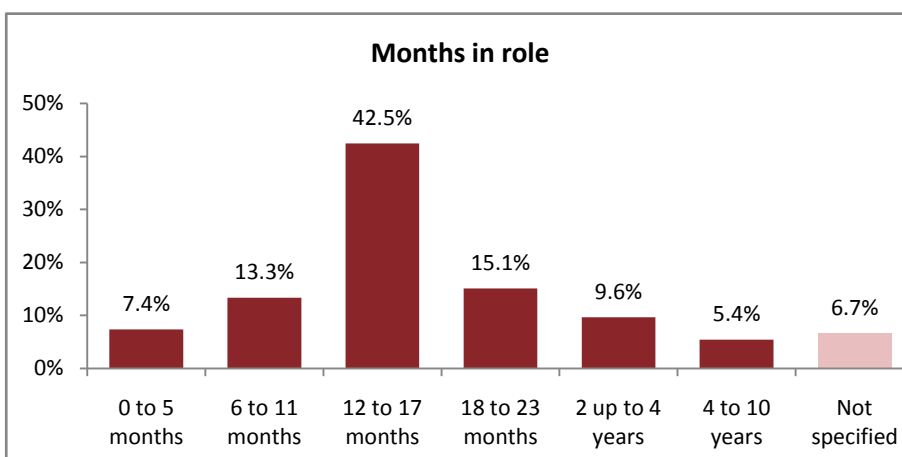
Figure 3. RRTWC's other main role in the organisation



4.1.3 EXPERIENCE IN THE RRTWC ROLE

RRTWCs were most likely to have been in the coordinating role for between 12 and 17 months (42.5% of those surveyed), though responses ranged from 0 to 100 months. Approximately one in five had been in this role for less than one year. Most (81.6%) had been acting in the role of RRTWC since the 1st January 2009, the date from which the legislative requirement for RRTWCs took effect. See Figure 4 for more details.

Figure 4. Number of months in RRTWC role

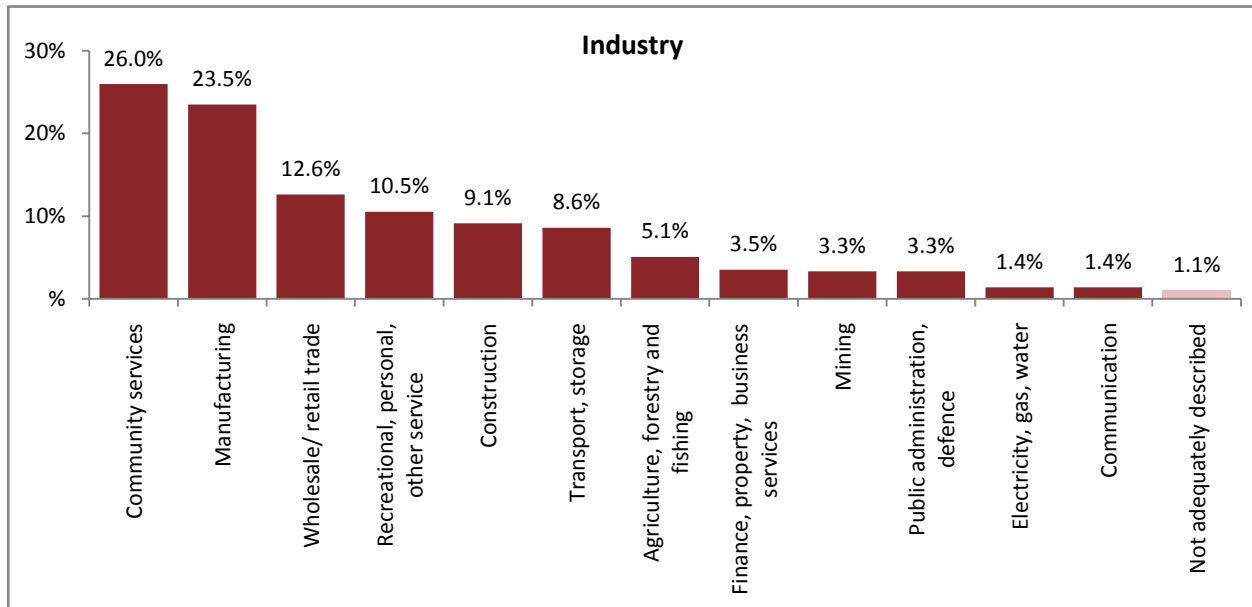


4.2 INDUSTRY, ORGANISATIONS AND THE WORKPLACE

4.2.1 INDUSTRY OF EMPLOYMENT

Around half of RRTWCs responding to the survey were from the community services (26.0%) and manufacturing (23.5%) industries (see Figure 5). Annual WorkCoverSA reports consistently reveal these are as the two highest workers' compensation claiming industries in South Australia.

Figure 5. Industry of employment for RRTWC



4.2.2 SIZE OF EMPLOYING ORGANISATION

The number of workers in the RRTWCs' employing organisation ranged from 1-100,000. One quarter of respondents worked in organisations with less than 50 employees, while 10.4% were from organisations with over 1000 employees (see Figure 6). Eleven of the nineteen (57.9%) RRTWCs from the public administration and defence industry reported working in organisations with more than 1000 employees, while 2.2% of the 134 manufacturing RRTWCs reported working in such large organisations. The distribution of industry by organisational size is presented in Figure 7, for the five most common industries. This shows that the most common size ranged between 50 and 300 workers.

Figure 6. Number of employees in RRTWC's organisation

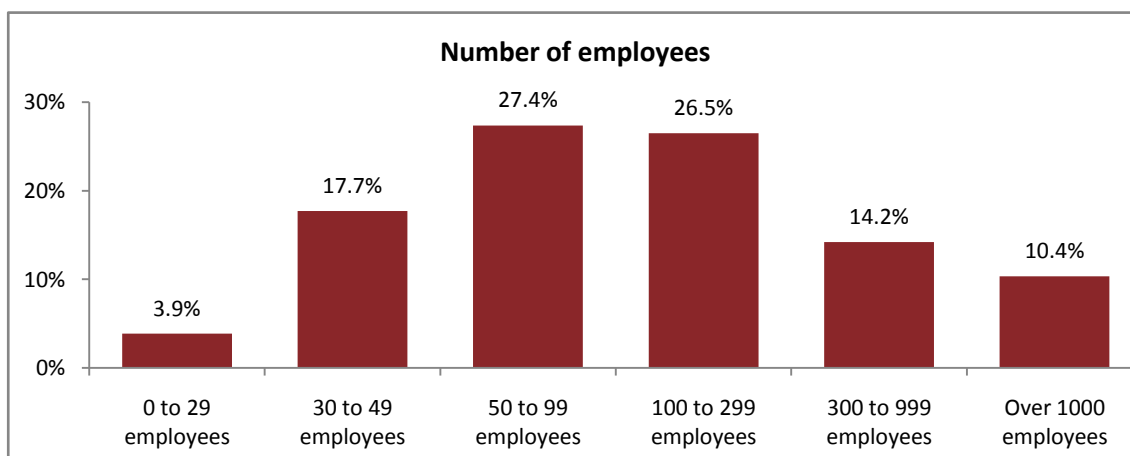
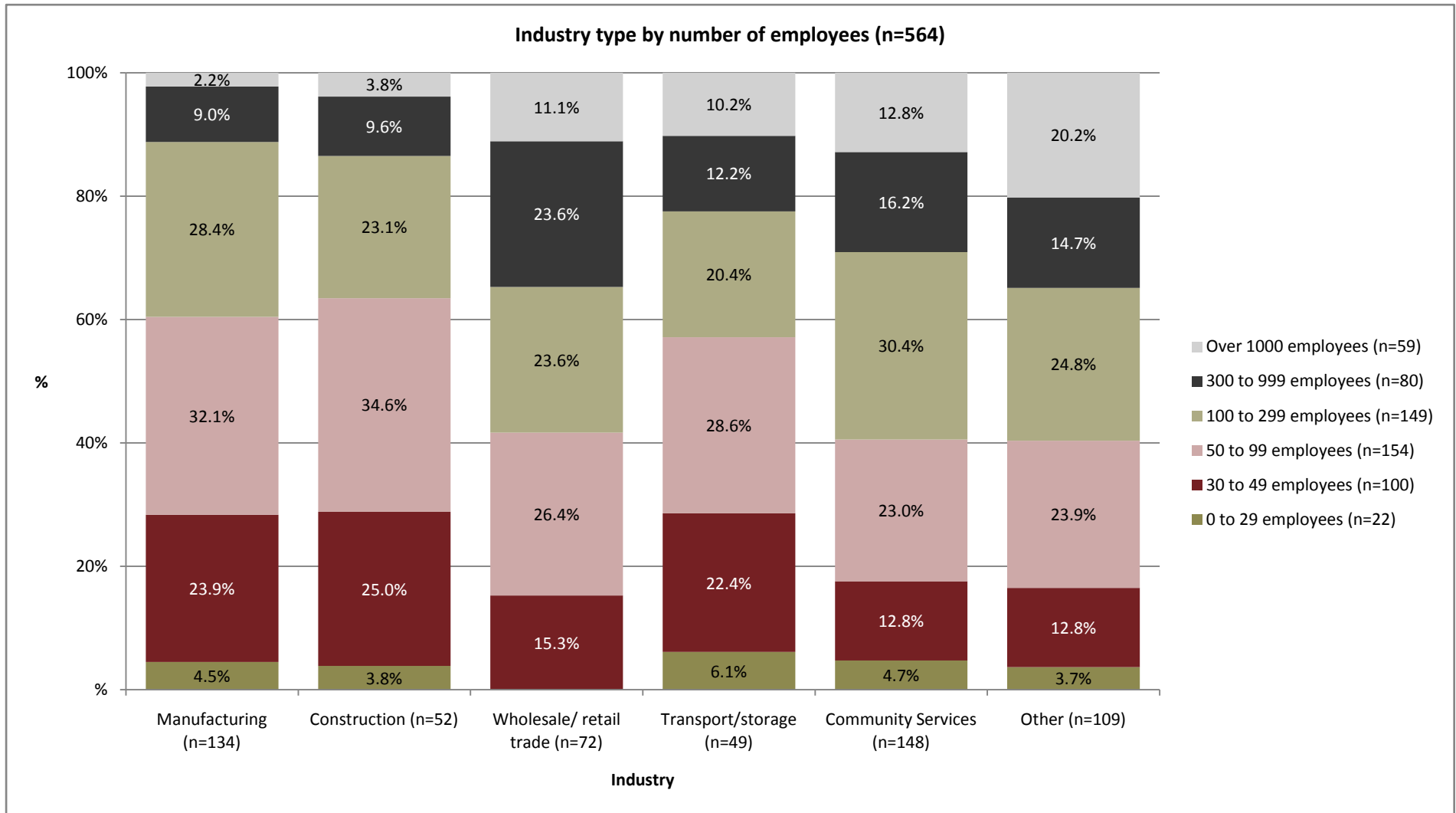


Figure 7. Industry type by number of employees in organisation

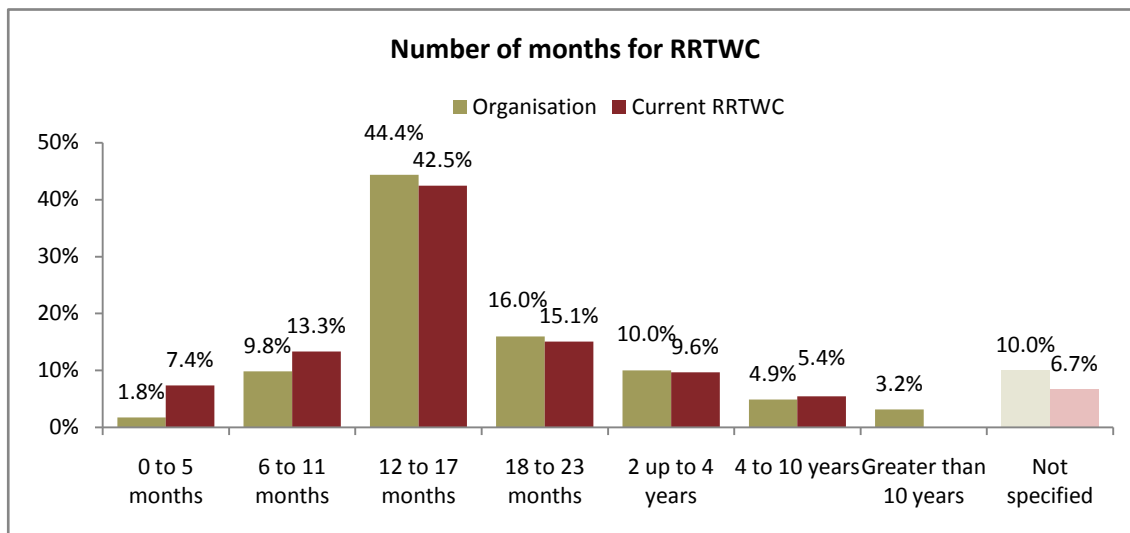


Note, the 6 respondents who did not adequately describe their industry are not shown in this figure. Only the five most common industry types are presented here.

4.2.3 HISTORY OF RRTWC EMPLOYMENT WITHIN ORGANISATION

Close to half of respondents (44.4%) reported their organisations had someone in the RRTWC role for between 12 and 17 months, indicating compliance with the timeframe set by legislative changes.. However, a small proportion (3.2%) of respondents reported their organisations had an RRTWC for over 10 years (see Figure 8). One fifth of respondents (19.7%) had been in the RRTWC role in their organisation for less than a year, although most of these had been in the position for more than six months.

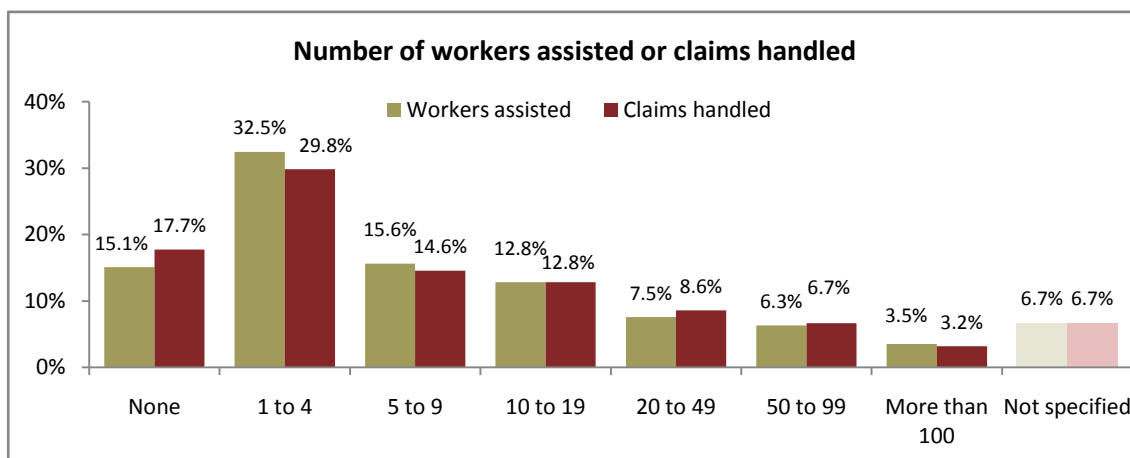
Figure 8. Number of months the organisation have had a RRTWC compared to time current RRTWC has held role



4.2.4 WORKERS ASSISTED AND CLAIMS HANDLED

On average, current RRTWCs had provided assistance to 18 workers and had been involved in 16 claims. Not surprisingly, there is a strong and significant correlation⁴ between the number of workers assisted and the number of claims handled. Eighty-six respondents (15.1%) reported having had no direct experience with injured workers, while 101 (17.7%) RRTWCs reported no claims experience. At the higher end of the scale, twenty RRTWCs reported assisting between 100 and 600 workers, and eighteen reported handling more than 100 claims (see Figure 9).

Figure 9. Number of workers assisted or claims handled by the RRTWC

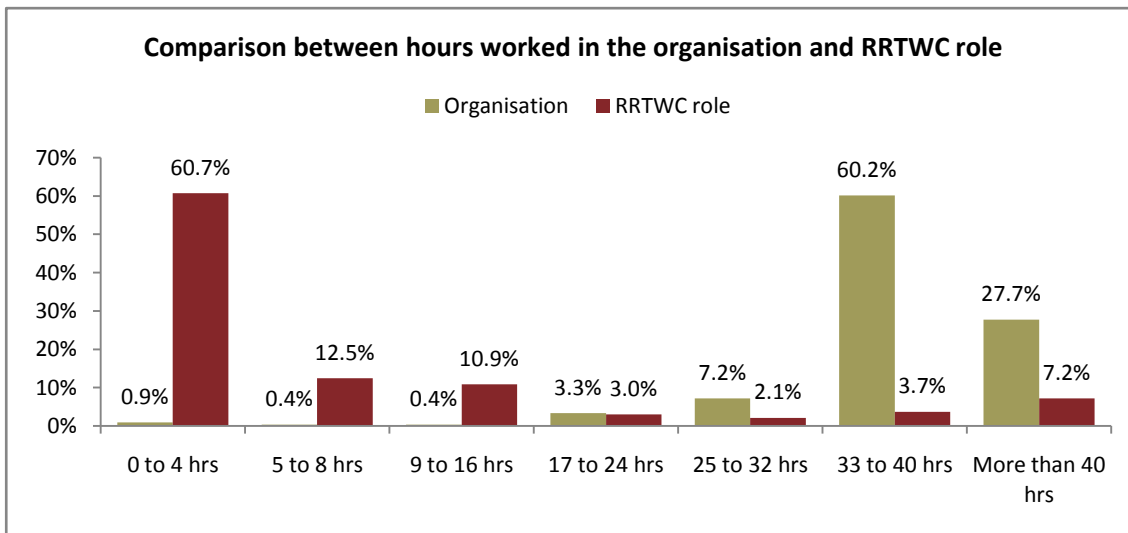


⁴ r=0.78, p<0.001

4.2.5 HOURS OF WORK AND IN RRTWC ROLE

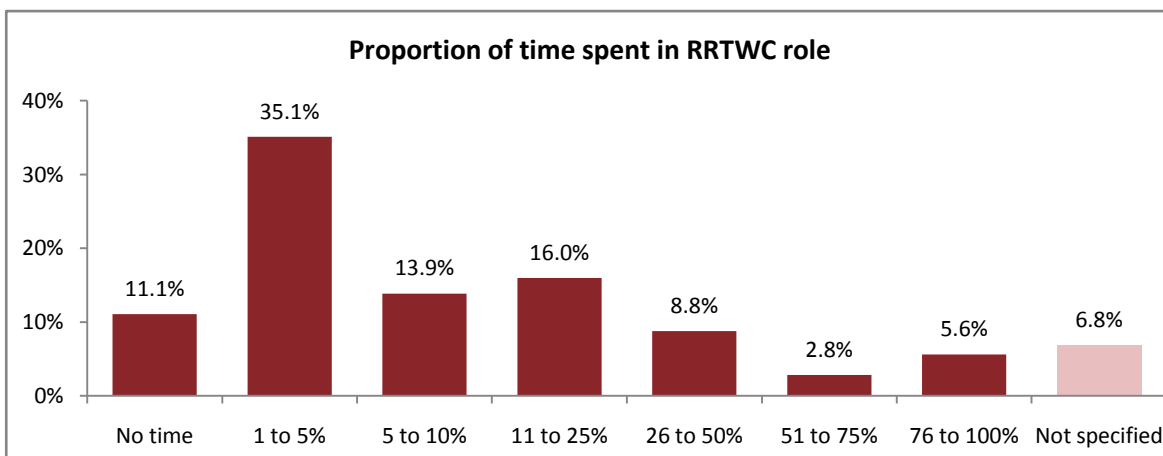
As previously identified (see Figure 3), most RRTWCs fulfilled their coordinator role in addition to other duties. More than half of the RRTWCs (57.4%) worked a standard fulltime week of around 37 to 40 hours (see Figure 10). However, it was not uncommon for coordinators to report working longer than 40 hours, with 27.7% reporting this to be the case (see Figure 10). Generally, a small number of hours within the RRTWC’s working week were consumed by the RRTWC role, with 60.7% of respondents reporting 0 to 4 hours being spent on RRTWC activities.

Figure 10. Total hours RRTWC works in the organisation and in the RRTWC role



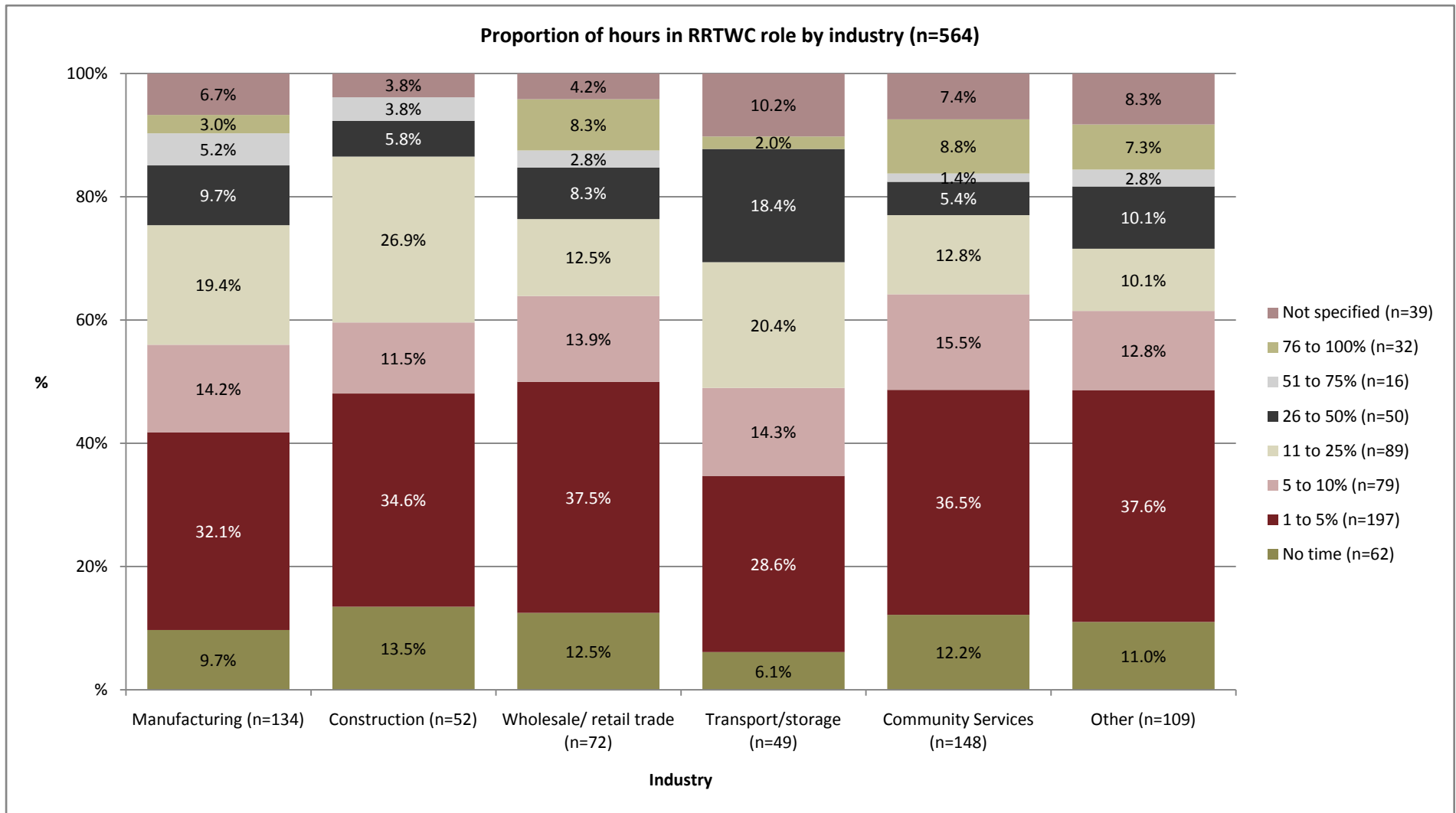
On average, 16.2% of RRTWCs’ working hours per week were spent in the RRTWC role. A small proportion (4.4%), were engaged almost entirely on activities in their role as a RRTWC. However 11.1% reported spending no time (on average) in the role each week (see Figure 11).

Figure 11. Proportion of time spent working in the RRTWC role



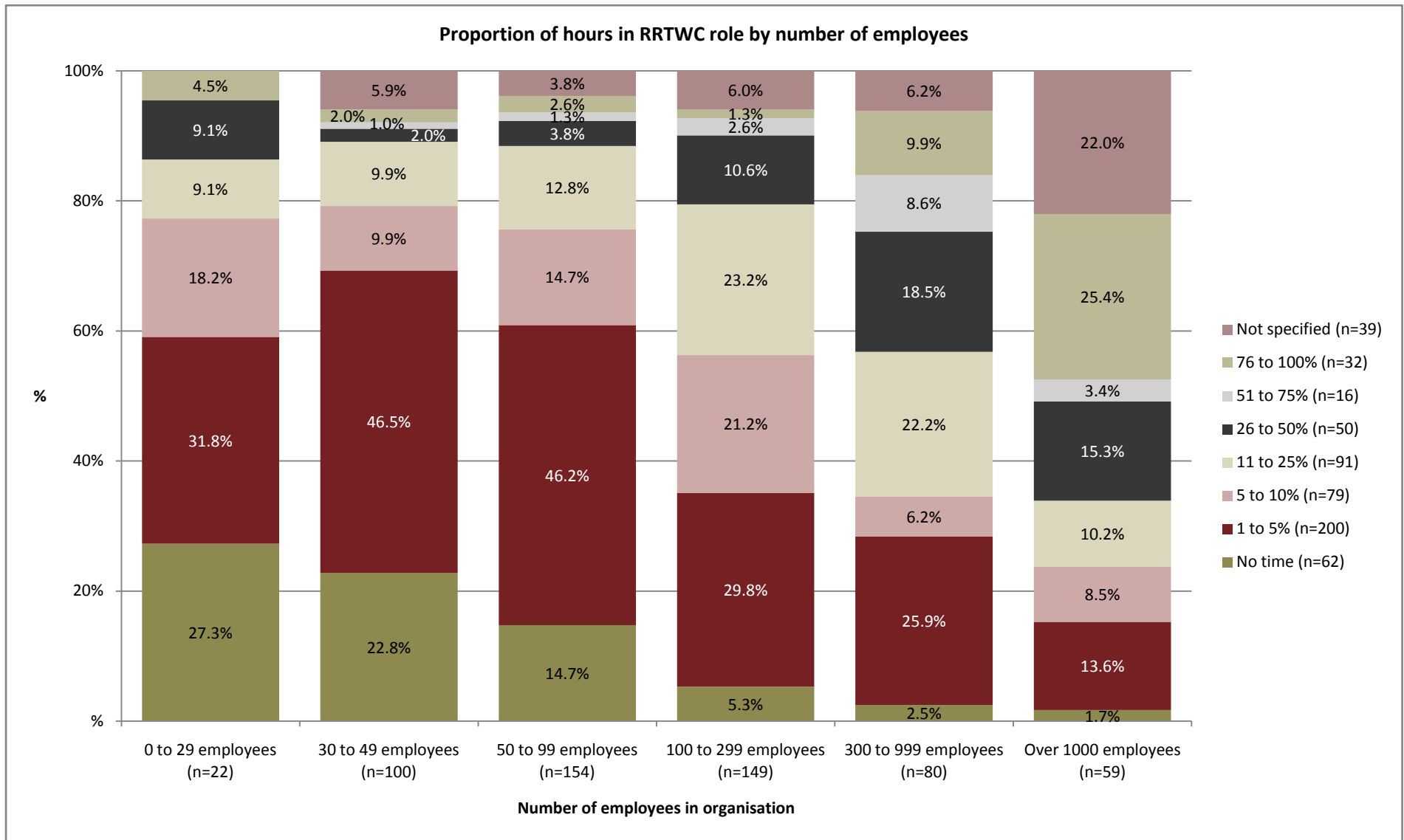
There was little distinction between industries in relation to the proportion of work hours each week that respondents spent in their RRTWC role (see Figure 12). However, respondents from the mining (10.5%), community services (8.8%), and wholesale and retail trade (8.3%) industries were most likely to report more than three-quarters of their working week was taken in RRTWC activities. Not surprisingly, respondents in larger organisations reported spending more work time each week on RRTWC activities (see Figure 13).

Figure 12. Proportion of hours per week in organisation spent in RRTWC role by industry



Note, the 6 respondents who did not adequately describe their industry are not shown in this figure. Only the five most common industry types are presented here.

Figure 13. Proportion of hours per week in organisation spent in RRTWC role by number of employees in organisation

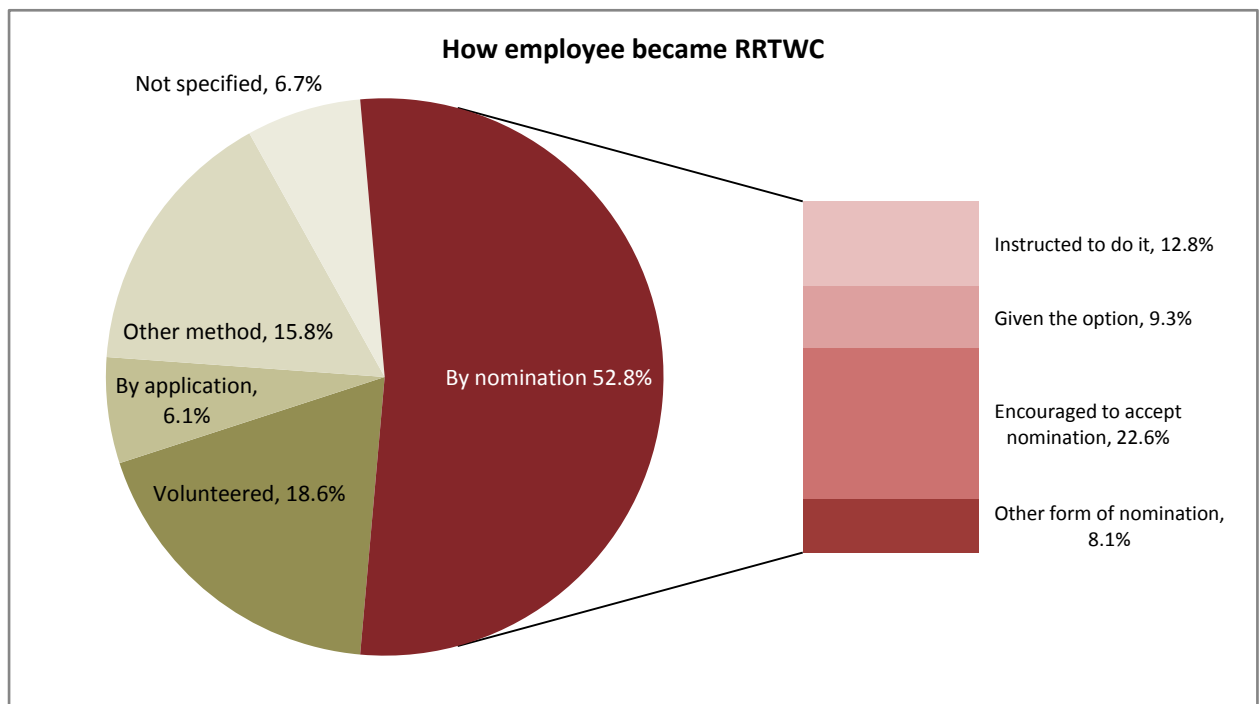


4.3 THE RRTWC ROLE

4.3.1 BECOMING A RRTWC

Before their current position, more than half of the RRTWCs (54.9%) reported previous experience in the area of return to work. Most respondents (52.8%) became RRTWCs by nomination, though approximately a quarter moved into the role by application or volunteering to undertake the role (see Figure 14). Many of the respondents who identified 'other' methods of coming into the RRTWC role described it as an existing element of their position, or indicated they were already performing the role before the legislative requirement was introduced. Of the 301 individuals (52.8%) who were nominated into the role, most were encouraged to accept the nomination (22.6% of all respondents, 42.9% of the nominated respondents). Individuals who indicated other forms of nomination reported either that their role made them the best person for the job (often due to congruence of the RRTWC with their other position) or they were employed to undertake the role.

Figure 14. Means by which individual became RRTWC

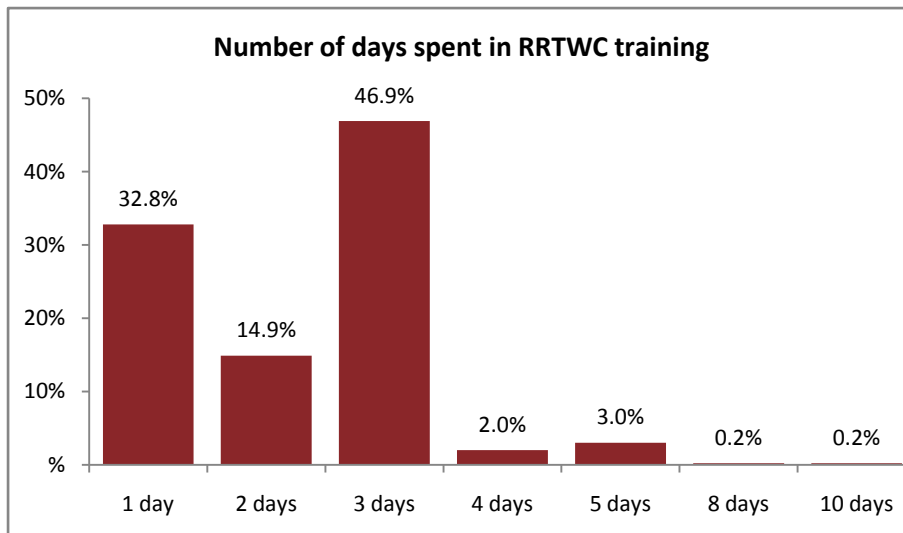


4.3.2 RRTWC TRAINING

Almost all RRTWCs (87.5%) had completed the training required though a small minority did not (4.6%) with the remainder not providing a response. Most respondents who had not completed training indicated that they were already booked into training or would be completing it soon or had been given recognition of prior learning (RPL).

Almost half of the 499 RRTWCs who had completed training had undertaken the three day training course (46.9%), with another third completing the one day course (see Figure 15). Only 5.4% reported more than three days' training.

Figure 15. Length of RRTWC training



Two-thirds of respondents (almost three-quarters of those providing a valid response) rated the RRTWC training as effective or extremely effective. This indicates that it is targeted at the appropriate level for most. A small proportion (4.6%), responded that the training was ineffective or extremely ineffective, while 17.9% reported it as being neither effective nor ineffective (see Figure 16). When considering the standard number of days for RRTWC training (1 to 3 days), there was a slight tendency for respondents who received more training to rate it as having been more effective (see Figure 17).

Figure 16. Effectiveness of RRTWC training

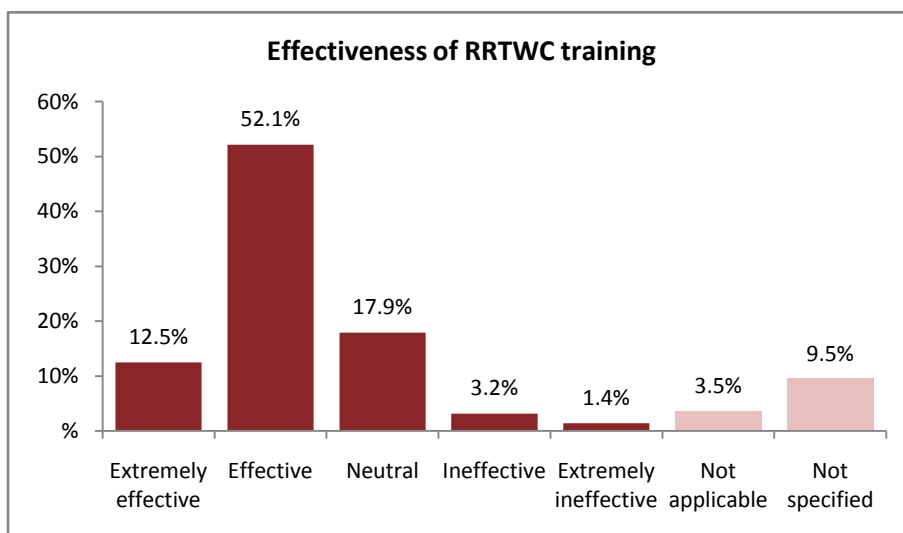
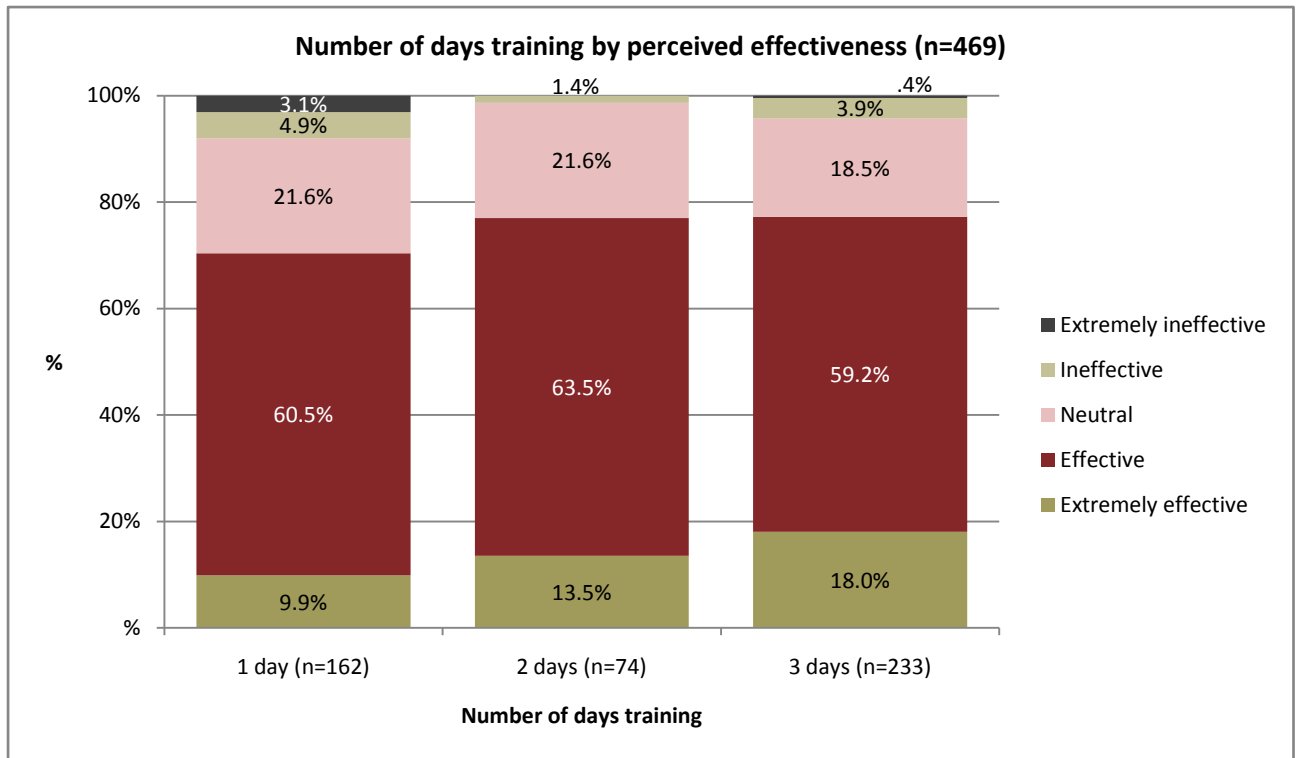
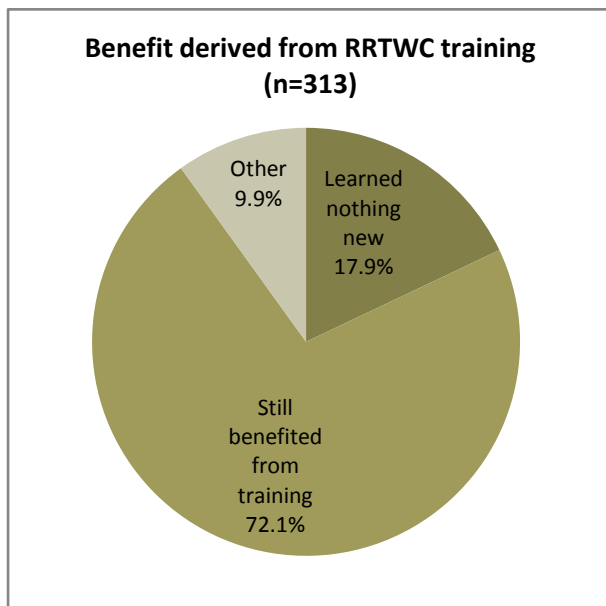


Figure 17. Number of days training by perceived effectiveness



Three hundred and thirteen individuals who had undertaken RTW training and had previous experience in the area of RTW were asked if the training was of any additional benefit. Three-quarters of RRTWCs felt they still benefitted from the training (see Figure 18). Many individuals who answered 'other' indicated that they had not attended the training as they had qualified for the role through the recognition of prior learning process.

Figure 18. Benefit derived from RRTWC training



Benefits of the training identified by respondents included:

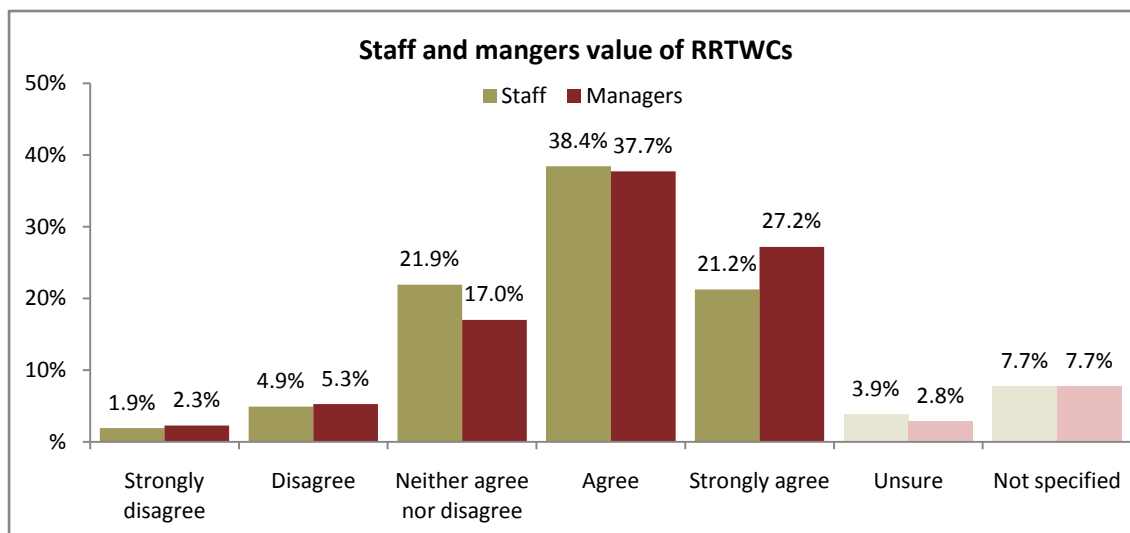
- An opportunity to network with other RRTWCs;
- Providing an introductory knowledge base for new RRTWCs;
- Expanding on and formalising prior knowledge for more experienced RRTWCs;
- Keeping up-to-date with legislative change;
- Learning about RTW issues from different points of view; and
- The provision of a manual and reference documents for use after training.

A minority of respondents commented negatively about the training, with a few indicating that they felt it was 'rushed' or of 'poor quality' (one respondent recounted that they had a poor quality trainer whose stance on return to work equated to "sick/injured employee = malingerer...sack him"), and that it was simply 'going over common ground' to satisfy the new requirements.

4.3.3 VALUE OF RRTWCS IN THE WORKPLACE

Most RRTWCs believe they are valued within their workplace by staff and managers (see Figure 19). Sixty percent of RRTWCs *agree or strongly agree* that **staff** value their role, and approximately 65% *agree or strongly agree* that **managers** value their role⁵. A comparison of the ratings of staff and managerial value indicates that RRTWCs perceive that managers value their role significantly more than staff. However, there was a strong correlation between perceptions of value by management and other staff⁶.

Figure 19. RRTWCs perceptions of the degree of manager and staff value for the role RRWC role



RRTWCs were asked to comment on *how* their workplace valued the role of RRTWC. Respondents felt the role was valued by managers and supervisors as it meant some of the workload was taken from their shoulders, while workers appreciated knowing the support was there if and when it was required.

Responses which indicated that participants felt their role was not valued, tended to describe a lack of understanding within their organisation about RTW in general and a lack of knowledge about their role, which extended to managers and supervisors. Some felt their role was only valued by workers when it was required, and only valued by managers and supervisors when it saved them money. In some cases, respondents indicated that they did not think people in their organisation even knew about their role.

⁵ Rated from 1 (strongly disagree) to 5 (strongly agree).

⁶ $r=.69$, $p<0.001$.

4.3.4 PROFESSIONAL DEVELOPMENT ACTIVITIES

RRTWCs were asked to rate the usefulness of current training and professional development (PD) activities offered by the RTW Inspectorate⁷. Average rating scores suggest that all activities were rated as useful to some degree, though the *Employers Mutual training seminars/workshops*, and *WorkCover RRTWC networking sessions* stand out as being particularly useful (see Figure 20). Other useful PD activities identified included: training and networking for self-insurers; training by Business SA; training run by the organisation; and visits from the EML customer Liaison Officer.

Figure 20. Usefulness of current support and professional development activities for RRTWCs

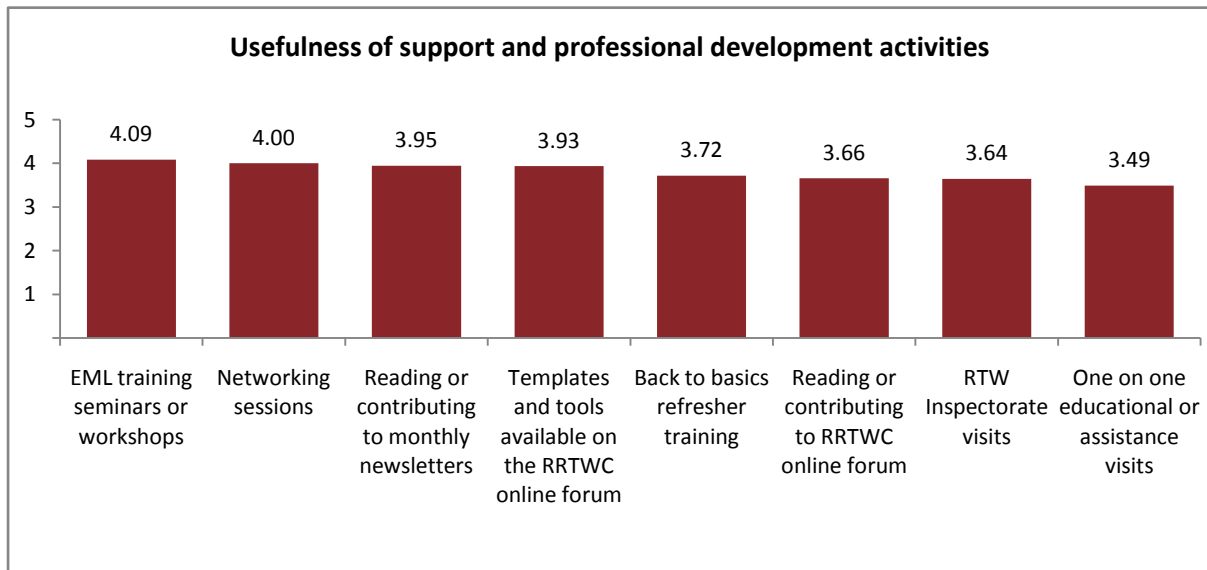


Figure 21 through Figure 28 show frequencies for each form of professional development. They also indicate levels of interest for those not already participating in the activity. Monthly newsletters are rated as highly useful and are widely disseminated, with a low proportion of respondents indicating they had not participated in the activity (see Figure 25). In contrast, approximately one-third are interested in ‘Back to Basics’ refresher training (Figure 22), and one-on-one educational visits (Figure 28), though they have not participated in the activity to date.

These results suggest there is scope for increased dissemination and uptake of these forms of PD within the RRTWC workforce. The need for awareness was reinforced by comments that some RRTWCs were not aware that the above activities existed and they asked for more promotion of these activities. RRTWCs also reported that they were unable to participate in the structured PD activities due to lack of time, or lack of support from their organisation or management.

⁷ Rated from 1 (not at all useful) to 5 (very useful).

Figure 21. Usefulness of employers mutual training seminars to RRTWCs

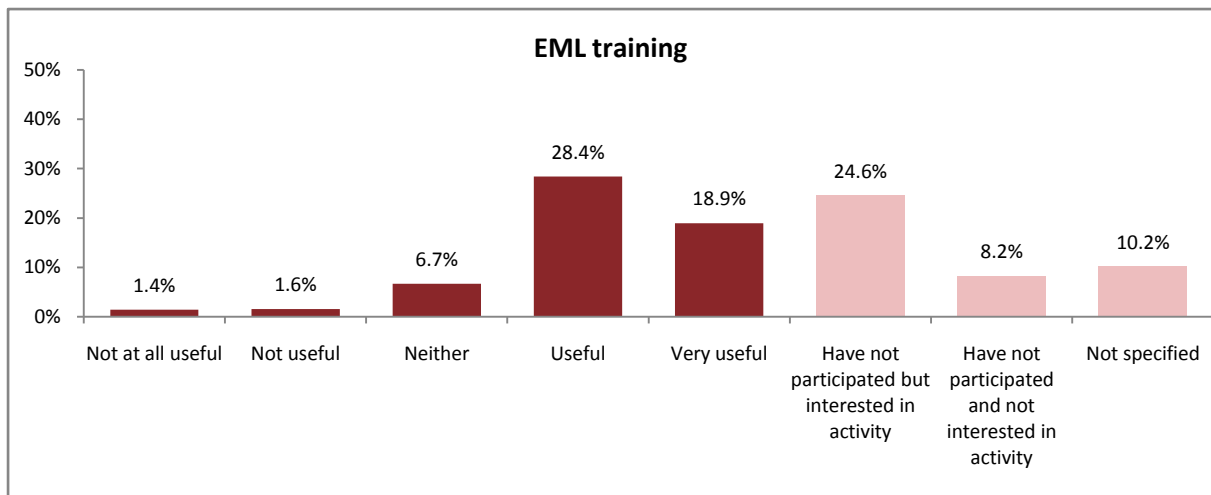


Figure 22. Usefulness of network sessions 'Back to Basics' refresher training the RRTWCs

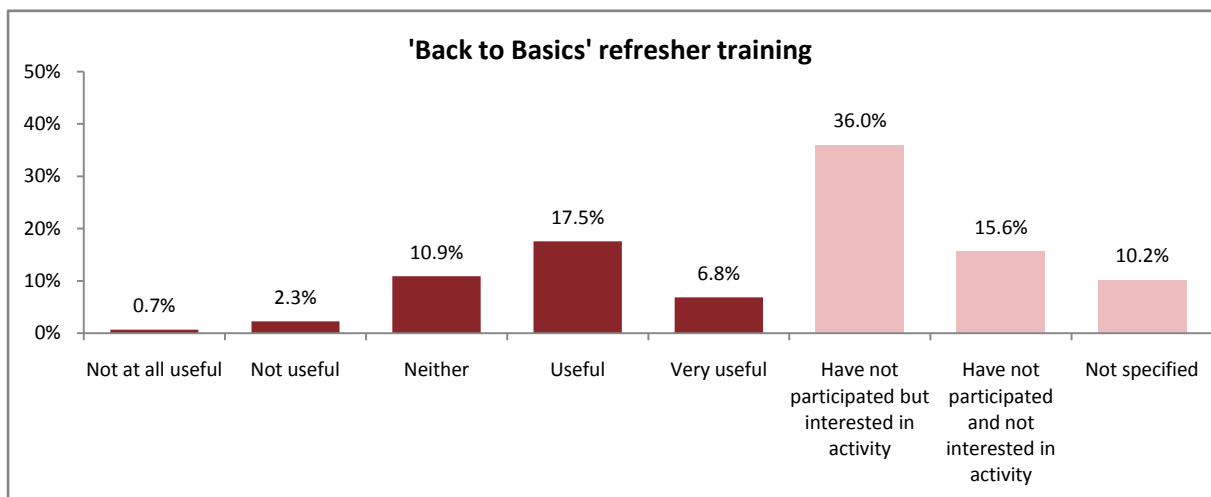


Figure 23. Usefulness of WorkCoverSA's RRTW Coordinator networking sessions to RRTWCs

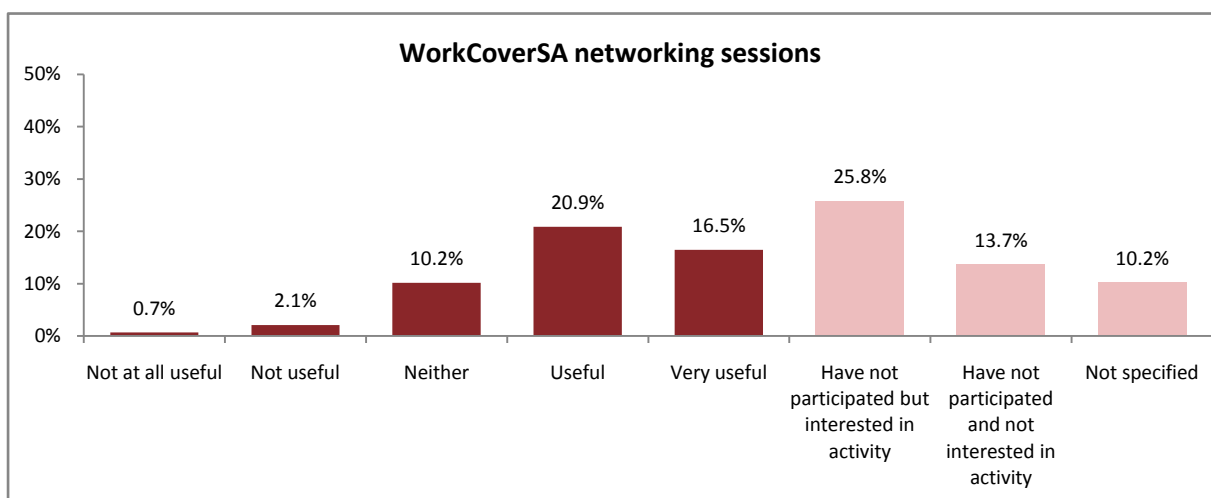


Figure 24. Usefulness of visits from RTW Inspectorate staff to RRTWCs

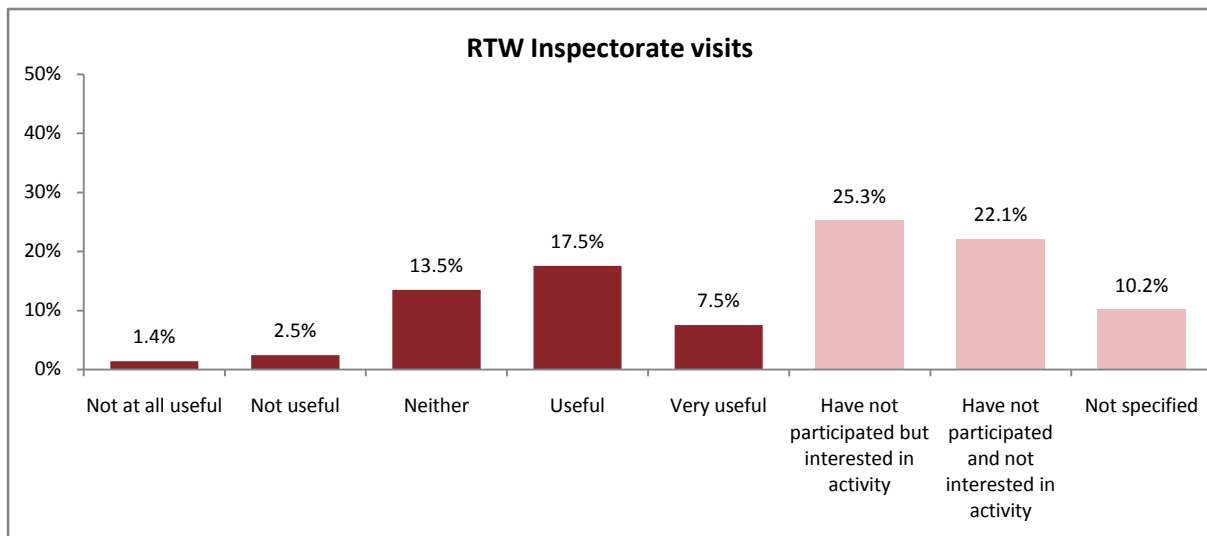


Figure 25. Usefulness of reading/ contributing to monthly newsletters to RRTWCs

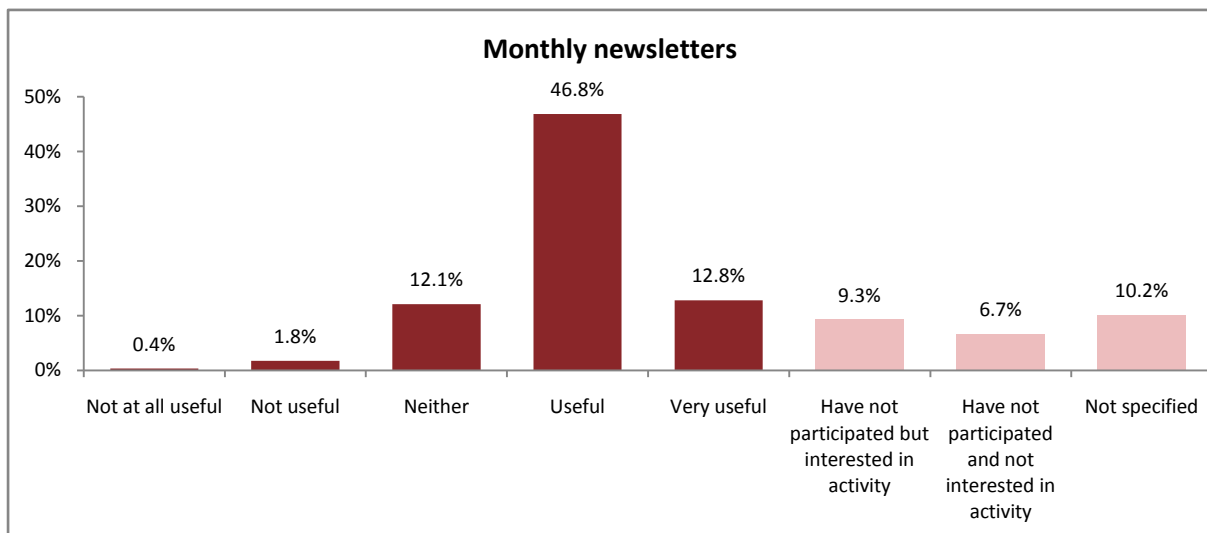


Figure 26. Usefulness of reading/ contributing to RRTW Coordinator online forum to RRTWCs

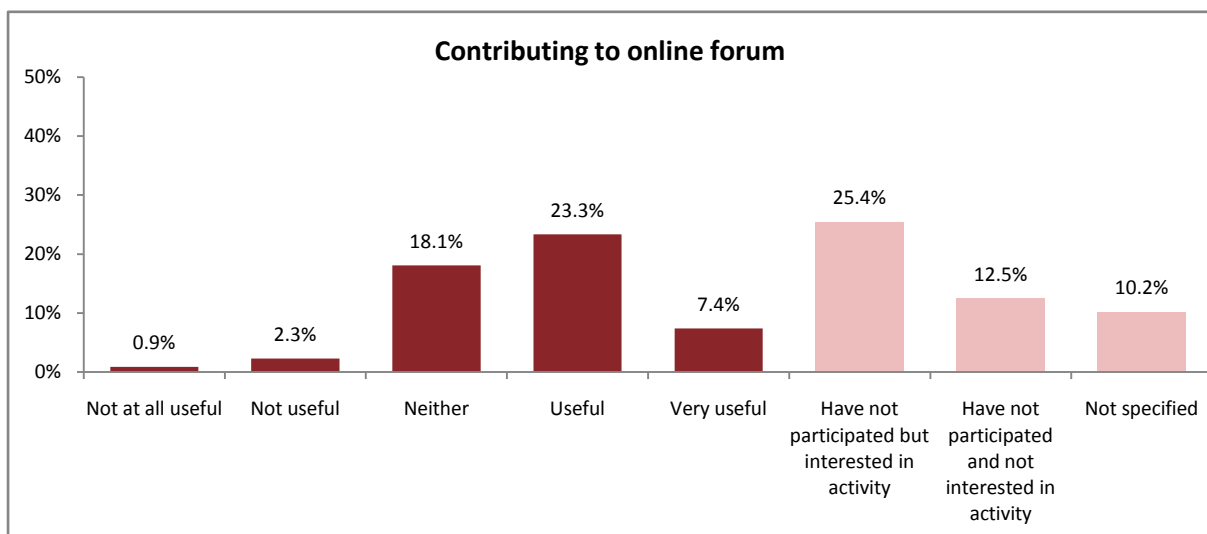


Figure 27. Usefulness of templates and tools available on the RRTW Coordinator online forum to RRTWCs

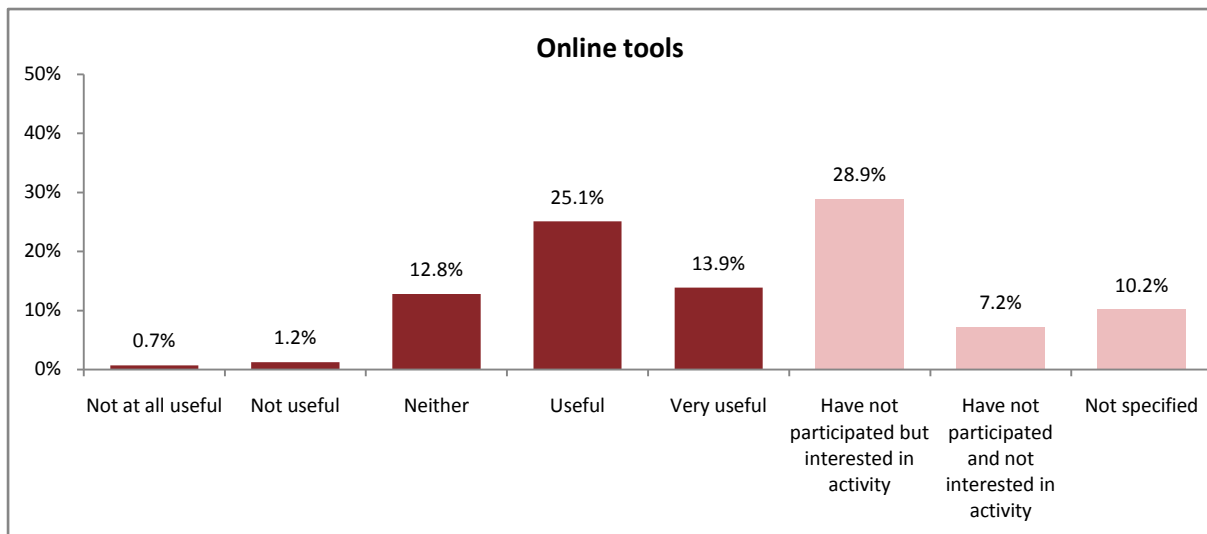
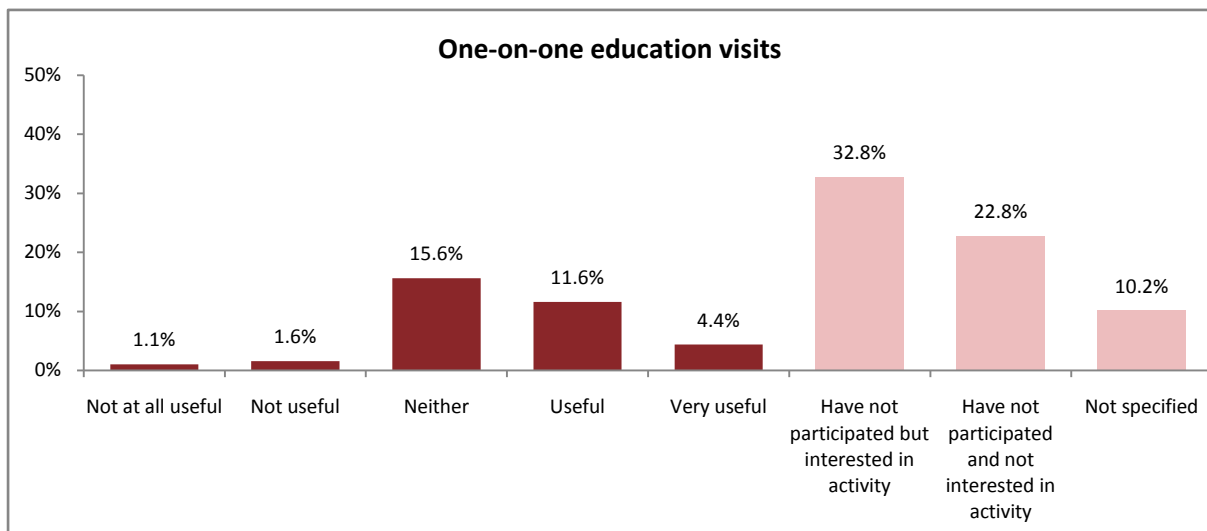


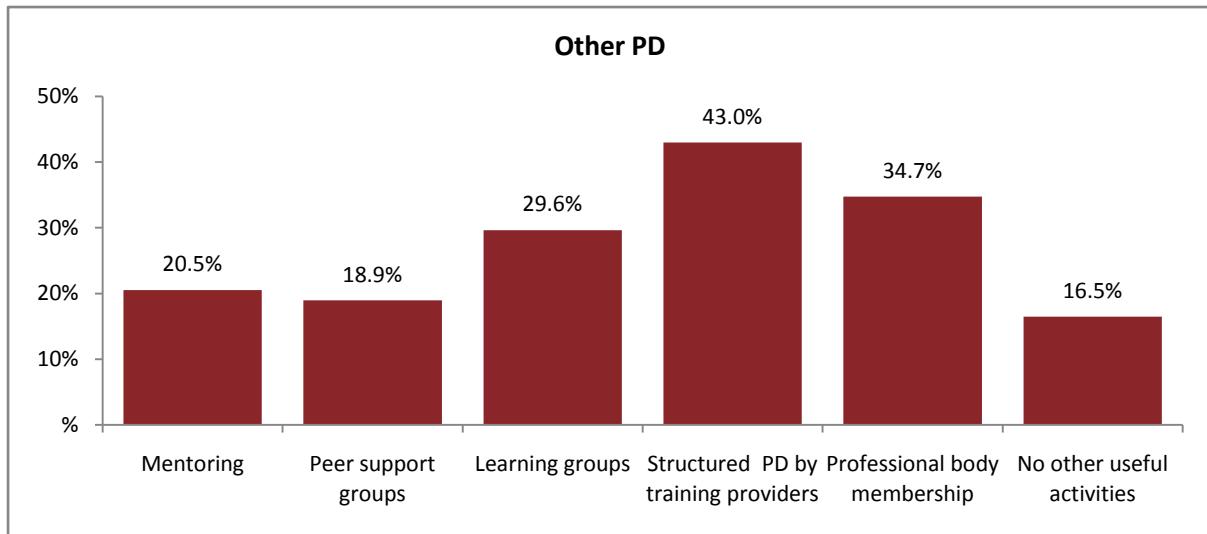
Figure 28. Usefulness of one on one education/ assistance visits to RRTWCs



RRTWC were asked what forms of additional PD would be useful to enhance their effectiveness as RRTWCs. Many individuals felt more structured training, membership with a RRTWC membership body, and learning groups would be useful forms of PD (see Figure 29). Participants were provided with an opportunity to comment on any additional support or professional development activities they thought would be useful for RRTWCs. Respondents indicated that training could be improved by providing separate courses designed to meet the needs of different groups (e.g. self-insurers, advanced training for those with more experience, industry specific training). A number of respondents indicated they would be interested in some of the options already provided by the RTW Inspectorate, which suggests a lack of awareness about what is already on offer. Others suggested training at no cost to the organisation, online training, a RTW helpline for questions or issues, mentoring opportunities, medical and legal support, and training that provides credit toward a Diploma.

A small number of respondents indicated that no further training or professional development was required and they felt they had adequate time and knowledge to devote to the role. Some respondents raised concerns over the cost and time away from the workplace associated with further training.

Figure 29. Endorsement of additional forms of professional development



4.4 BARRIERS TO RTW

RRTWCs were asked to rate the level of significance of three types of barriers to RTW that were categorised as ‘personal’ barriers, ‘role and workplace’ related and barriers associated with the ‘RTW process’. These were rated from 1 (not at all significant) to 5 (very significant). Responses are detailed in the sections below.

Ratings for RTW process-related barriers were generally similar to ratings assigned to role and workplace related barriers, with ‘personal’ factors tending to be rated as the most significant barriers to RTW.

4.4.1 ROLE AND WORKPLACE BARRIERS

Inflexible work roles or conditions were rated as the most significant ‘role and workplace’ barrier to RTW followed by *insufficient knowledge of injury and its management* and *understaffing* (see Figure 30). Figure 31 through Figure 37 show frequency for each ‘role and workplace’ barrier to RTW. The only item that was not deemed a significant role or workplace barrier overall was *pressure to return to work* with 38.1% of RRTWCs reporting this as being either ‘not very’ or ‘not at all significant’ (see Figure 37).

Figure 30. Average ratings of ‘role and workplace’ barriers to RTW

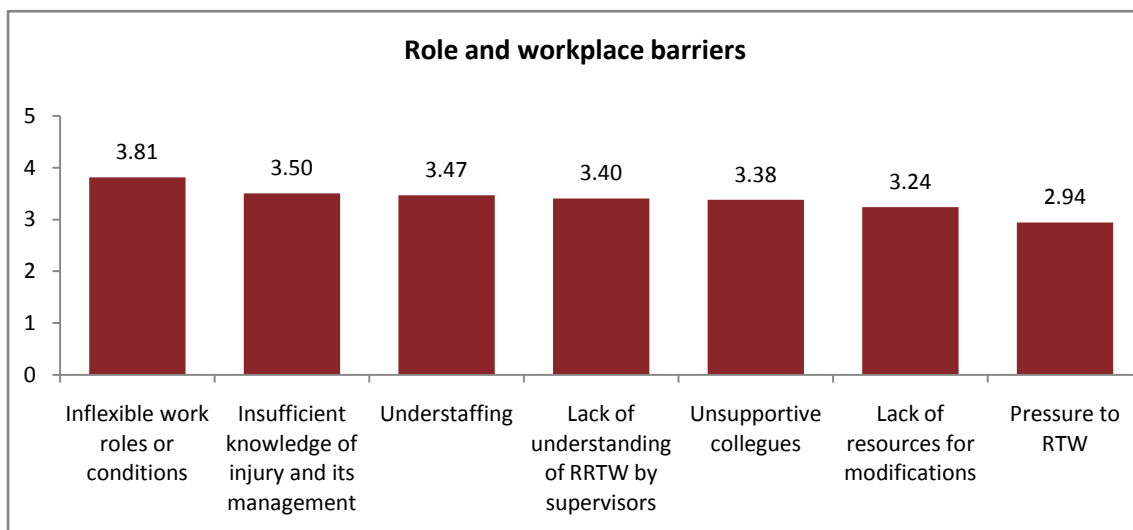


Figure 31. Significance of *an insufficient knowledge of injury and its management* as a barrier to RTW

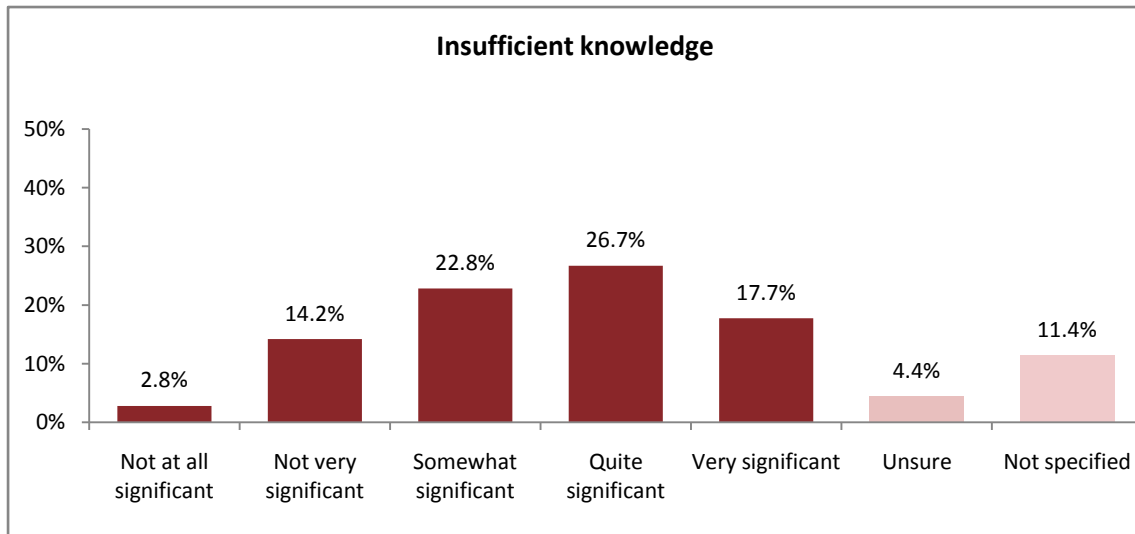


Figure 32. Significance of *inflexible work roles or conditions* as a barrier to RTW

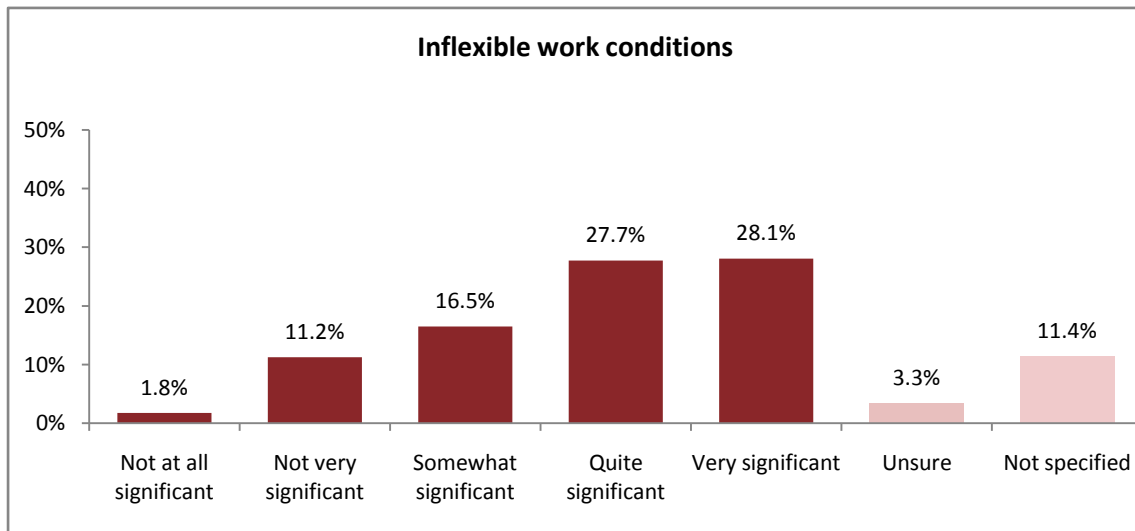


Figure 33. Significance of *a lack of resources for workplace modification* as a barrier to RTW

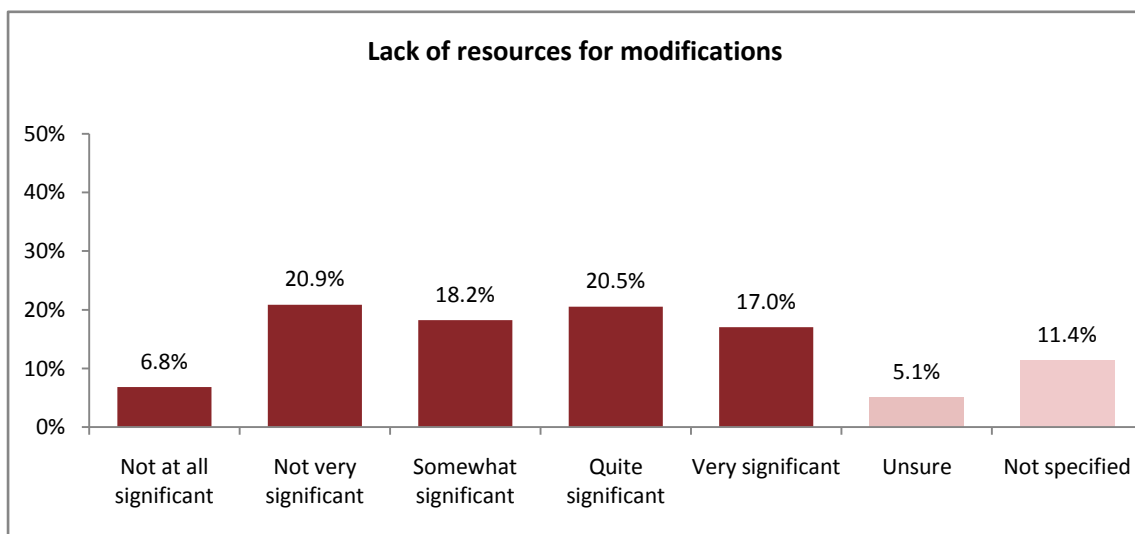


Figure 34. Significance of *understaffing or limited resources* as a barrier to RTW

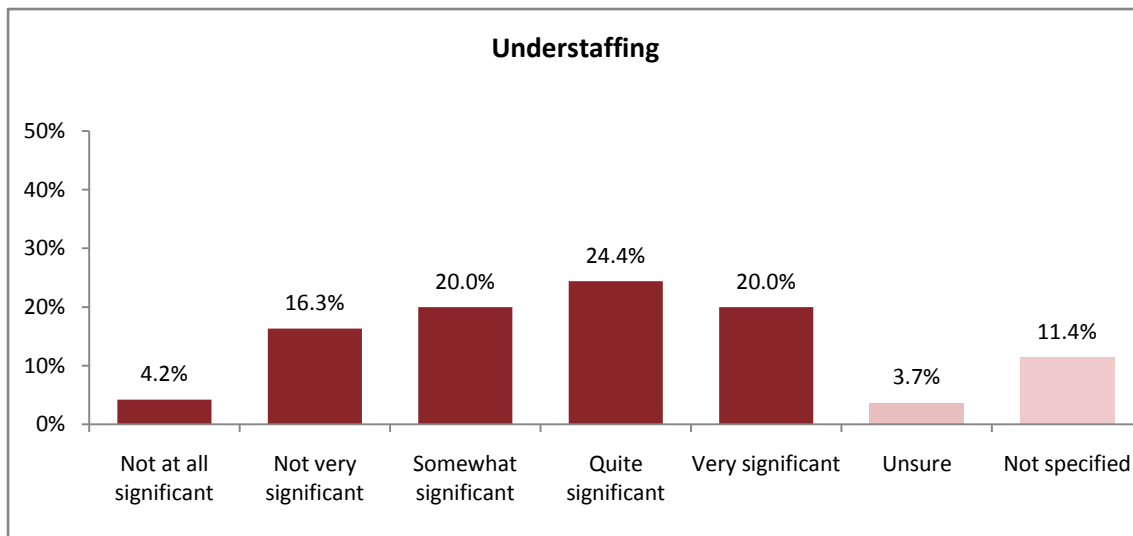


Figure 35. Significance of *unsupportive colleagues of the injured/ ill worker* as a barrier to RTW

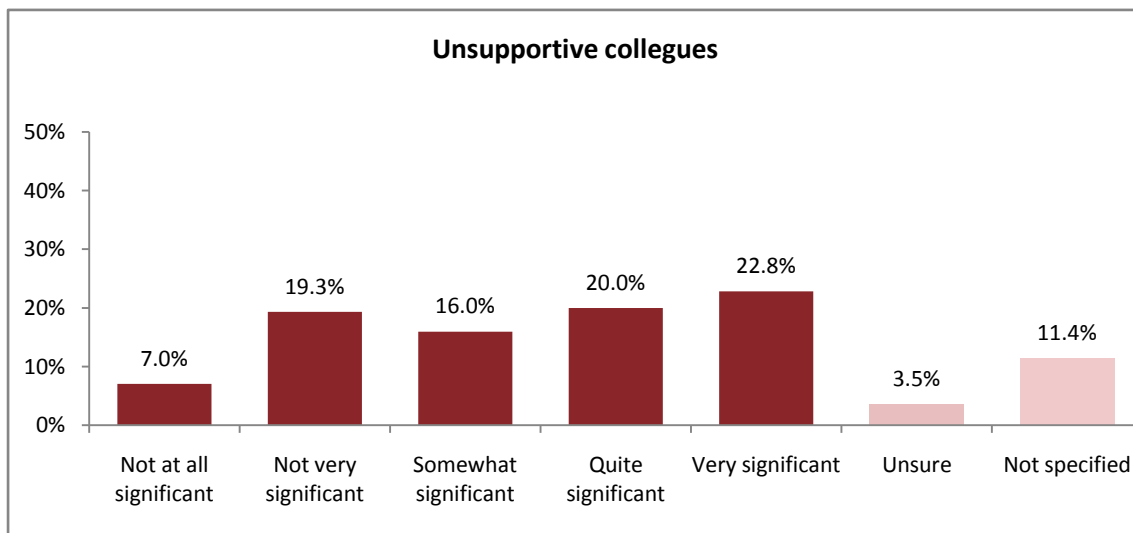


Figure 36. Significance of *lack of understanding of rehabilitation and RTW by the supervisors and managers* as a barrier to RTW

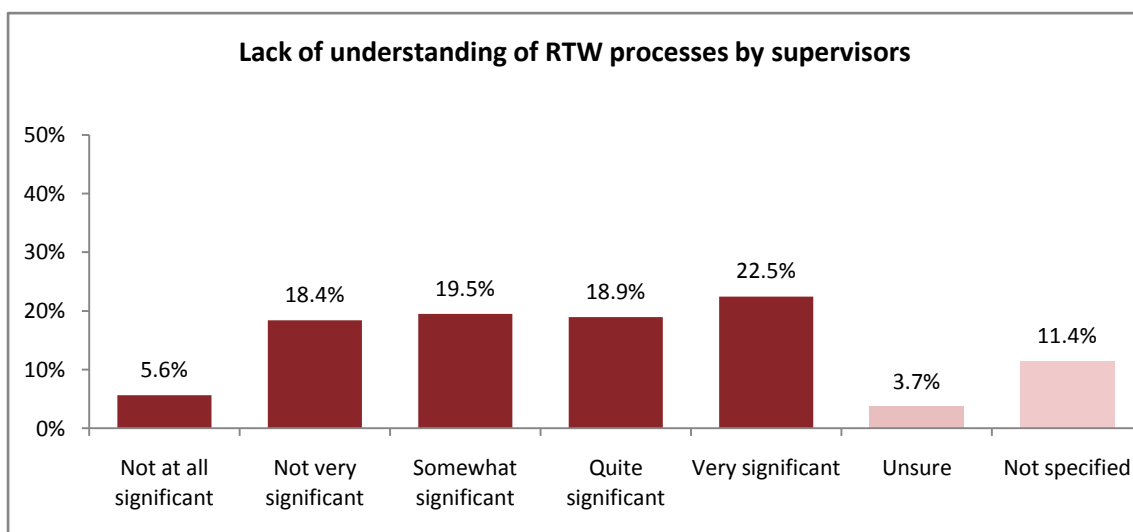
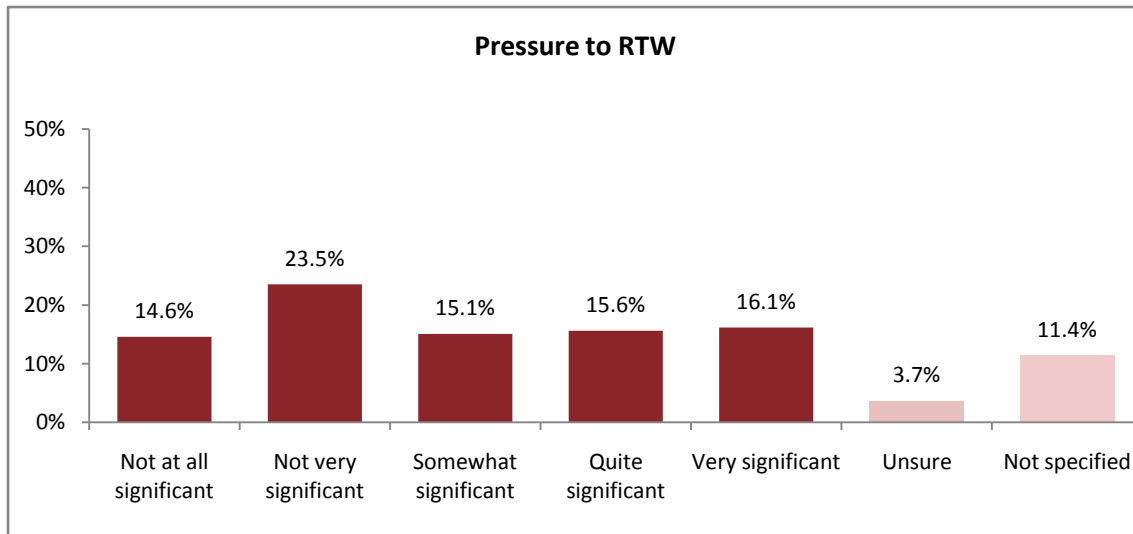


Figure 37. Significance of workers being pressured to return to work before they are physically able as a barrier to RTW



4.4.2 RTW PROCESS-RELATED BARRIERS

RTW ‘process’ factors include items related to action from claims managers and rehabilitation providers, treatment by health care providers, and communication between those involved in the RTW process. The average rating for RTW ‘process’ barriers was between ‘somewhat’ and ‘quite significant’ (see Figure 38). Figure 39 through Figure 43 show the ratings of significance of each RTW process-related barrier in inhibiting a successful RTW for ill or injured workers. It can be seen that the highest average rating was applied to *inadequate treatment by health care providers*, followed by *insufficient action from claims managers* and *insufficient action from rehabilitation providers*.

Figure 38. Average ratings of RTW process barriers to RTW

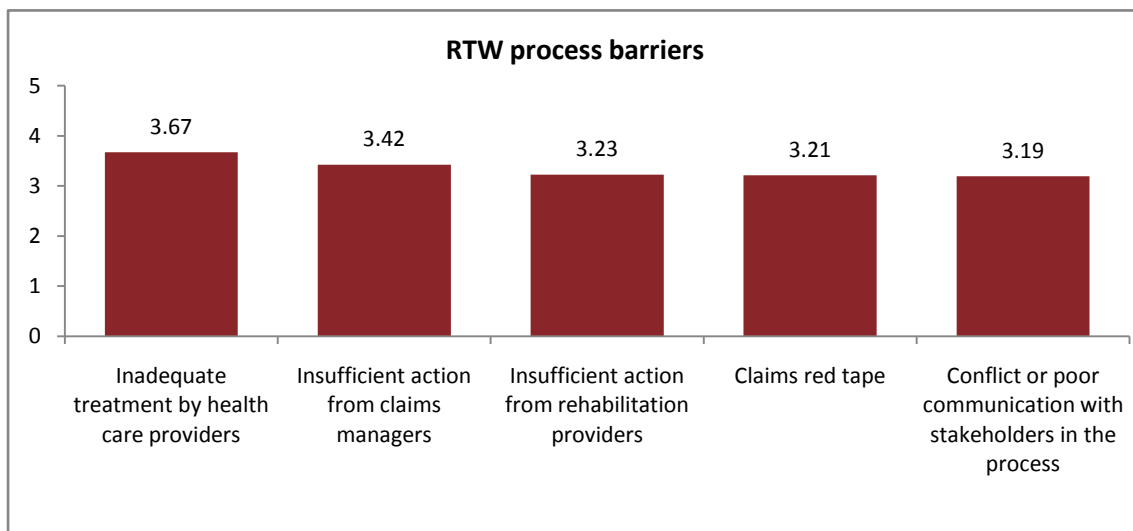


Figure 39. Significance of *conflict or poor communication with stakeholders in the process* as a barrier to RTW

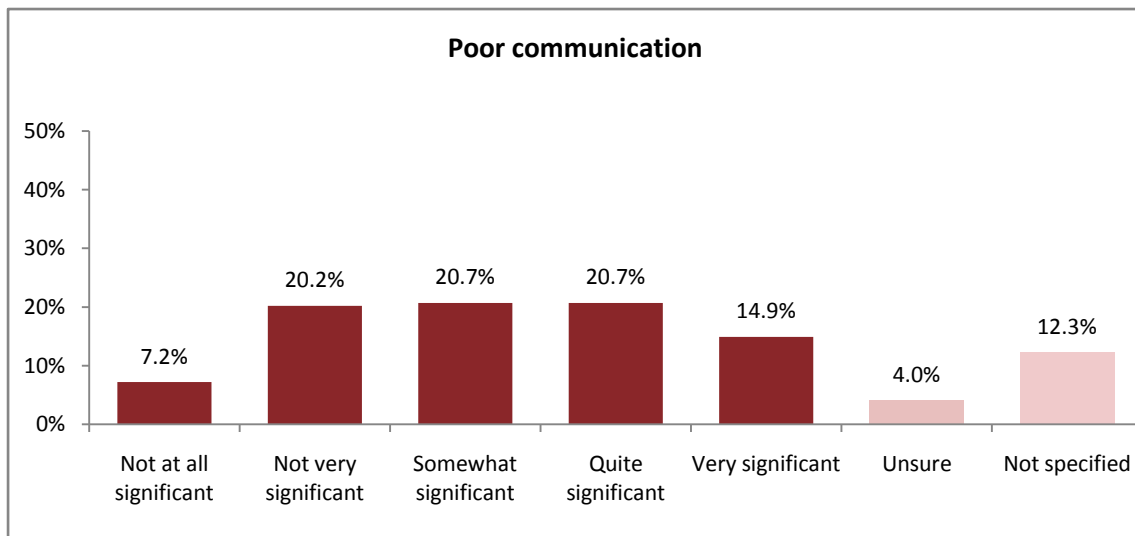


Figure 40. Significance of *insufficient action from claims managers* as a barrier to RTW

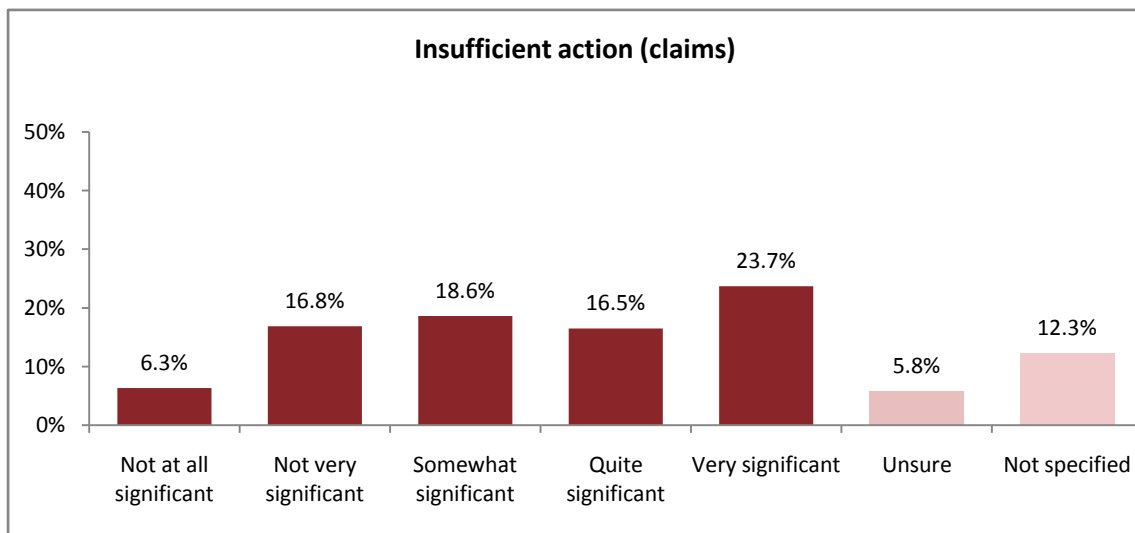


Figure 41. Significance of *red tape related to claims* as a barrier to RTW

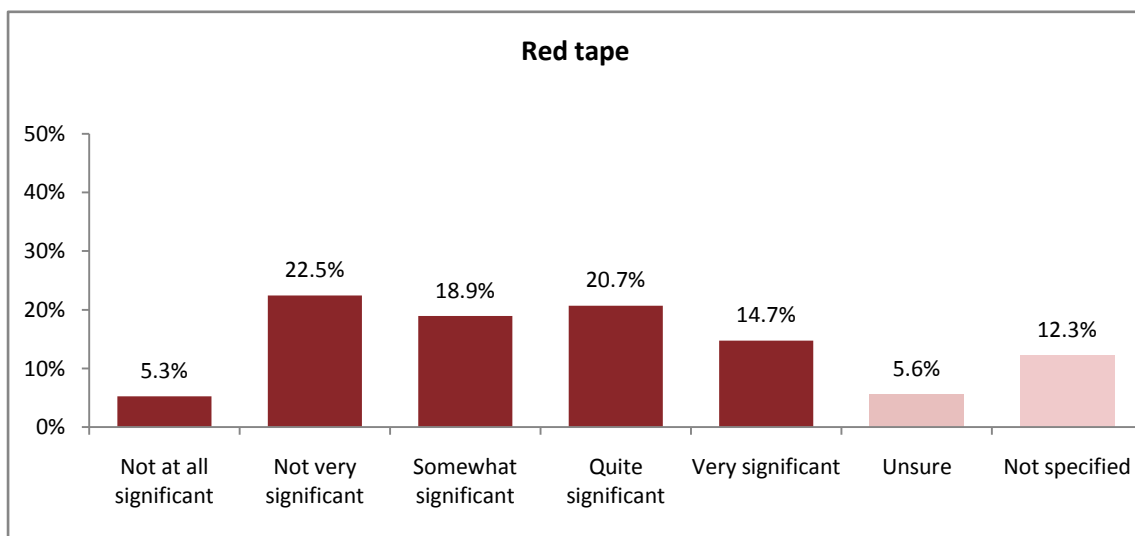


Figure 42. Significance of *insufficient action undertaken by rehabilitation providers* as a barrier to RTW

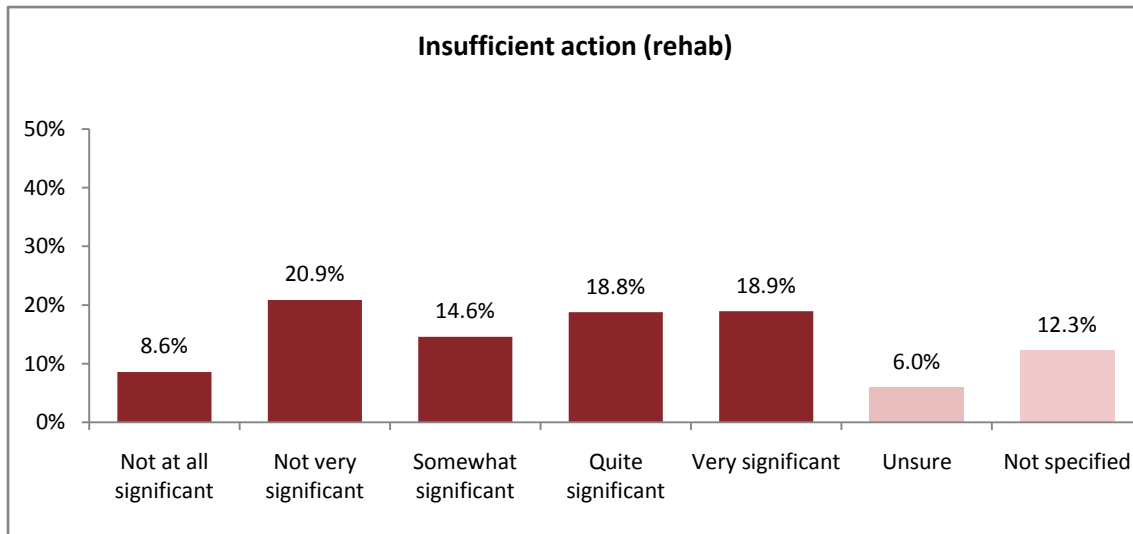
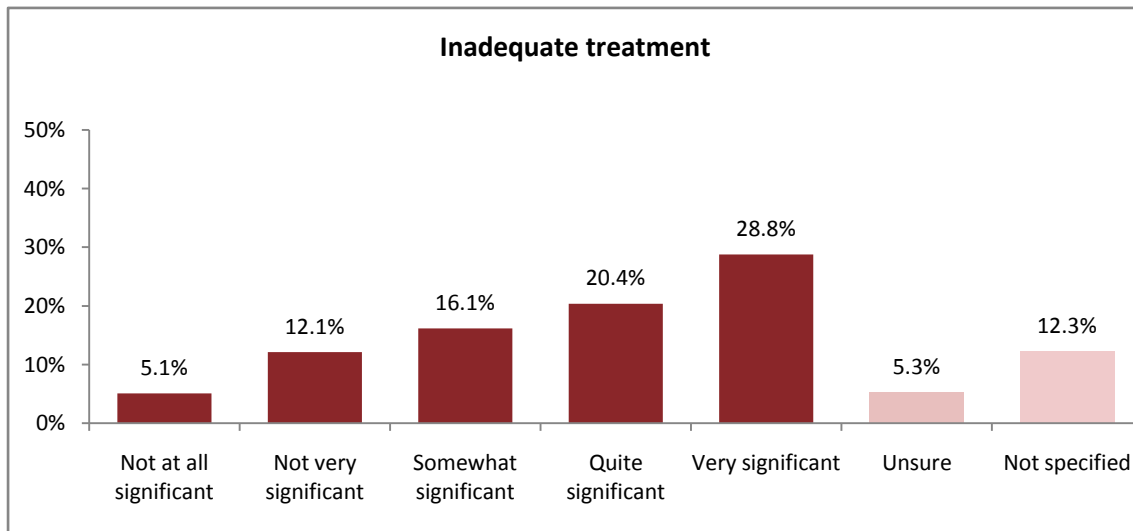


Figure 43. Significance of *inadequate treatment by health care providers* as a barrier to RTW



4.4.3 PERSONAL BARRIERS TO RTW

Personal barriers to return to work are those that relate to the individual claimant, and therefore, are more difficult to RRTWCs to influence than those associated with RTW processes and RRTWC role. A comparison of average ratings assigned to each personal barrier appears in Figure 44. It can be seen that RRTWCs have assigned high average ratings to this group of barriers, with ratings ranging from 3.6 (understanding of workers' compensation) to 4.2. Overall, *negative worker attitudes*, and *psychological complications for the worker* were rated as the most significant barriers to RTW by RRTWCs. Figure 45 through Figure 49 show frequencies for each of these 'personal' or claimant-related barriers to RTW.

Figure 44. Average ratings of 'personal' barriers to RTW

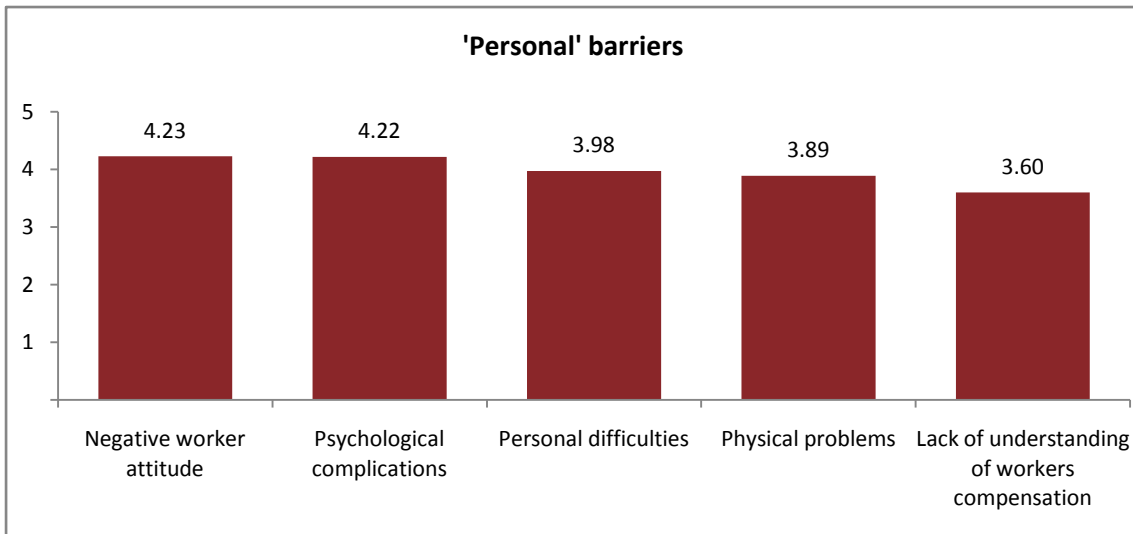


Figure 45. Significance of workers negative attitude as a barrier to RTW

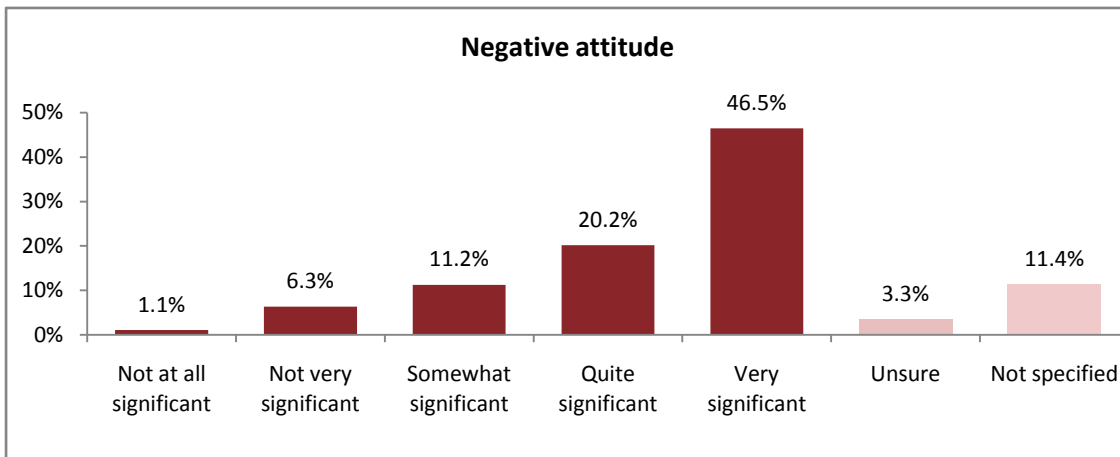


Figure 46. Significance of physical problems as a barrier to RTW

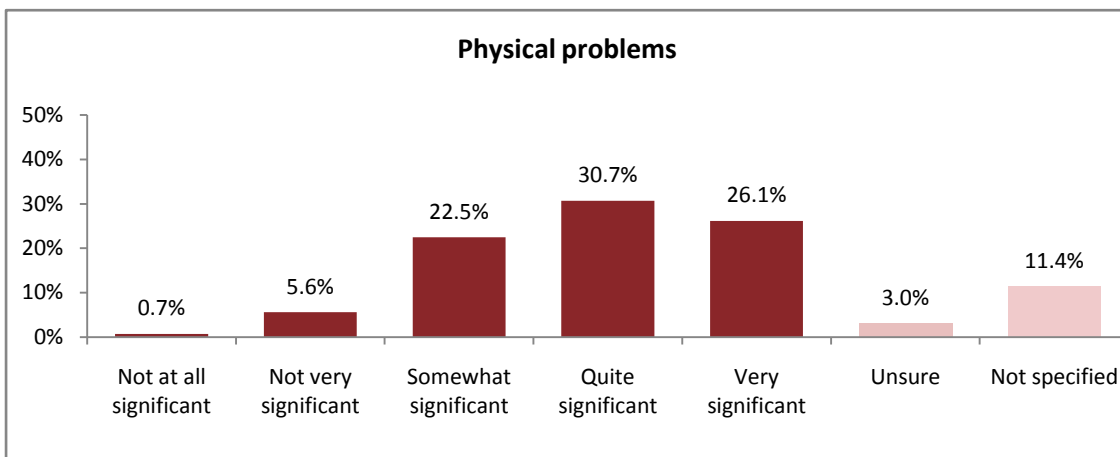


Figure 47. Significance of *psychological problems* as a barrier to RTW

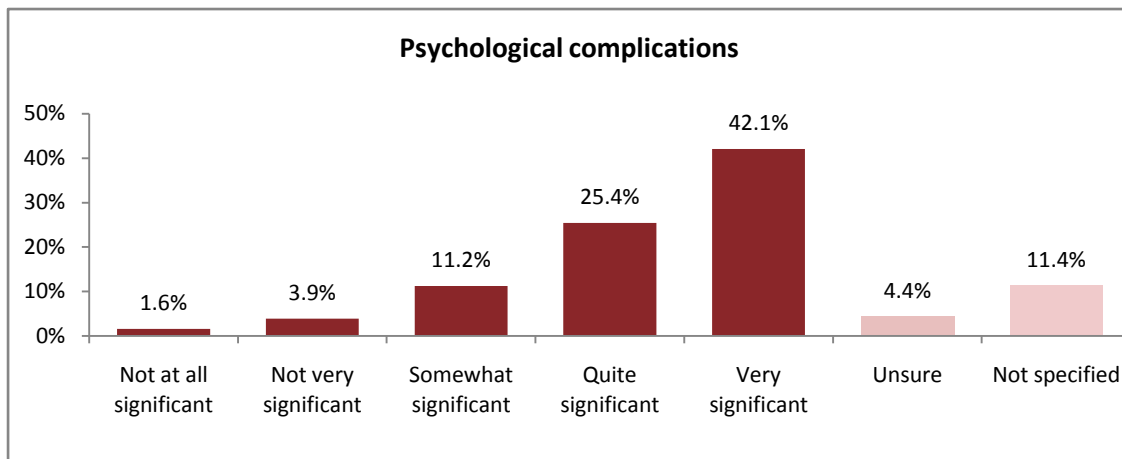


Figure 48. Significance of *personal difficulties* as a barrier to RTW

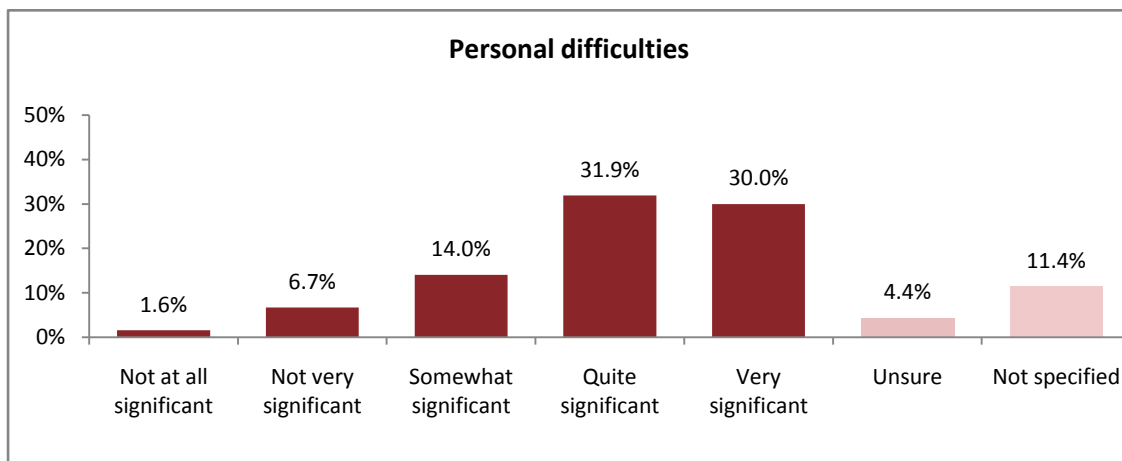
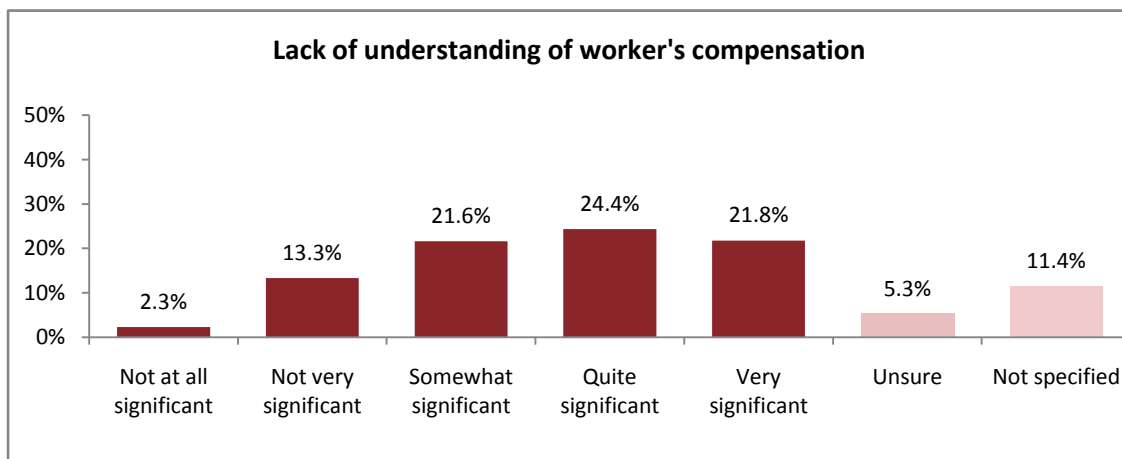


Figure 49. Significance of *a lack of understanding of worker's compensation* as a barrier to RTW



4.4.4 ADDITIONAL BARRIERS

Participants were asked to comment on 'other' barriers to successful return to work in South Australia. RRTWCs reported a number of related but different issues with medical providers including:

- A lack of understanding about RTW and the WorkCoverSA system;
- A lack of understanding regarding the industry in which the injured/ill worker is employed;
- Difficulties contacting or communicating with them;
- Provision of certificates for unnecessarily prolonged absences;
- Failure to consider alternate duties;
- Delays in specialist appointments and referral for treatment; and
- Encouraging premature RTW as a result of misdiagnosis or in response to pressures caused by patient's income reduction.

Some RRTWCs indicated that injured/ill workers consult their family GPs or other medical providers with whom they have close relationships, but who may not be best placed to provide advice about RTW or the WorkCoverSA system and its requirements.

Worker attitude was rated as the most significant 'personal' barrier to RTW (see Figure 45), with some RRTWCs taking the opportunity to provide additional comment. A few respondents commented that personal job satisfaction was an important factor in determining worker attitude to return to work, as those who did not enjoy their work had low motivation to return. Other issues included: lack of motivation for workers to return to work due to receipt of income maintenance payments; difficulties in contacting/communicating with injured workers; employees 'not understanding their limitations' or 'getting frustrated with their injury' and engaging in behaviour that prolonged the injury.

Locating suitable duties to enable a phased RTW was particularly problematic for smaller employers, employers in remote locations, heavier industries (characterised by a lack of light duties), labour hire companies and apprentice groups. Other issues noted with regard to provision of suitable duties included: lack of understanding regarding employer obligations to provide suitable duties; provision of inappropriate duties in the early stages of return to work; and lack of interest on the part of managers and supervisors in locating suitable alternative duties.

RRTWCs identified issues with **case management** including:

- Irregular contact;
- High turnover;
- Inconsistency in advice and approach;
- Lack of understanding of different industry contexts;
- Communication delays and insufficient information; and
- Delays in decisions and reimbursements.

RRTWCs cited a ranged of other barriers which highlight the complexities of achieving successful RTW. These include:

- Positive and negative financial incentives
- Impact of geographic location;
- Complications arising from psychological issues;
- Influence of worker's home life;
- Involvement of lawyers;
- The pain barrier (which is difficult to objectively assess);

- Cultural and language barriers;
- Bureaucracy;
- Complications associated with long term injury or illness; and
- Stigma associated with being a WorkCover claimant.

Although not all RRTWCs wanted additional time or support to perform the role, some participants explained that time pressures resulted from the RRTWC role being additional to other often full-time roles. For example, one respondent remarked:

'As I have a full-time role and the RRTWC role is on top of that, I often feel I cannot give enough attention to the role or to staff when they are injured. Follow-up is often on an ad-hoc basis when I have the time rather than in an appropriate and monitored time frame. I simply don't have the time to do the role the way it needs to be done.'

4.5 SUCCESSFUL STRATEGIES TO PROMOTE RTW

4.5.1 COMMUNICATION AND SUPPORT STRATEGIES

RRTWCs were asked to rate the usefulness of specified communication and support strategies to help promote a successful RTW⁸. All of the communication and support strategies listed in the survey were considered useful, receiving average ratings of '4' or more.

However *regular contact with the client* and *working closely with claims/case managers* were rated as the most useful strategies, followed by *working closely with rehabilitation providers* and *with medical providers* (see Figure 50). In addition, *regular contact with client* was rated as very useful by 61.4% of all RRTWCs (or 74.2% of those providing a 'valid' rating). Figure 51 through Figure 59 show the frequency of responses for each listed communication and support strategy.

⁸ Rated from 1 (not at all useful) to 5 (very useful).

Figure 50. Average ratings of the usefulness of communication and support strategies in promoting a successful RTW

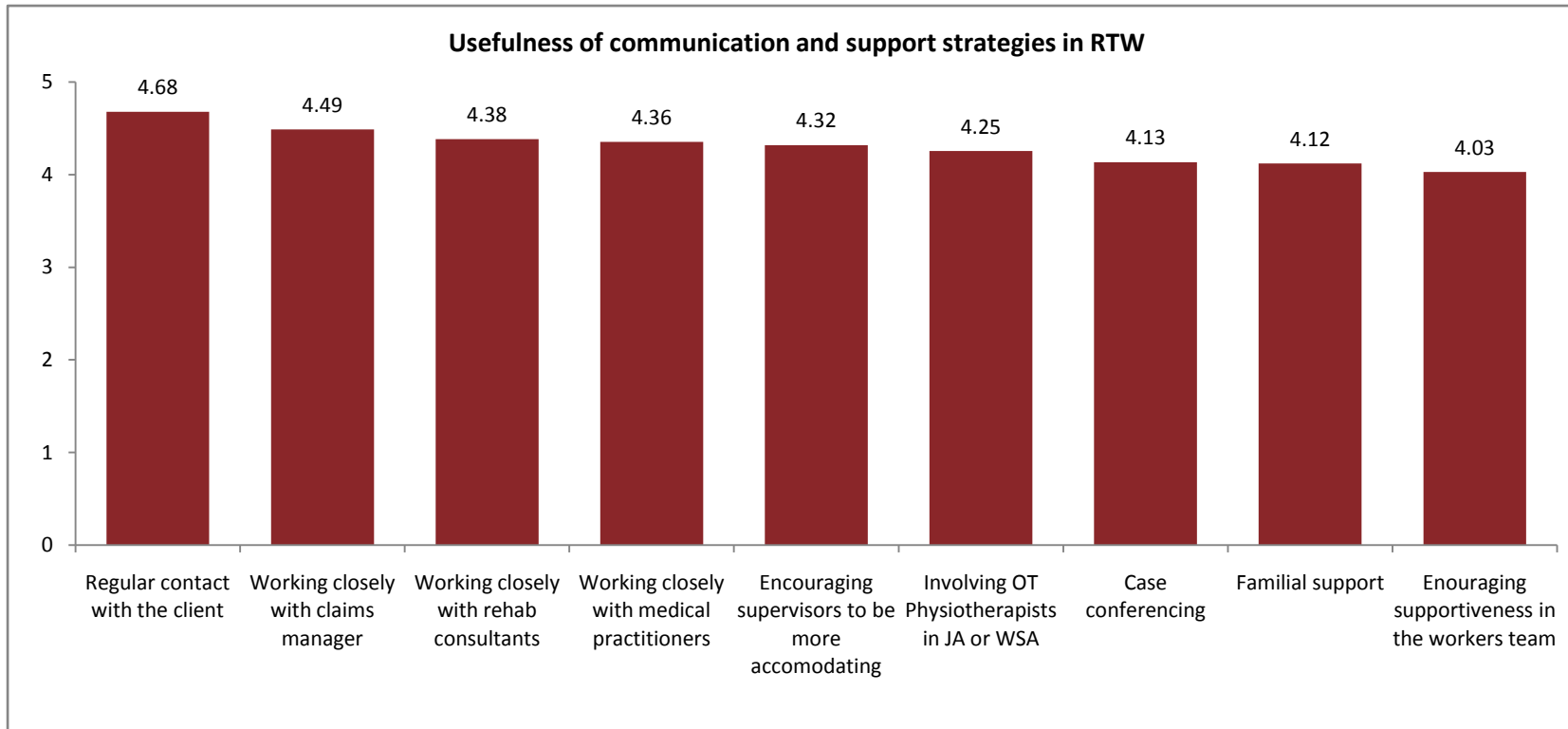


Figure 51. Ratings of the usefulness of *case conferencing* in promoting a successful RTW

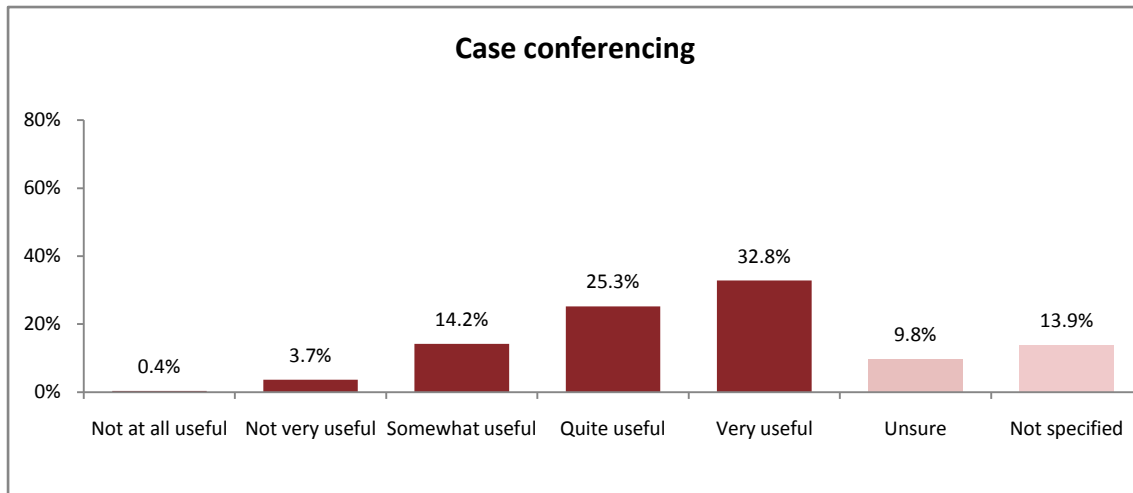


Figure 52. Usefulness of *regular contact with the client* in promoting a successful RTW

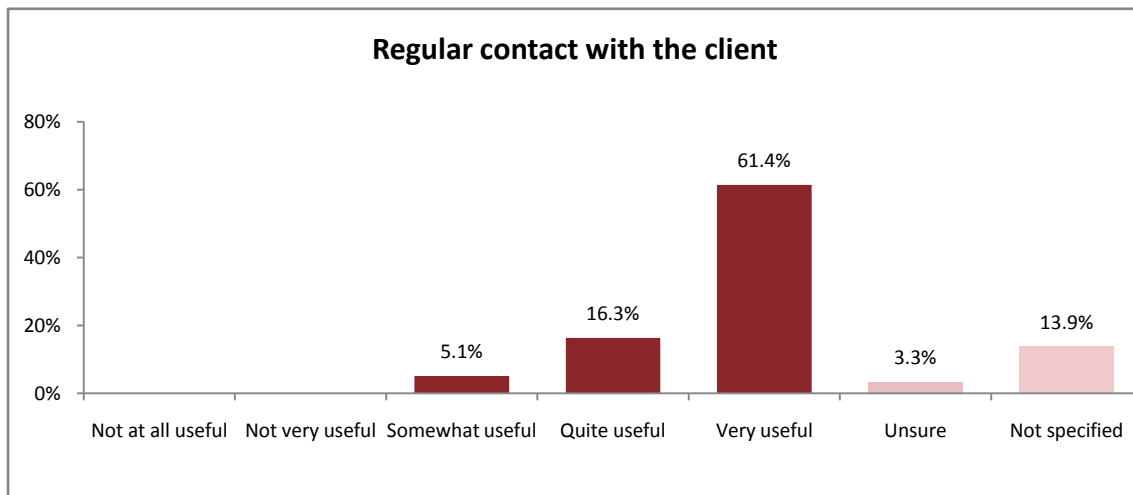


Figure 53. Usefulness of *working closely with the claims manager* in promoting a successful RTW

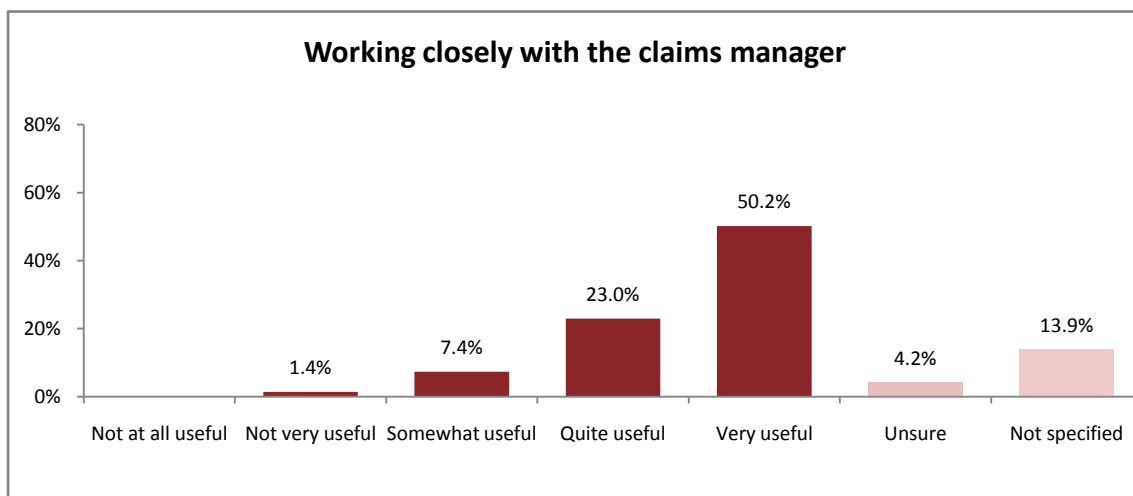


Figure 54. Usefulness of *working closely with medical practitioners* in promoting a successful RTW

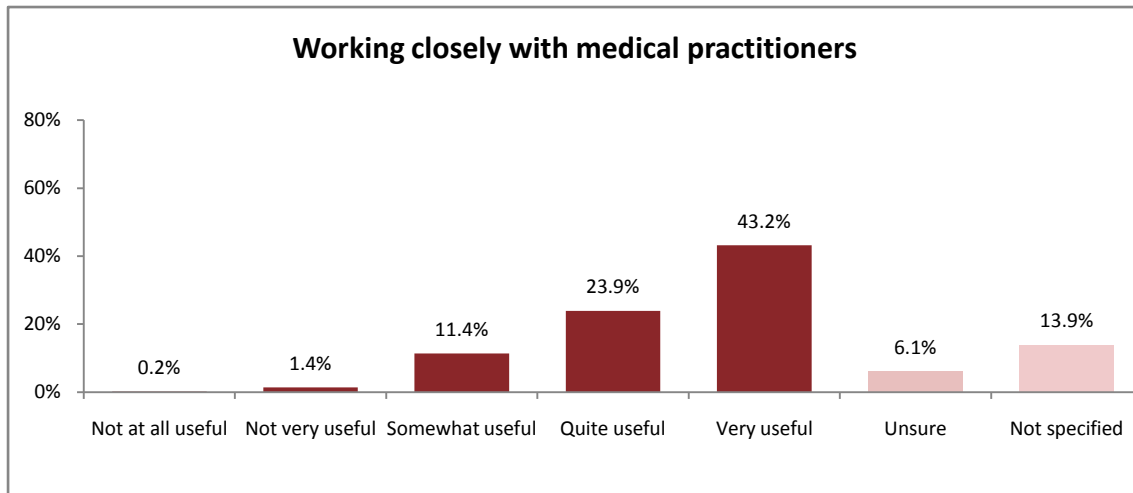


Figure 55. Usefulness of *working closely with rehabilitation consultants* in promoting a successful RTW

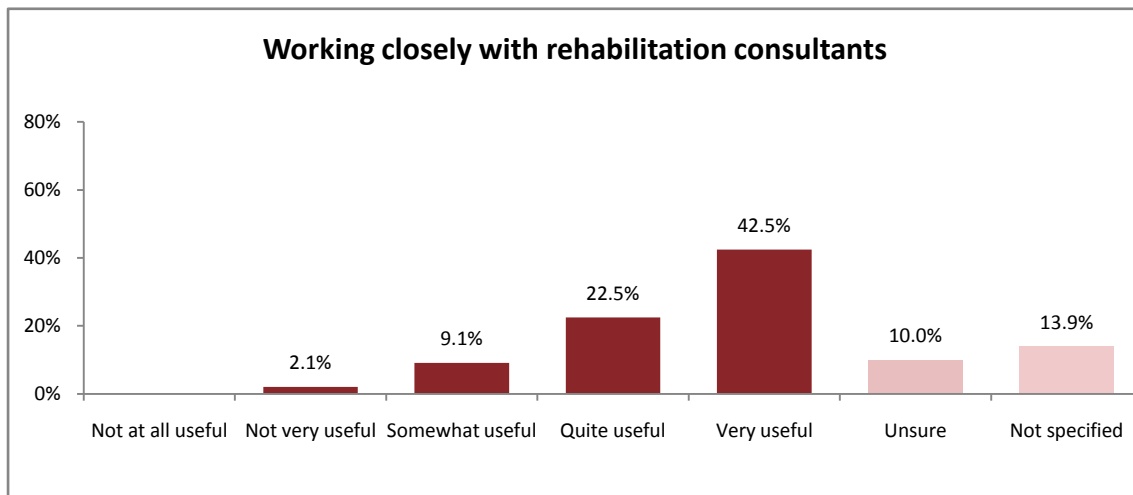


Figure 56. Usefulness of *involving occupational therapists/physiotherapists in job or work site assessments* in promoting a successful RTW

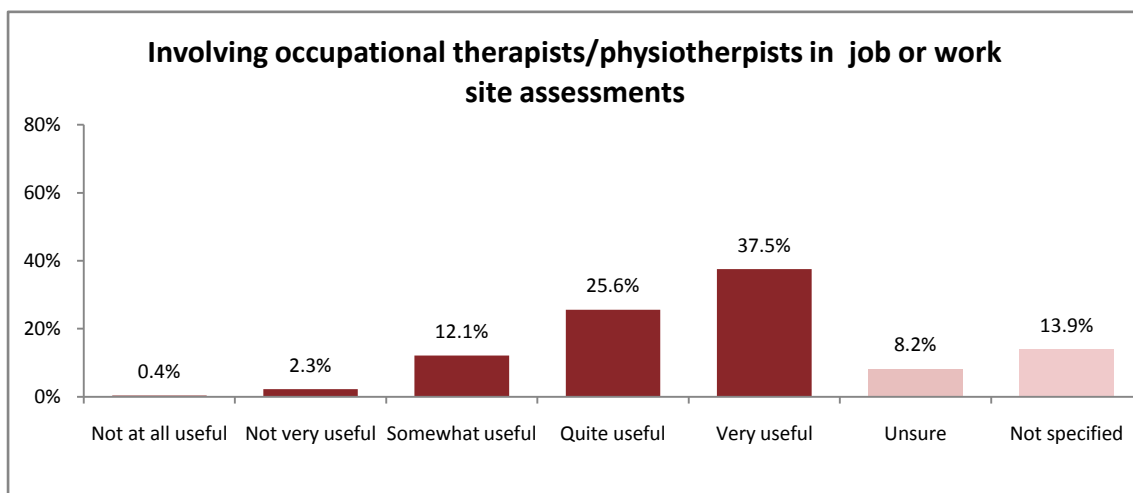


Figure 57. Usefulness of *encouraging supportiveness in the work team* in promoting a successful RTW

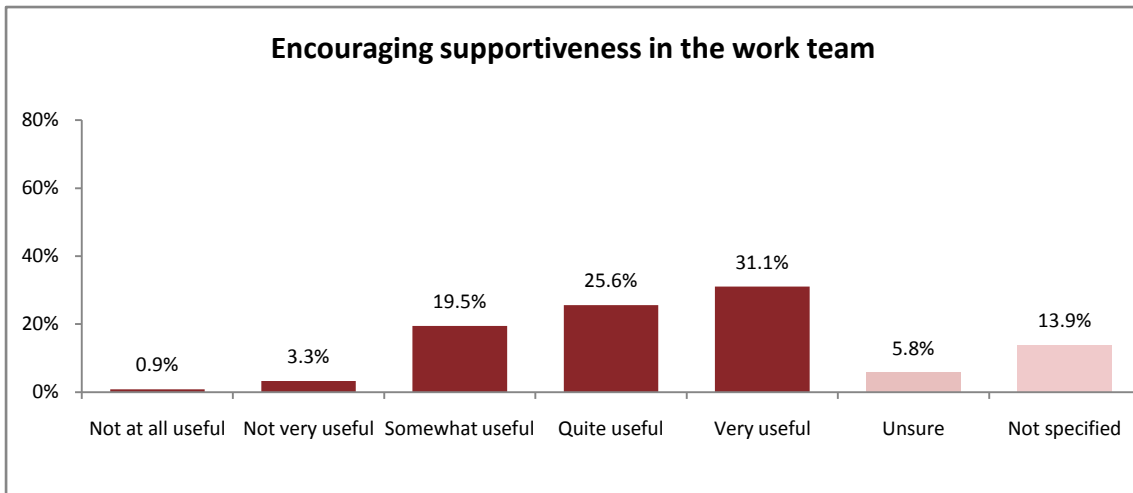


Figure 58. Usefulness of *encouraging supervisors to be more accomodating* in promoting a successful RTW

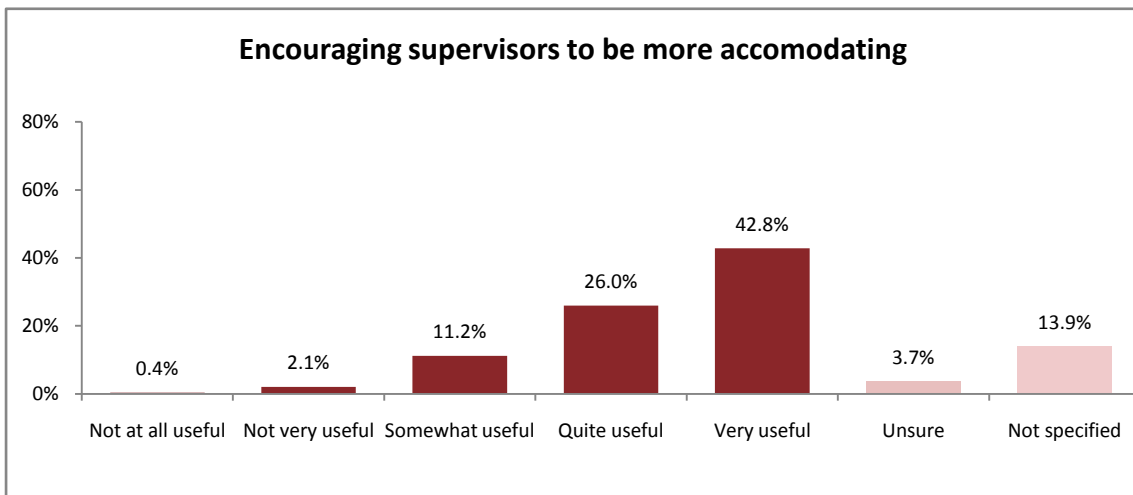
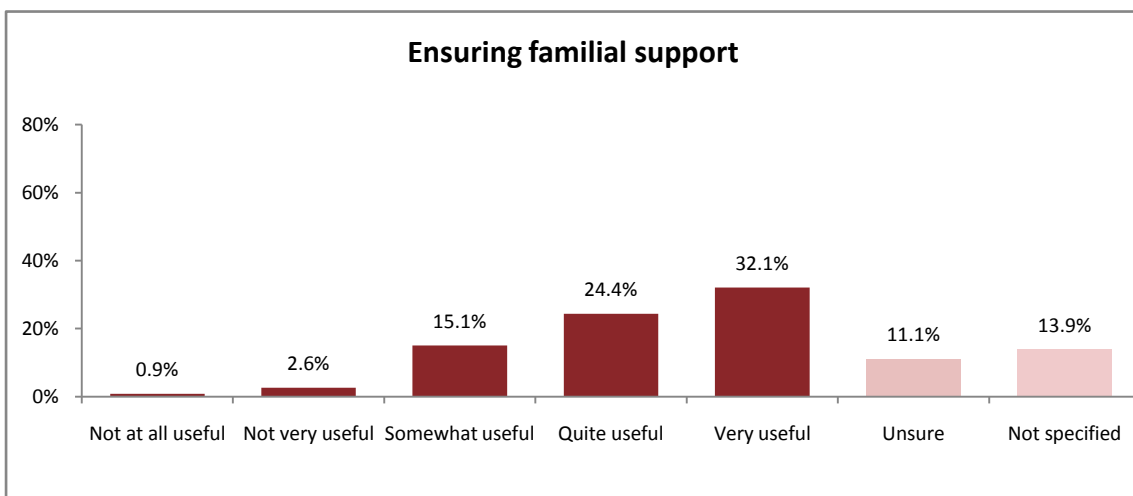


Figure 59. Usefulness of *ensuring familial support* in promoting a successful RTW



4.5.2 WORKPLACE POLICIES AND PROCEDURES RELEVANT STRATEGIES

RRTWCs were asked to rate the usefulness of specified workplace ‘policies and procedural factors’ for facilitating a successful RTW. As with the communication and support strategies, all of the workplace policies and procedural factors identified in the survey were rated as very important, with averages ranging from 4.03 to 4.73 (see Figure 62).

The highest average ratings were assigned to *early contact with the employee* (average rating of 4.7), followed by *implementing RTW Plans* and *developing and updating the RTW Plan* (average rating of 4.4). Figure 60 through Figure 71 (excluding Figure 62) show the frequency of responses for each item. Highest rating was for *early contact with employees* with 64.9% of RRTWCs rating this as very useful (accounting for 78.1% of valid responses) (see Figure 63).

Figure 60. Usefulness of developing OH&S policies as a strategy to promote a successful RTW

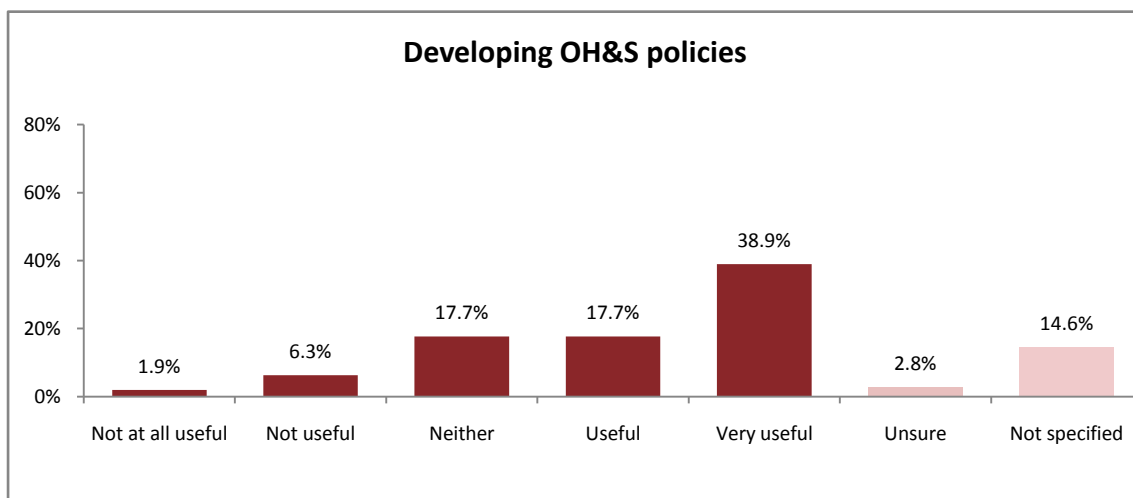


Figure 61. Usefulness of developing RTW policies and procedures in promoting a successful RTW

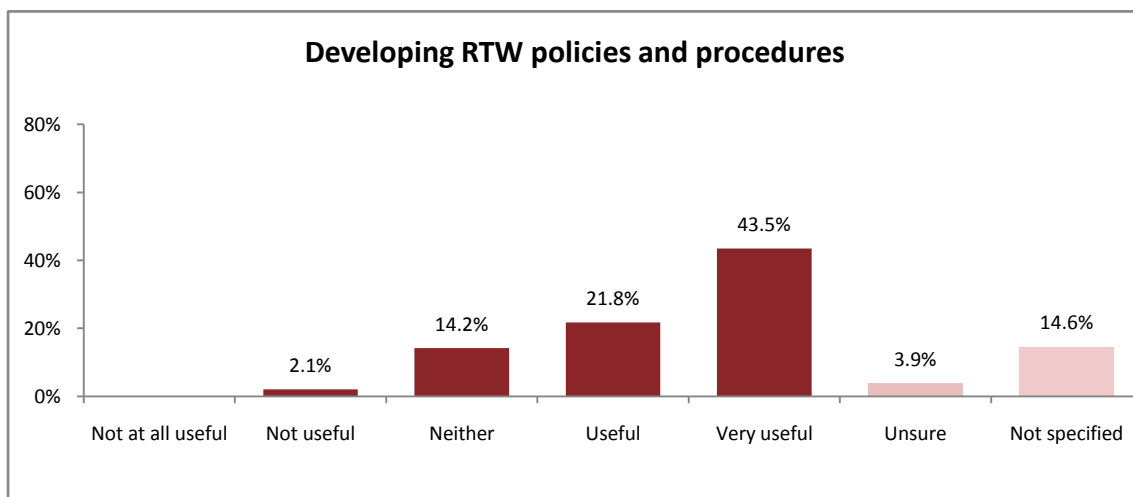


Figure 62. Usefulness of workplace policies and procedural factors in promoting a successful RTW

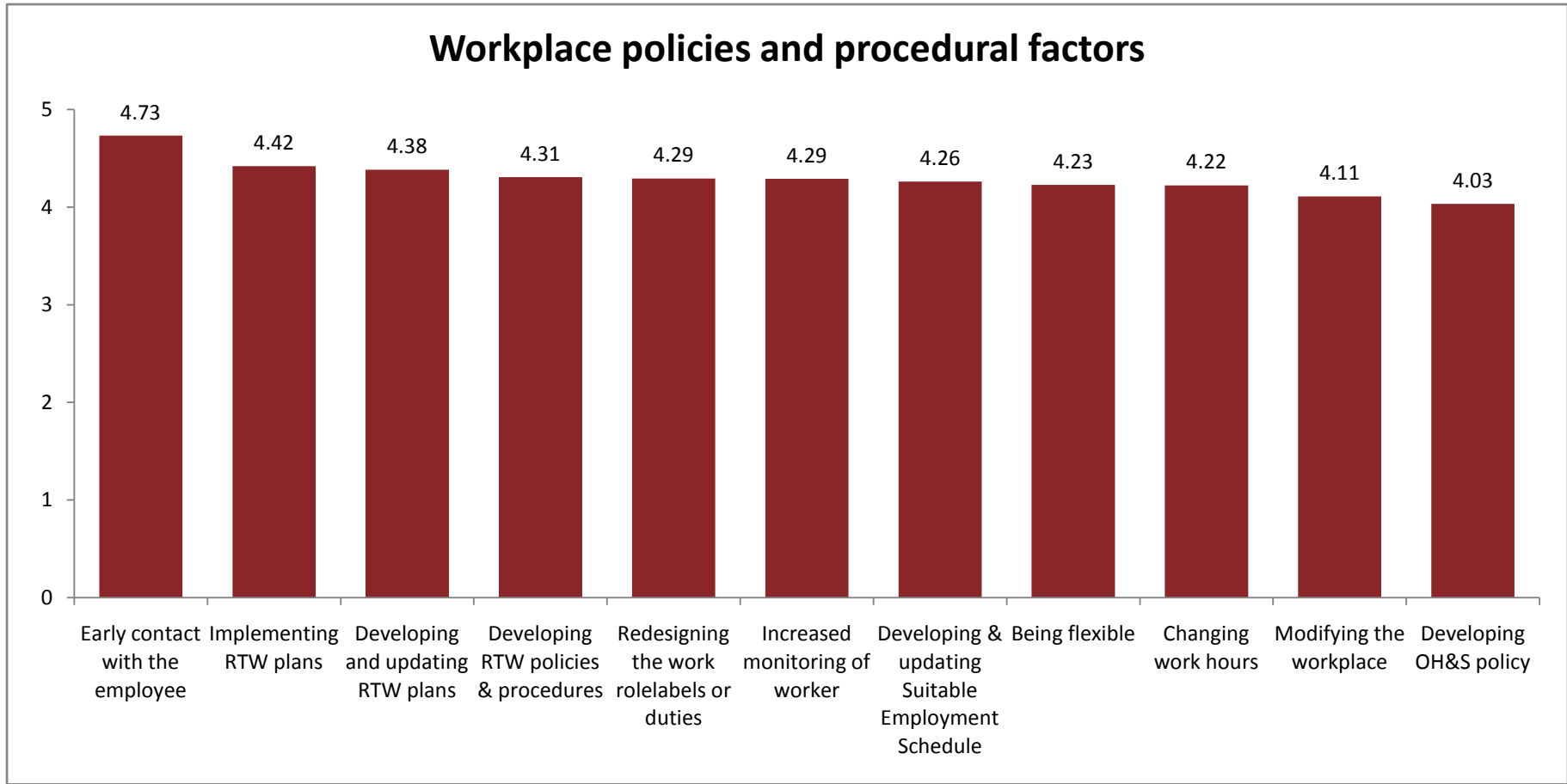


Figure 63. Usefulness of *early contact with the employee* in promoting a successful RTW

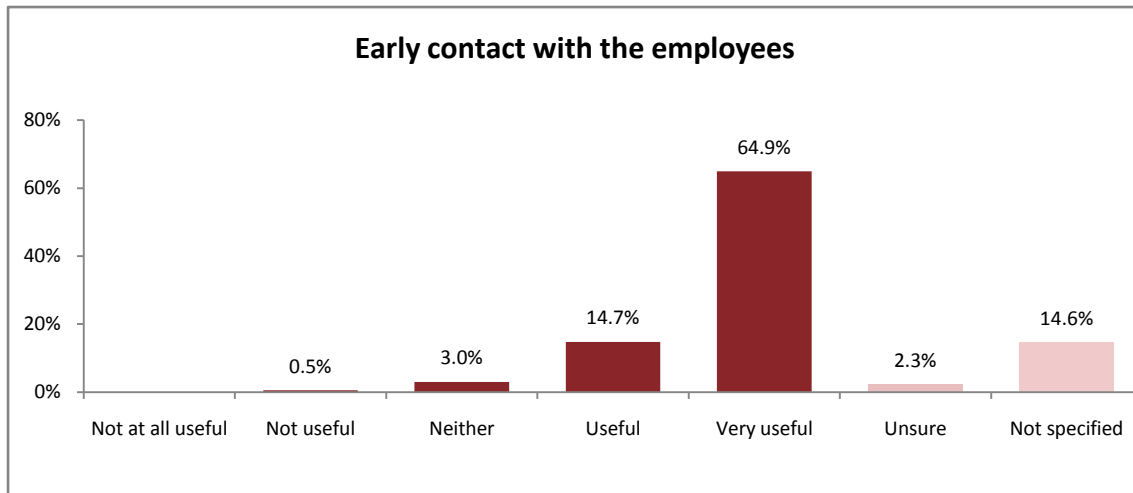


Figure 64. Usefulness of *developing and updating Suitable Employment Schedules* in promoting a successful RTW

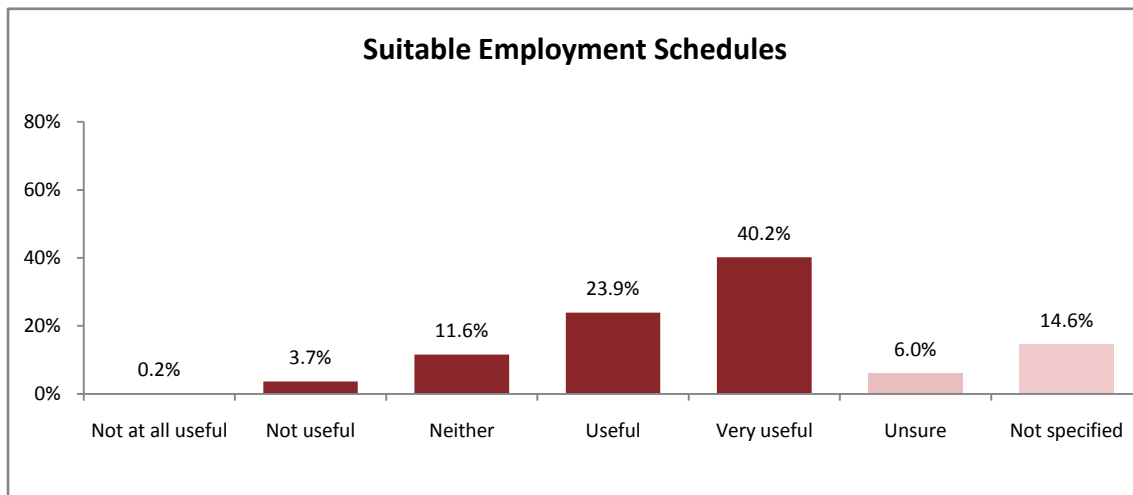


Figure 65. Usefulness of *developing and updating RTW plans* in promoting a successful RTW

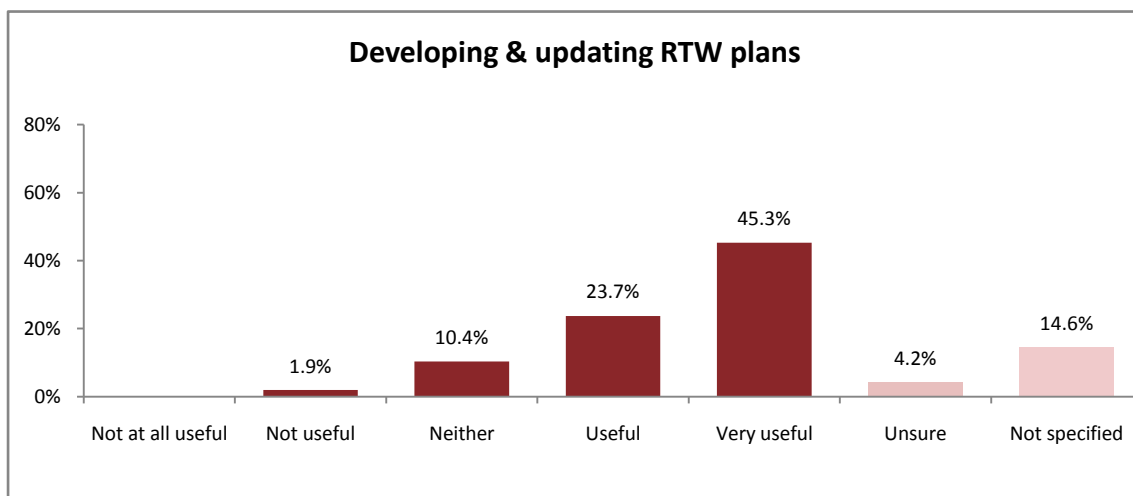


Figure 66. Usefulness of *implementing RTW plans* in promoting a successful RTW

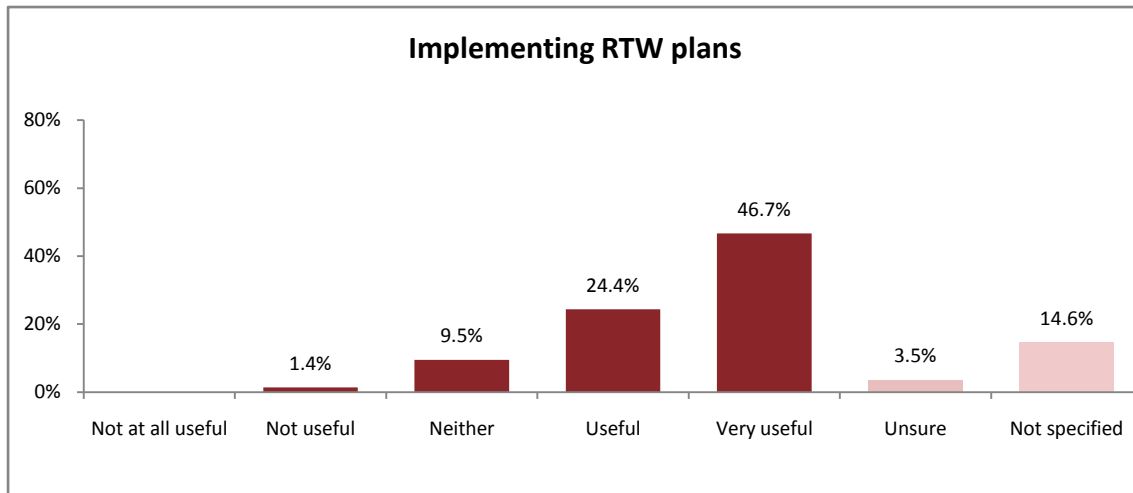


Figure 67. Usefulness of *changing work hours* in promoting a successful RTW

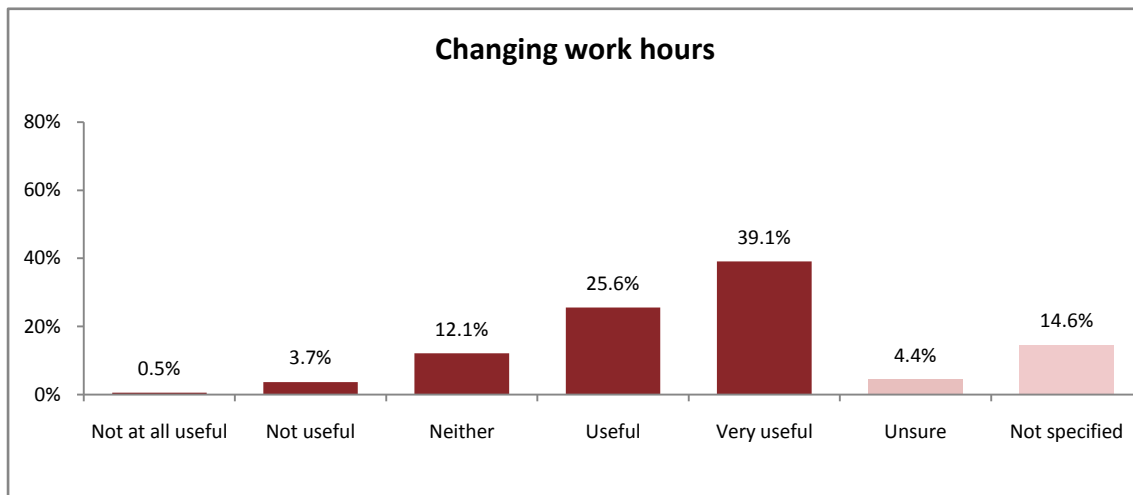


Figure 68. Usefulness of *redesigning the work role or duties* in promoting a successful RTW

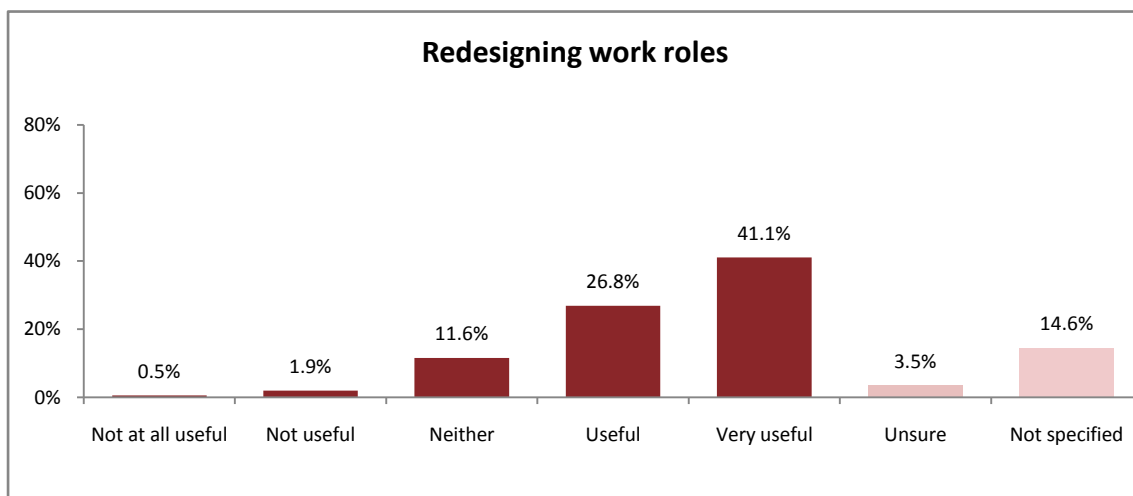


Figure 69. Usefulness of *modifying the workplace to accommodate illness or injury* in promoting a successful RTW

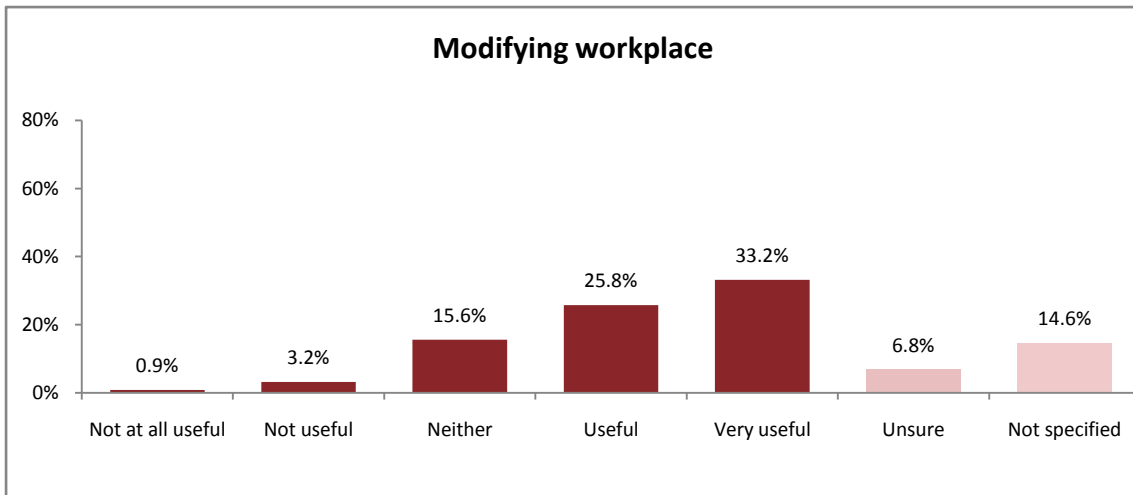


Figure 70. Usefulness of *being flexible to accommodate workers needs* in promoting a successful RTW

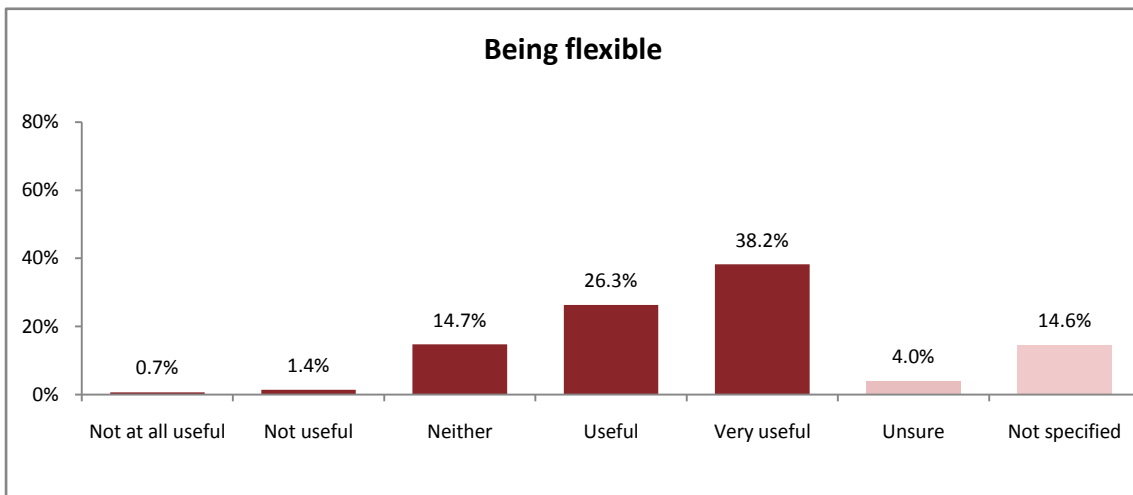
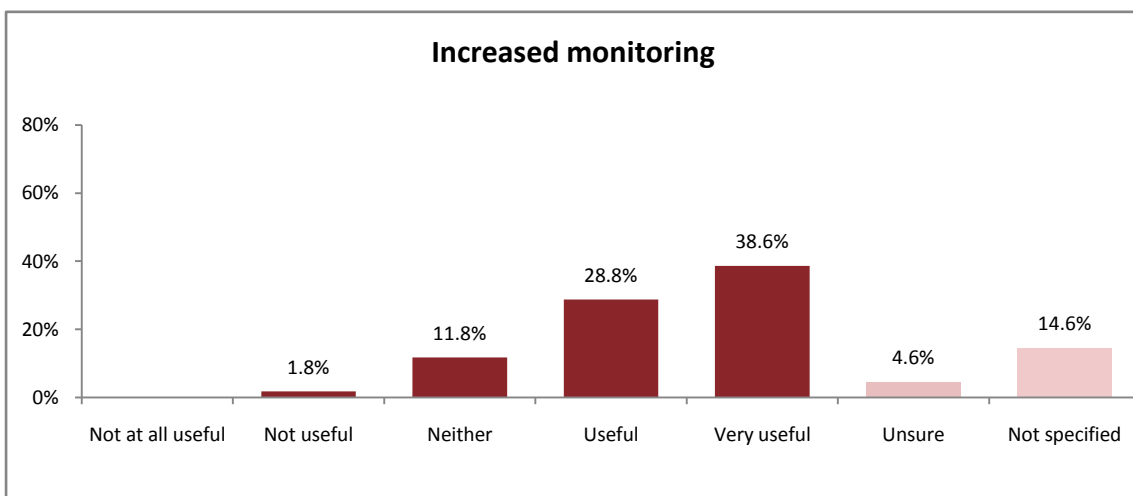


Figure 71. Usefulness of *increased monitoring of the injured worker once they have returned to work* in promoting a successful RTW



4.5.3 ADDITIONAL STRATEGIES TO PROMOTE A SUCCESSFUL RTW

Participants were asked to comment on 'other' strategies they believed contribute to successful return to work in South Australia.

While **communication** with specific parties in the RTW process was addressed in the listed categories (see Sections 4.5.1 and 4.5.2), RRTWCs also commented on communication issues more generally. As one participant stated –

"... other than correct treatment of the injury itself..[communication] is the most important thing."

While another aptly remarked that results depend on

"... how effective the people you are communicating with are – sometimes no amount of communication results in the actions you desire"

Most respondents stressed that the development of good relationships with the other parties involved in the return to work process was imperative and would play a determining factor in the results achieved. It was suggested that:

- Relationships were better if the RRTWC had engaged with workers prior to injury;
- The relationship between the RRTWC and the injured/ill worker could be enhanced by accompanying the worker to medical appointments or other meetings associated with the return to work process;
- Reciprocal relationships and teamwork where the worker was able to contribute to their own RTW led to better outcomes.
- Emails may be more effective than phone calls in obtaining a response from case managers when communication proves difficult.

Some RRTWCs believed they would benefit from additional training, with suggestions including:

- Dedicated time for professional development.
- Training on the psychology of the injured worker and ideas on how to communicate with depressed or anxious workers and their families.
- Updates and training on the impacts of legislative change.
- Inclusion of positive experiences or success stories in training to help influence workplace culture.

Other possible strategies were suggested that targeted different stakeholders, and different work sites:

- Treating GPs: should be encouraged to complete a WorkCoverSA approved training course about injury management and return to work. (However, while we recognise this could be of benefit to workers, logistics are likely to be extremely difficult if not prohibitive, even with incentives to the GP).
- Within the workplace: the development of organisational job dictionaries detailing different tasks and roles within organisations would enable alternative duties to be easily located and provided to treating GPs.
- Managers and supervisors: could benefit from additional training to improve their understanding of early intervention, injury management and the RTW process.
- Colleagues: should be encouraged to 'buddy' with an injured worker in the early RTW period to help facilitate a supportive workplace environment.
- Small employers: should receive additional support when dealing with their first compensation claim.
- A work register: where injured workers' skills, restrictions and other relevant information could be listed for employers looking to fill vacancies.

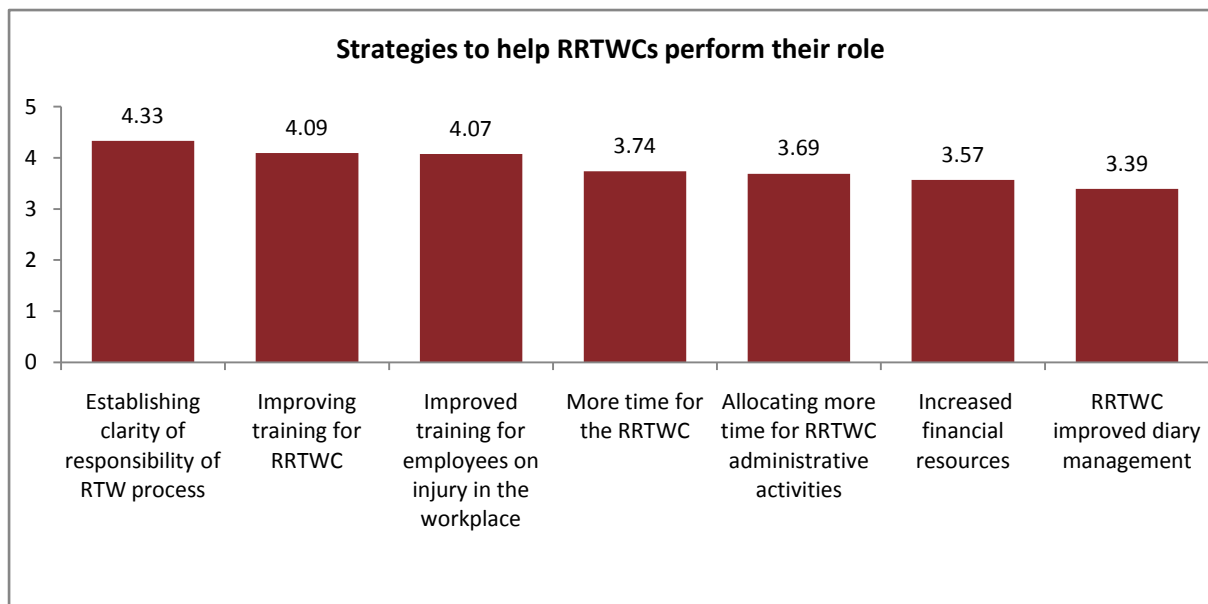
While it was acknowledged that policy development was extremely time consuming, responses indicated that participants recognised the importance of effective organisational return to work procedures and policies, together with injury prevention strategies. For example, one respondent wrote that effective outcomes are:

'... relative to the amount of time and effort devoted to forming policy and procedure, the communicating and involving the people....If all the work is done upfront the outcomes in the majority of cases will take care of themselves.'

4.5.4 STRATEGIES TO ENABLE RRTWCS TO PERFORM THEIR ROLE

RRTWCs were asked to rate seven different strategies which could enable them to perform their role effectively⁹. As can be seen from Figure 72, *Establishing clarity of responsibility for the RTW process at the worksite* was considered to be the most useful strategy (average rating 4.3) followed by *Improved training for RRTWCs* (4.09) and *improved training for employees on workplace injury and its management* (4.07). The strategy receiving the lowest average rating (3.4) was *RRTWC improved diary management*. Figure 73 through Figure 79 show the frequency of responses for each strategy.

Figure 72. Usefulness of strategies to enable RRTWCs to perform their role



⁹ Rated from 1 (not at all useful) to 5 (very useful).

Figure 73. Usefulness of establishing clarity of responsibility of RTW processes in enabling RRTWCs to perform their role

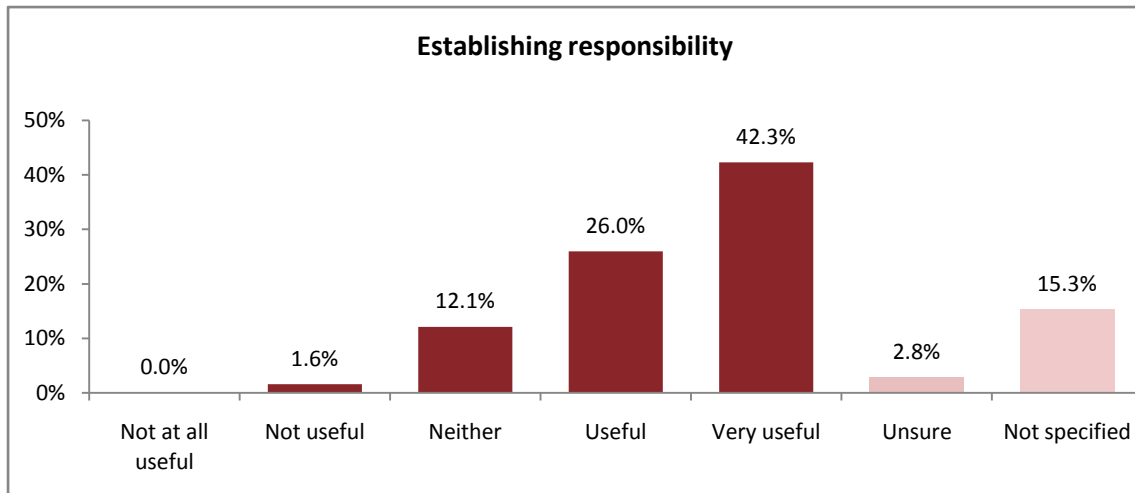


Figure 74. Usefulness of improved training for RRTWCs in enabling RRTWCs to perform their role

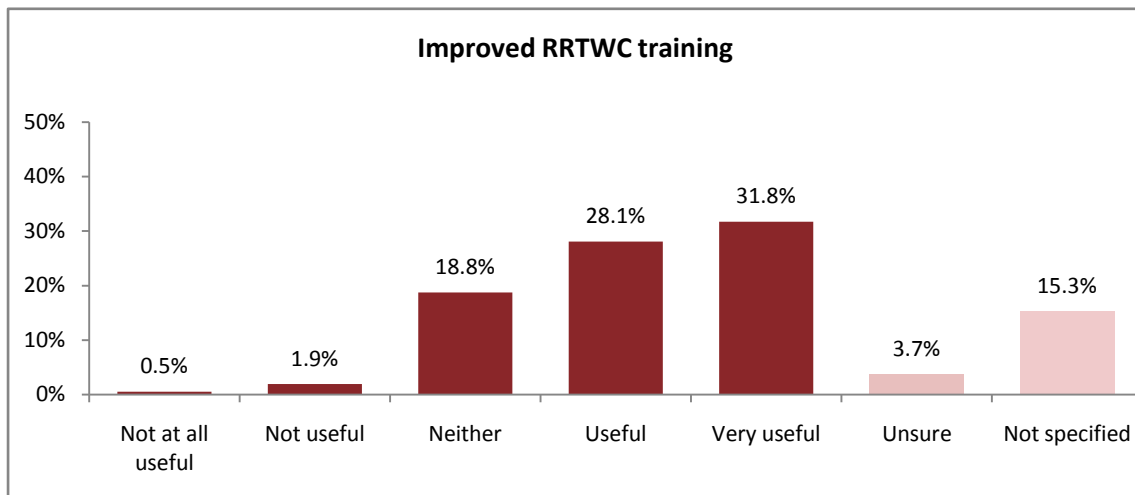


Figure 75. Usefulness of improved training for employees on workplace injury in enabling RRTWCs to perform their role

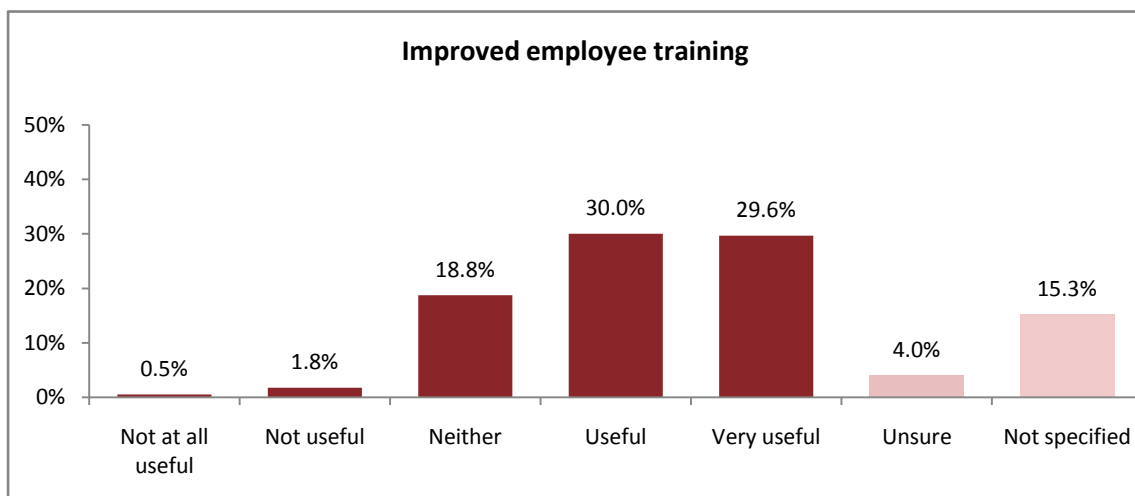


Figure 76. Usefulness of increased time for the RRTWC role in enabling the RRTWC to perform their role

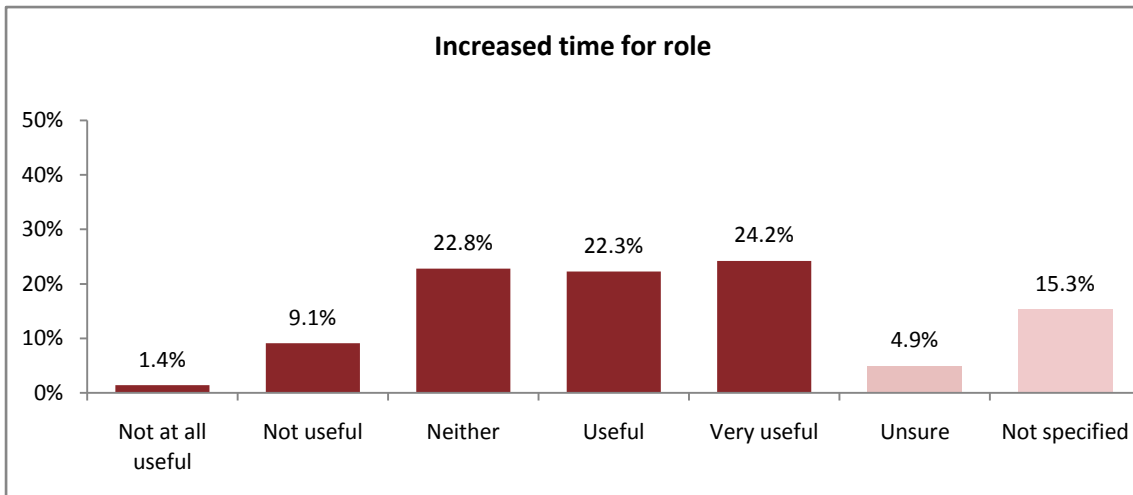


Figure 77. Usefulness of more time for RRTWC administrative activities in enabling RRTWCs to perform their role

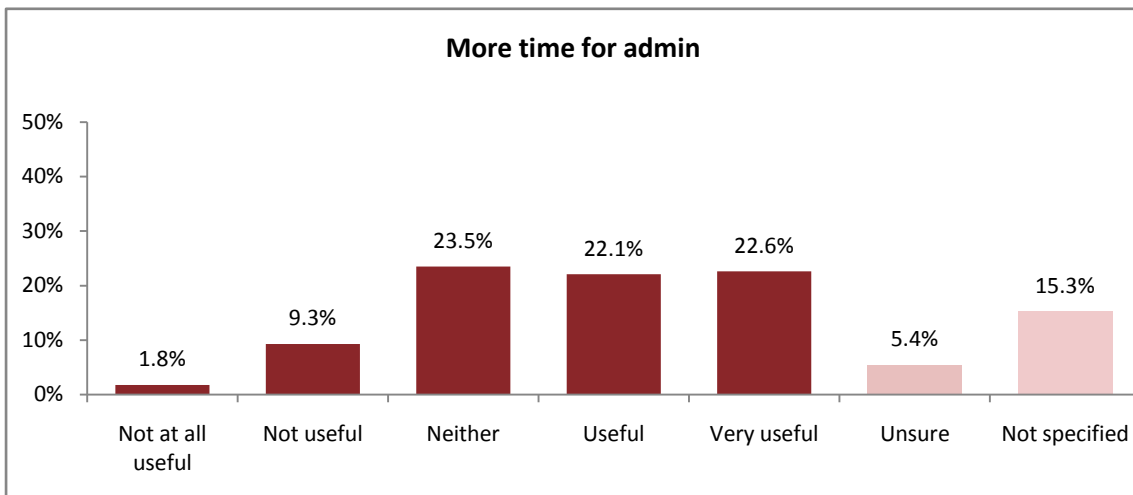


Figure 78. Usefulness of improved diary management by RRTWCs in enabling RRTWCs to perform their role

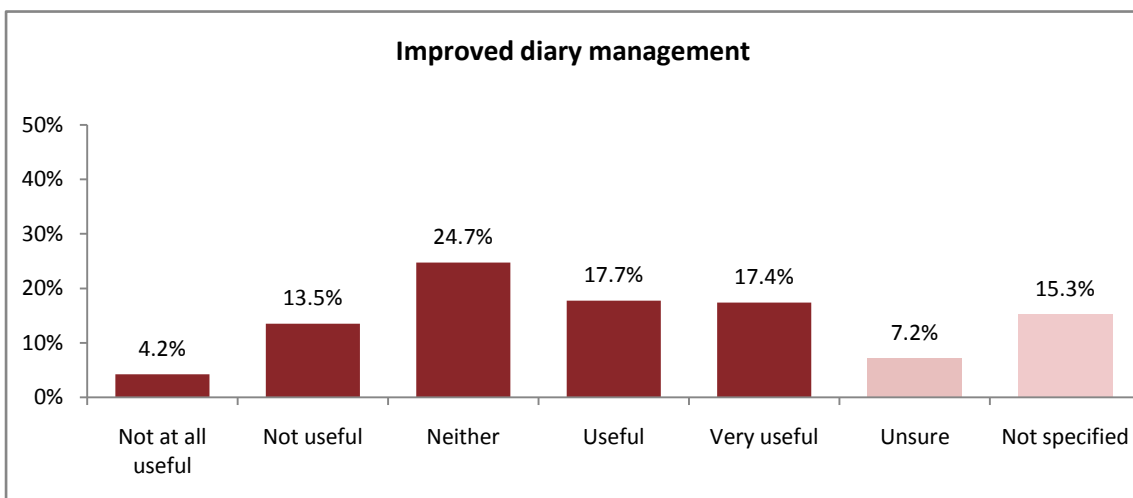
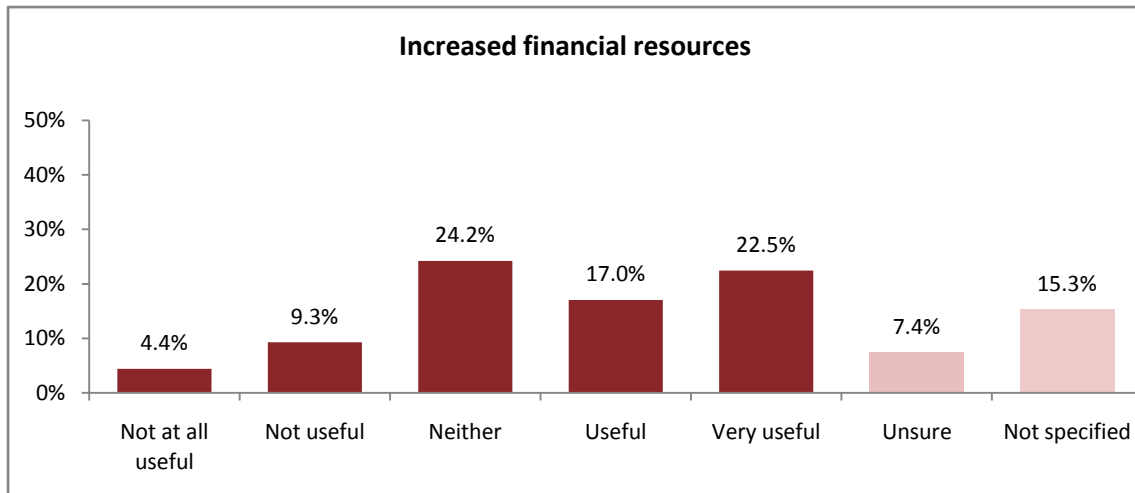


Figure 79. Usefulness of increased financial resources in enabling RRTWCs to perform their role



4.5.5 AWARENESS OF WORKCOVERSA STRATEGIES

RRTWCs were asked whether they were aware of WorkCoverSA's *Re-employment Incentive Scheme for Employers* (RISE). Over half of RRTWCs surveyed indicated they were aware of this program (see Figure 80). However, less than half of respondents were aware of WorkCoverSA's *Return to Work Fund* for innovative RTW projects (see Figure 81).

Figure 80. Awareness of the Re-Employment Incentive Scheme for Employers (RISE)

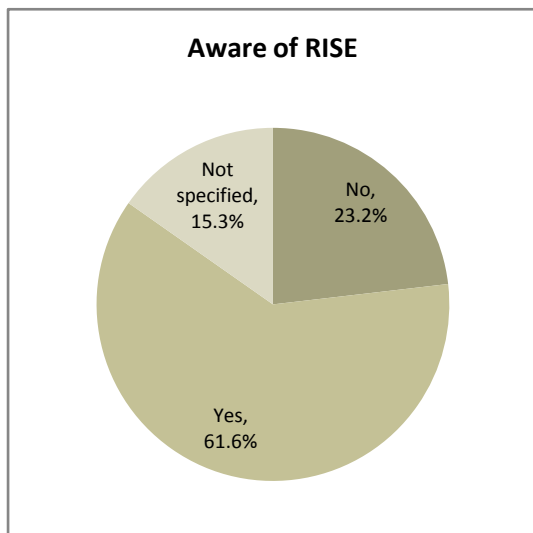
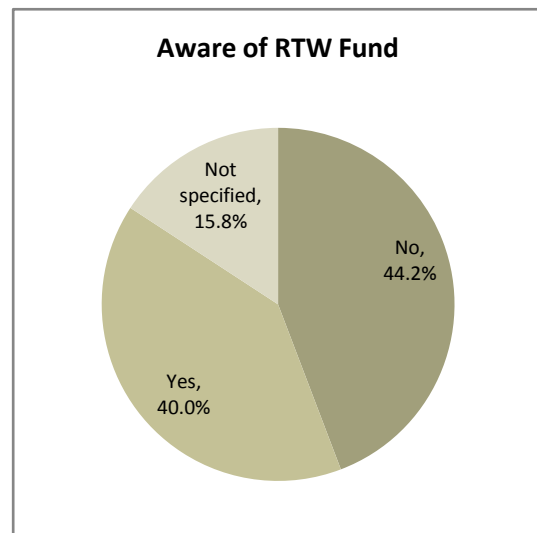


Figure 81. Awareness of WorkCover's Return to Work Fund



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