

Victorian Injured Worker Outcomes Study

Study 1 – A qualitative enquiry into outcomes for injured workers in Victoria who have longer term claims

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Related presentations

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Further information

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Executive Summary

This study formed the first stage of a mixed-methods research program which investigated outcomes for Victorian workers who are injured and have complex longer term workers' compensation claims.

The study aimed to identify what factors influence the development of prolonged workers' compensation claims, and the subsequent consequences for injured workers who have longer term claims (LTIWs). It also aimed to identify key events or practices within the compensation process that may be modified to reduce claim duration and/or improve recovery and return to work outcomes for LTIWs. A further aim was to understand the experiences of LTIWs after claim cessation, including if and when they transfer to other income support systems and social welfare services.

The study comprised two stages and exploratory qualitative research techniques were employed. Purposeful selection was used to recruit study participants in both metropolitan and rural areas across Victoria. Semi-structured in-depth interviews were conducted firstly with 16 key informants (KIs) (including healthcare providers, insurance agent claim staff, lawyers, mediators, and others who provide services to injured workers who have longer term claims) during December 2015 to February 2016. Secondly, 36 LTIWs at different stages of their claim (from 52 to 312 weeks) were interviewed from July to October 2016. Interviews were audio recorded, transcribed verbatim and de-identified before being entered into Nvivo qualitative software. A thematic analysis approach was used to interpret the interviews and draw themes from the data.

In line with the study aims and as a result of purposeful selection, the study findings examine the experiences of a group of injured workers who had longer term claims. Accordingly, this group has extended experience of rehabilitation within the compensation system and it is possible that because of the lengthy duration of their claims they had more negative experiences than would shorter term claimants. This group of LTIWs is not representative of the 80% of injured workers who recover quickly and return to work.

Limitations of the study were that only a few representatives of each sector (e.g. insurer claims staff, healthcare providers, lawyers and mediators) were interviewed. Due to time constraints, only some interview questions were answered by an occupational rehabilitation (OR) provider based in rural Victoria, and only one large employer from the health sector was interviewed. Also, no interviews were conducted with employees of WorkSafe Victoria. Strengths of the study included interviewing KIs who had extensive experience working with LTIWs within the workers' compensation system. This resulted in insightful comments about the compensation system and the injured workers they interact with. Also, efforts were made to uncover positive aspects of the

compensation system and helpful interventions for injured workers through the inclusion of specific interview questions and interviews with LTIWs who had successfully returned to work. Most of the themes discussed in this report were represented in the findings from both LTIWs and KIs which lends confidence to our findings.

The study identified delays across many areas of the compensation system; from the first stage of assessment of claim liability and provision of initial healthcare services, throughout the claims administration process, to the determination of final compensation and settling of claims. The resolution of disputes through conciliation, medical panels and court hearings were also characterized by long delays. However, many LTIWs described their attendance at a medical panel as a positive experience where they felt they were listened to by doctors who had a good understanding of their injury and treatment history.

Both KIs and LTIWs described how frequent changes in claims managers meant knowledge of LTIWs' needs and claims history was lost, causing repetitive reviews of entitlements and treatment which could prompt disputes. The suspension of medical treatment and wage entitlements during dispute periods caused considerable stress for the injured worker and their family, and sometimes exacerbated injury consequences.

The study found that skilled and knowledgeable healthcare providers (HCPs) could influence both recovery and return to work (RTW) outcomes of injured workers. Key informants considered that the manner of HCPs' interaction with LTIWs could make a significant difference to LTIWs' expectations for recovery, their motivation, and whether they took an active role in their rehabilitation. Active involvement by HCPs in the RTW process was also considered to be important. Healthcare providers could play an integral role in assessing LTIWs' readiness to RTW, and liaising with employers about potential suitable duties. However, HCPs reported frustration with administrative demands, interference with treatment plans, and delays in approvals for treatment and payments from insurers. These concerns translated into HCPs' reticence to provide services to injured workers under the WorkSafe system.

Key informants considered that the relationship between the injured worker and the employer was of crucial importance, and could 'set the scene' for the life of the claim. A supportive and helpful response from the employer (facilitating early treatment, keeping in contact) could translate into a better outcome for the injured worker and subsequently shorten claim duration. Both LTIWs and KIs explained how unhelpful responses from employers (such as delaying lodgement of the claim, or disputing the legitimacy of the worker's injury), and not assisting with modified duties or return to work could lengthen claim duration.

Limited efficacy of OR services was also identified. Injured workers with longer term claims reported having to participate in resume preparation and job search training sessions they

considered were unnecessary and unhelpful, or did not meet their needs. Injured workers with longer term claims also complained that the jobs identified by OR consultants were often unrealistic and direct assistance to obtain jobs was absent. Inadequate liaison with employers by OR consultants to negotiate modified work and/or new work opportunities was also reported by both KIs and LTIWs. Both KIs and LTIWs described gaps in understanding and limited use of the WorkSafe Incentive Scheme for Employers (WISE) program that is available to assist LTIWs to return to work.

Several individual factors that could influence LTIWs' recovery and RTW were identified. Injured workers with longer term claims and KIs agreed that severity of injury, older age and rural location were predictors for poorer outcomes. Older LTIWs recovered more slowly and found it harder to locate suitable employment. Those who lived in rural Victoria faced significant disadvantage as job opportunities and availability of medical and OR services were limited. Lack of information about entitlements and responsibilities for LTIWs was a significant barrier to active participation in their recovery. As a result, LTIWs said that they consulted lawyers to get information, which could unnecessarily make the compensation process more adversarial. Injured workers with longer term claims reported that they regularly experienced difficulty with receipt of rehabilitation services and resolution of disputes, which culminated in slower recovery and return to work, and lengthened claim duration.

Key informants and LTIWs provided suggestions for changes to the compensation system in a number of areas including; claims administration practices and staffing of WorkSafe insurance agents; the delivery of healthcare and OR services; and strategies to reduce disputes. Further research could establish whether the implementation of some of the suggestions might result in better outcomes for injured workers, and/or improvements in the workers' compensation system.

A small number of LTIWs who had finished claims, or were receiving medical services for a limited period after wage benefits had ceased, provided information about transitioning from the WorkSafe system to other social welfare systems and life post-claim. Some LTIWs reported that returning to work on a graduated basis soon after injury and having accommodations made for work settings were important factors in facilitating successful RTW. Other LTIWs described difficulty finding suitable work and being ineligible for Centrelink benefits and other federal and local government support programs.

This study identified that many of the factors that combine to delay recovery and RTW for LTIWs, and extend claim duration, were potentially modifiable and can be improved. Gaps in existing knowledge were also identified and suggest a need for future research to shed more light on the experiences of injured workers both during and after receiving workers' compensation services.

Purpose

By speaking directly with stakeholders from most sectors of the workers' compensation system, this project sought to gain a thorough and nuanced understanding of LTIWs' experiences during their rehabilitation and after disconnecting from the compensation system. The contribution of system and other related factors to LTIWs' recovery or failure to recover is important to establish, as these may be modified by changes in legislation, policy and/or practice. The overarching aim of this study was to identify factors that contribute to poorer outcomes, and identify opportunities to improve outcomes for injured workers.

Rationale

There is increasing evidence that recovery is slowed for injured persons who are involved in compensable systems (1-3). While the vast majority of injured workers return to work promptly there is a small percentage of claims that are prolonged. An analysis of over 12,100 claims accepted between January 2005 and December 2010 under the Victorian workers' compensation system indicated that nearly 8% of workers entering and receiving wage replacement were still receiving wage replacement benefits at 130 weeks post claim acceptance¹. Although this is a small proportion of accepted claims, these workers are likely to have complex health conditions and represent a substantial and disproportionately high cost to the workers' compensation system and the broader society.

There is a strong body of evidence supporting the notion of 'system generated disability'. A recent systematic review of international qualitative literature found that injured workers often reported secondary psychological consequences as a result of their involvement in workers' compensation systems (4). The review included three Australian studies (5-7) however, only one was based in Victoria and included a small number of physiotherapists who were injured at work (7) so cannot be considered representative of the broader cohort of injured workers in Victoria. Another small qualitative Victorian study found that injured workers experienced the compensation system as complex, unfair and adversarial (8). One other study compared records from the Victorian WorkCover Authority and the Victorian Coronial findings of 21 completed suicides, and identified a number of risk factors for suicide for injured workers on workers'

¹ Statistics derived from the Compensation Research Database (CRD). The CRD is a de-identified administrative database of Victorian workers' compensation claims lodged since 1986. The CRD is managed by the Institute for Safety, Compensation and Recovery Research, Melbourne, Victoria.

compensation in Victoria. Two of the risk factors included the emergence of psychological symptoms or mental illness for those who initially presented with physical injuries, and length of time on compensation (9).

A recent investigation by the Victorian Ombudsman into the management of complex workers' compensation claims and WorkSafe oversight found that the vast majority of approximately 90,000 claims made each year were not contentious. However, it was suggested that the current system was failing vulnerable workers who had complex claims. The report noted that insurance agents were selectively using evidence to terminate claims, and were maintaining unreasonable decisions at conciliation knowing they would later be overturned when disputed. The report concluded that cessation of payments for injured workers could lead to financial hardship, depression and despair. The Ombudsman recommended changes to a number of areas including remuneration for insurers, the use of independent medical examinations, and dispute resolution processes, in order to improve the fairness of the system (10).

Other important factors that influence outcomes of injured workers include the worker's relationship with their employer and healthcare provider(s) (HCPs) (11) and the worker's social support and economic circumstances (12).

This study aimed to address the paucity of research that has considered the experiences and outcomes of LTIWs with complex and prolonged claims. The lived experience of LTIWs who remain unable to return to work as a result of their injuries yet are no longer receiving wage replacement or medical benefits through the Victorian workers' compensation system is another unknown and under-researched area. Further research is required to better understand the experiences and identify the outcomes of LTIWs who have complex, prolonged claims in the Victorian workers' compensation system.

Key research questions

The central research questions for the study were:

- i. What factors influence the development of prolonged workers' compensation claims, and how do they affect injured workers?
- ii. What are the key events or practices within the compensation process that may be modified to reduce claim duration and/or improve recovery and return to work outcomes for injured workers?
- iii. What are the experiences of injured workers after claim cessation, including if and when they transfer to other social services?

Methods

An exploratory qualitative research approach was taken to understand the experiences injured workers have during and after their workers' compensation claim.

The study was conducted in two stages:

- 1a. Interviews with key informants (persons who provide services to injured workers who have longer term claims), and
- 1b. Interviews with injured workers at different stages of their claim (from 52 to 312 weeks).

A qualitative approach is well-suited to the research questions. The aim of our study is to understand the experiences of injured workers with longer term claims, how particular problems develop and factors that facilitate recovery and return to work (RTW). As is common with a qualitative approach, sampling is progressive, iterative and in dialogue with findings. This means that sampling proceeds on analytical grounds, based on emerging conceptual directions. It is important to note that qualitative research does not aim for a statistically representative sample of a population but rather the purpose of the methodology is to engage "key informants" from different social locations whose experiences and knowledge will extend the range of understanding about an issue. Research questions are open-ended and adaptive, with an aim to clarify meaning and to ensure that certain general inquiry domains (related to where LTIWs encounter roadblocks or which practices are helpful, for example) are covered without imposing conceptual structures on respondents.

We used one-on-one interviews as a method of data collection. One strength of the one-on-one interview is that it permits the researcher to explore the meanings and intricacies of an individual's experience, from their own perspective and in great depth. This approach has allowed us to learn a great deal about how injured workers interact with workers' compensation decision makers, where there are opportunities to make processes more understandable and accessible, and roadblocks to doing so. Since service providers, such as HCPs or legal representatives, come into contact with many injured workers in the course of their jobs, they are able to speak to systemic trends that may not be immediately visible to individual injured workers.

As with all qualitative studies, this research does not tell us about the prevalence of particular events or about the percentage of LTIWs experiencing certain problems. Rather, the study provides insight into why and how certain situations and difficulties can develop.

Approvals for stages 1a. (Project number CF15/4109-2015001750) and 1b. (Project number CF16/1329-2016000707) were obtained from the Monash University Human Research Ethics Committee.

Recruitment and Sampling

Purposeful selection (13) was used to recruit study participants in both metropolitan and rural areas across Victoria. It was considered essential to interview key informants (KI) who had extensive knowledge of the WorkSafe system and substantial experience in dealing with LTIWs. Key informants were identified via several sources and all were invited to participate in the study by the lead researcher (Elizabeth Kilgour). Only one potential key informant was unable to participate due to untimely work commitments. Of the 16 KIs who were interviewed, four were contacted through professional networks, and four through cold canvassing by the lead researcher. Another four KIs were referred by members of the project advisory committee, and a further four KIs were referred by other KIs. Key informants were sought from all sectors related to the workers' compensation system in an effort to gain a broad understanding of the interactions between the various sectors and LTIWs. Only KIs who had experience in dealing with injured workers who had longer term claims (LTIWs) were included. Key informants were initially contacted by the lead researcher by telephone and/or emailed a letter explaining the study. All KIs gave written consent prior to interview commencement.

Injured workers were recruited via a WorkSafe database and referral from KIs. Using a WorkSafe database of injured workers who had agreed to participate in further research with WorkSafe or Monash University, the researchers selected LTIWs with a range of injury types, at different stages post claim acceptance (52, 130, 204, 256, and 312 weeks), whose claims were administered by both current and previously accredited insurance agents, and who had/had not returned to work. Injured workers were initially informed of, and invited to participate in, the study via mail. An introductory letter from WorkSafe, together with a letter from Monash University explaining the study, were sent to LTIWs inviting their participation on two occasions. A first round of letters were sent to 80 LTIWs and three LTIWs subsequently contacted the researchers and volunteered to participate. Forty LTIWs (from the initial 80 LTIWs) were then contacted by the researchers via telephone, text or email, and a further 27 of these injured workers agreed to participate.

We initially had difficulty recruiting LTIWs who had suffered mental health injuries. Most LTIWs with mental disorder claims did not answer the telephone or respond to email or text messages. Four LTIWs with mental disorder claims declined to participate in the study because either they did not want to revisit their experiences, or because they were wary regarding possible consequences of participating in the study. One injured worker consulted their union who advised them not to participate, and one other injured worker requested the researcher obtain approval from their solicitor for them to participate.

In an effort to ensure participation of sufficient LTIWs with mental disorder claims, a second round of letters was sent to a further 20 LTIWs who had mental disorder claims. A plain language flyer that summarised the study was also included with the introductory letters. Interviews were arranged with two of the three LTIWs who subsequently contacted the researchers and a further three LTIWs agreed to participate when researchers followed up by telephone. Several key informants (GPs and Psychologists) also referred LTIWs who had mental disorder claims, and/or displayed the study flyer at their practice, however only one of the eight LTIWs who contacted researchers was eligible to participate, as the other seven injured workers had claims that commenced earlier than April 2010. Injured workers whose claims commenced earlier than April 2010 were excluded as substantial changes to workers' compensation benefits (increases in maximum wage benefit and paid superannuation) came into force at that time. Injured workers who participated in the interviews were offered a small honorarium (\$25 Coles Myer voucher) as recompense for their time.

Data Collection and Analysis

Semi-structured, in-depth interviews were utilised to encourage participants to explain their experiences and opinions. Experienced interviewers were used for the project to ensure consistency across interviews (14). All key informant interviews were conducted by the lead researcher and injured worker interviews were conducted by both the lead researcher and a research assistant. Interviews were conducted with KIs and LTIWs at locations of their choice, including workplaces, private homes, public libraries, community halls and a café. Interviews varied in duration from 45 minutes to three hours and were audio-recorded and then transcribed verbatim. Transcripts were checked for accuracy, de-identified (KIs' names were replaced by occupation and interview number, and LTIWs' names were replaced by gender appropriate, first-name-only pseudonyms that were randomly allocated) and entered into qualitative data management software Nvivo 11, (15). Review of transcripts throughout the data collection period helped to refine interview topics and identify data saturation.

The data from the key informant and injured worker interviews were analysed separately. However, the same method of thematic analysis was used to interpret the data and draw themes from the interviews. Thematic analysis is a widely used qualitative method for *"identifying, analysing and reporting patterns (themes) within data... that often goes further ... and interprets various aspects of the research topic"* (16, p6).

A list of preliminary codes was developed from the topics covered in the interviews and were further refined following review of three rich transcriptions by the lead researcher and a research assistant. Codes were refined through discussion between researchers who were experienced

in using thematic analysis techniques. Separate code manuals (containing a definition for each code and explanation of how it would be applied) were developed for the KI and LTIW data. The codes from the KI data also informed the development of codes for the LTIW data. Transcripts were coded by the lead researcher and a research assistant. Any disagreements on application of codes were resolved through discussion between the researchers. For both the KI and LTIW interviews, patterns between similar and disparate themes were grouped into main themes and sub-themes that accurately reflected the meaning of the data as a whole. Themes that were common as well as divergent between the KI and LTIW data were also identified.

Results

Sample

Key Informants

Sixteen KIs were interviewed between December 2015 and February 2016 in both metropolitan (10) and rural (6) areas across Victoria. There were seven females and nine males, aged between 25 and 70 plus years, who had between five and 45 years of experience working with LTIWs. Key informants were drawn from a range of fields representing Healthcare providers, WorkSafe Insurer staff, Independent Medical Examiners, Lawyers, Mediators, and a large Employer. Some KIs had dual or multiple qualifications and could speak of their interactions with LTIWs and the WorkSafe system from varied perspectives. The occupations of KIs and number from each profession are shown in Table 1.

Table 1. Number and occupations of Key Informants

Key Informant Occupations	Total
Healthcare Providers General Practitioner (2), Physiotherapist (1), Psychologist (2), Occupational Therapist (1)	6
Insurer Staff Claims Manager (2), Injury Management Advisor (2), Team Leader (1)	5
Mediators WorkCover Assist (1), Union Assist (1), Accident Compensation Conciliation Service (1)	3
Independent Medical Examiners	2
Lawyers (Personal Injury Accredited Specialist)	2
Employer (Healthcare sector)	1
* 16 participants were interviewed and some had more than one role	19*

Injured workers with longer term claims

Thirty-six LTIWs were interviewed from August to October 2016 in both metropolitan (22) and rural (14) areas across Victoria. Six LTIWs who contacted the researcher following referral from KIs had claims that pre-dated 2010 were excluded. There were 16 females (44%) and 20 males (56%) with an age range of 27 to 70 yrs, all spoke English. Claim type was varied. Twenty-seven LTIWs had physical injuries comprising musculoskeletal (14), sprains (5), fractures (4), contusions (2), spinal (1), and carpal tunnel (1). Seven LTIWs had mental disorder claims; of these, four LTIWs experienced Stress and/or Depression and/or Anxiety as a result of Workplace Bullying, and three LTIWs suffered PTSD. Two LTIWs had both physical (musculoskeletal) and mental disorder (PTSD) claims. Table 2 shows the injury type of LTIWs and their claim duration at time of interview.

Table 2. Claim duration at time of interview, and injury type of injured workers who had longer term claims

Time between date of injury and interview (Weeks)	Claim duration at time of interview (Years)	Physical injury claim (n)	Mental disorder claim (n)	Both physical injury and mental disorder (n)
52-78	1-1.5	10	3	
79-104	1.5-2	2		
105-130	2-2.5	1	1	
131-156	2.5-3	2		
157-208	3-4	5	1	2
209-260	4-5	4	1	
261-312	5-6	3	1	

For 29 LTIWs, this was their first and only WorkSafe claim. Seven LTIWs had been injured at work more than once and made more than one claim (two LTIWs had made three or more claims; five LTIWs had made two claims). Sixteen LTIWs had claim duration of between 52-130 weeks, and 20 LTIWs claims were between 131-312 weeks.

The LTIWs we interviewed were employed in a wide range of occupations and industries including; aged care; building and construction; education and training; emergency services; financial services; forestry; healthcare services; hospitality; law enforcement; local council; manufacturing; racing; retail; and transportation.

Almost half of the LTIWs (n=17) had returned to work at the time of interview, although no LTIWs with mental disorder claims had returned to the same role with the employer where their injury occurred. Two LTIWs with mental disorder claims who had RTW with the same employer reported being dissatisfied with their modified jobs as they felt they were inferior roles in comparison with their pre-injury role. Nineteen LTIWs had not RTW at time of interview. Two (both with MSD injuries) of these were undertaking retraining for new careers, and three LTIWs had retired at time of interview.

Injured workers with longer term claims were selected by injury type, claim duration and RTW status from a group of injured workers who had previously participated in a WorkSafe customer satisfaction survey from November 2015 to April 2016, and had agreed to take part in further research conducted by WorkSafe or Monash University. Table 3 below provides a comparison of injury type and RTW status for the larger group of injured workers who participated in the WorkSafe customer satisfaction survey, and those LTIWs who participated in the VIWOS qualitative interviews.

Table 3. Injury type and work status of injured workers who participated in the WorkSafe survey and VIWOS study.

Injured Worker	Characteristics	WorkSafe survey (%)	VIWOS study (%)
Currently working in a paid job	Yes	38.3	47
	No	61.7	53
Injury Group	Contusion	4.0	5.5
	Fractures	11.1	11.1
	Mental Health	10.4	19.4
	Multiple injuries	0.8	5.5
	Musculoskeletal	41.3	38.9
	Nerves/Spinal Cord	0.1	2.8
	Nervous system	2.0	2.8
	Sprains	21.8	13.8
	Other injury types	8.5	0

The percentage of injured workers interviewed for the VIWOS study were similar to the larger WorkSafe survey injured worker cohort with respect to physical injury types, such as musculoskeletal fractures and nervous system injuries. There was a larger percentage of mental health claimants in the VIWOS interviews, and a greater percentage of VIWOS study participants were working than in the WorkSafe survey population.

Findings

Interviews with participants indicated that, based on their experiences, a number of individual and systemic factors played a role in prolonging claims and delaying recovery. In turn, for LTIWs, the workers' compensation process was a long and complicated journey involving key players who made decisions about income replacement, access to health services and RTW. The first section of the findings presents the themes that relate to stakeholders' (LTIWs, employers, insurers and service providers) influence on LTIWs' outcomes, and how key events, processes and design of the compensation process can prolong claim duration. The second section presents participants' views about the consequences for LTIWs of having long term claims. Finally, the suggestions that participants made for improvements to the compensation system are presented and the issues faced by LTIWs as they prepare for life after compensation are explored.

Factors that delay recovery and extend claims

The following findings present participants' views of how various stakeholders involved in the compensation system affect injured worker recovery and RTW outcomes.

Individual factors

Each injured worker responds differently to having an injury and being involved in the compensation system. Key informants nominated several predictors for poorer outcomes and longer duration of claim. These factors included severity of injury, age and place of residence of the LTIW. Older LTIWs recovered more slowly and found it harder to locate suitable employment. Those who lived in rural settings faced significant disadvantage as job opportunities were severely limited, and medical and occupational rehabilitation services were also restricted.

All those variables, age, motivation, your injury, are probably the big factors. If you're late fifties, early sixties with an injury that's relatively significant, your chances of finding work are unfortunately lessened.

If you live in a rural area, you add that factor of isolation, travel, job availability, so basically you have to be somebody young, probably in their mid-thirties or less and living in the middle of Melbourne. It does come down to that, and again, each claim is different.

Insurer - Claims Staff #2

Other factors identified by KIs as important included LTIWs' attitudes toward recovery, lifestyle habits and health literacy. It was considered that LTIWs who viewed their chance of recovery as poor, and took a passive role in managing their injury and rehabilitation, or feared re-injury were likely to take longer to recover and RTW.

That's probably the biggest one to start off with... Get a conversation with an injured worker and if the talk is all about what they can't do and how injured they are, then that's normally an early indicator that it's going to take a little bit of time.

Insurer - Claims Staff #4

People who blame their employer... 'they did this to me' or... who didn't like their job to start with...they tend to be very anti going back to work...because they think it might hurt them but also because they just don't like what they do. I think that makes it really hard to want to get better when you don't enjoy what you did to start with, but also the blame part of that, that they did this to me so I don't want to go and help them.

Physiotherapist #1

Workplace factors

Both KIs and LTIWs commented on how the behaviour of employers and work colleagues could help or hinder RTW outcomes and consequently impact duration of claims.

A positive response from employers

Key informants considered that the relationship between the injured worker and the employer was of crucial importance. They explained how the initial reaction of the employer could 'set the scene' for the life of the claim. A supportive and helpful response from the employer could translate into a better outcome for the injured worker and subsequently shorten claim duration. Sending LTIWs for treatment promptly could lead to a potential reduction in the number of claims that were lodged and have LTIWs back at work quicker.

How the employer responds to it, not even from a return to work perspective, but how they treat that person when they have that injury and when they lodge a claim. So that I think the employer, right at the beginning has a huge impact well and truly before we come into play. If the employer has an

indifferent or a negative attitude towards the fact that this person has injured themselves in their workplace and are lodging a claim...that claim is going to be a lot more difficult to deal with and the outcomes are probably going to take a lot longer to achieve than if the employer is very proactive with their [workers] health and well-being. So not even return to work, just health and well-being, [asking] "are you okay, can we help you".

Insurer - Claims Staff #2

The ones whose work says: "Oh you did it at work here's the forms, off you go to the doctor, look we'll organise transport down there." They just tended to do much better.

Physiotherapist #1

As soon as they put an incident report in, send them off. They might only need a couple of physio treatments and they're back at work ... if they looked after them from the beginning... there'd be no premiums.

Mediator #1

Both KIs and LTIWs commented on how important it was for the employer to keep in touch with the employee during their rehabilitation. Ongoing contact was powerful in reinforcing LTIWs' self-esteem and motivation to recover quickly and RTW. Lack of contact had the opposite effect. Employers' co-operation with RTW programs was also regarded as vital by LTIWs who had a successful RTW.

The company I work for, they've been amazing. ... No complaints there, they've been absolutely spot on, and the boss rings once a week - twice a week just to see how I'm going and text messages every couple of days just to keep in check, to see how the spirits are and everything, so he's been really good.

Ian, Spinal, 55 weeks

The real key event is the support of the employer...that is the one, more than anything, because the employer is involved right from day one. Long before solicitors get involved and insurance companies get involved, doctors on both sides get involved...If you've got an employer who is supportive of an injured worker, you just see the way positives occur.

Mediator #2

Unhelpful actions

Both KIs and LTIWs considered that employers' failure to comply with WorkSafe regulations had a negative impact on LTIWs' recovery and RTW, and often gave rise to disputes which served to prolong claim duration.

Several LTIWs said that their employers had discouraged them from making a claim, had failed

to lodge their claim, or incorrectly lodged a claim for medical services but not wage replacement. Most LTIWs assumed this was due to their employer's fear of increases in their WorkCover premiums. If employers did not provide appropriate pay records, it meant that LTIWs could not meet WorkSafe requirements to prove their pre-injury income. This could mean LTIWs were without any income for weeks.

My boss didn't file that claim... really did everything to sabotage, to stop everything, stopped taking my calls, wouldn't talk to the insurance company and WorkCover didn't do anything about it. It was really frustrating.

Amanda, MSD, 56 weeks

Several LTIWs who had positive relationships with their employers pre-claim, described how they experienced unco-operative and even hostile responses from employers once they made a claim. Some LTIWs who were still unable to RTW and had claims lasting over 18 months, reported feeling uncomfortable and 'like a nuisance' when delivering their work capacity certificates to their employers. They felt employers saw them only as an administrative burden who reminded other employees of workers' compensation claims. For those LTIWs who had suffered workplace bullying, having to provide ongoing work capacity certificates to their employer reinforced feelings of disempowerment and negative memories. Other LTIWs felt their employer purposefully lost or delayed forwarding their certificates to the insurer so there would be gaps and delays in their income payments.

I was actually personally taking in my capacity certificates every month to my job, and then they got to the point where the so-called manager threatened to get me escorted off the property... I couldn't understand. I wasn't interfering with work, it was a lunch break... and he says to me.. "You can send it from now on, I don't need you coming in disrupting the workers."

Mario, Fracture, 172 weeks

Key informants considered that RTW and recovery outcomes were worse for LTIWs whose pre-injury employers did not facilitate their RTW. Many LTIWs worried about returning to work and how they would be received by their co-workers. Those who had psychological conditions found RTW particularly challenging. Other LTIWs commented how their employer made little effort to help, or actively discouraged, their return to work. Some LTIWs felt that even if they returned to work, they were likely to lose their jobs because they had made a workers' compensation claim. Key informants also suggested that negative interactions with employers could exacerbate the resentful attitudes held by some LTIWs, and this could result in a desire to maximize benefits and a reluctance to return to work, thereby prolonging claim duration.

The stigma of WorkCover is still very bad with other workers in the workforce... I love these WorkCover ads, where everyone is helping their mate out with his broken arm and whatever. It just doesn't work like that in the real world... Other people will isolate them when they return to work... they isolate them and they don't speak to them, and then the stress gets there, so it's just a vicious circle...

Mediator #1

The other is the shame factor of having a psychological ailment and going back into the workplace. You've become depressed and miserable about workplace bullying and you can't go back because you've got PTSD... then all your friends know that you've fallen apart and you've got a mental illness... it's far easier if you just had your hand chopped off and go back to work, because it's a defined physical event that everybody can see.

General Practitioner #1

Key informants and LTIWs suggested there were two periods when injured workers were most likely to seek legal assistance; either at time of claim lodgement, or at the 52 week point (when the employer's obligation to re-employ the injured worker ends). Injured workers who had longer term claims explained that the primary reason for seeking legal assistance at those times was to learn what their entitlements were in response to unhelpful actions from employers.

I kind of knew it all along [that I should make a claim] but I didn't want to force the issue because, you see guys go on WorkCover and ... same thing happened to me, once your 52 weeks is up, you're out the door.

Anthony, Sprain, 185 weeks

Employers may also be obstructive and not actively assist the resolution of disputes that arise over service provision or RTW issues.

Negative employers more than anything, I think cause problems. The one we had just now, the employer was invited to the conference but didn't come.

Mediator #3

We're sitting across the table, barely a metre apart and they're calling me a blatant liar... there was aggressive interrogation by the representative of [insurance company]... My employer was there, he was hostile, the conciliator had to tone him down a few times.

Simon, MSD, 232 weeks

Several LTIWs and KIs explained how they were disappointed by what they saw as WorkSafe's inactivity and lack of enforcement of existing legislation that requires an employer to act responsibly and assist an injured worker to RTW. They considered that the resources available to larger employers to avoid their RTW responsibilities far outweighed the resources available to

LTIWs to contest such avoidance measures. Key informants and LTIWs provided multiple examples of larger employers who ignored WorkSafe legislation and failed to comply with their obligations to re-employ injured workers.

They'll pay lip service to it.... a lot of medium and large employers can [re-employ injured workers], but they don't, and a lot of medium and large employers employ consultants that look at how to manage their claim, manage their premium and get the worker off their books...Consultants who are [knowledgeable about] not only workers' compensation but industrial relations, and so that they know how both of them work. Self-insurers of course are able to do both because they self-insure and they industrially look after injured workers. But I'm not saying these people are rife, but this is all part of the problem that causes people to be on long term.

Mediator #3

The Work Cover Authority doesn't help because there is a provision in the law that says if you have a capacity that enables you to do some form of suitable employment, then the employer must re-employ you. And if you don't, it's an offence against the law. I think in 20 odd years of that legislation being around, one or two employers have ever been charged. They don't get charged....

Mediator #2

Both KIs and LTIWs considered that avoidance of RTW obligations by some employers meant that claims could be prolonged because LTIWs found it more difficult to find new employment opportunities once they were injured and had a history of making a workers' compensation claim. Additionally, for those LTIWs who were willing but not given the opportunity to return to work with their original employer, it meant that WorkSafe bore the costs of providing occupational rehabilitation to assist them to find a new employer, rather than the original employer bearing the costs of accommodating the injured worker's return to work.

Healthcare providers

Key informants considered that skilled and knowledgeable healthcare providers (HCPs) could influence both recovery and RTW outcomes of injured workers. The manner of HCPs' interaction with LTIWs could make a significant difference to LTIWs' expectations for recovery, their motivation and whether they took an active role in their rehabilitation. Important attributes of effective HCPs included actively speaking about RTW options with LTIWs rather than merely signing medical certificates.

There are certain clients who don't want to go back to work. It's very easy to agree with them and say to them: "I'll just write you another certificate, come back in a month". You've got to have the confidence to say, "Well, no, you really shouldn't be just sitting on your arse doing nothing".

General Practitioner #1

If they've got a treater that ...he's just kind of sitting there and going, okay, come in, I'll give you a certificate, we won't really talk about the treatment at all, that's probably the biggest hindrance. Because you need active management from your treating doctors.

Insurer - Claims Staff #1

Active involvement by HCPs in the RTW process was also considered to be important. Healthcare providers could play an integral role in assessing LTIWs' readiness to RTW, and liaising with employers about potential suitable duties. Injured workers also thought it was crucial for HCPs and Occupational Rehabilitation (OR) providers to have a better understanding of LTIWs' specific job demands and their injuries so they could make informed comment on the appropriateness of the work and LTIWs' actual capacity to do the work. However, the issue of inadequacy of remuneration for HCPs to do worksite visits was raised by all except one of the HCPs who were interviewed. Whilst it was acknowledged that such a visit would help to increase understanding of the work tasks and potentially accelerate the RTW process, the time required could be lengthy and came at a financial cost as HCPs were unable to see other patients.

Positive doctors are important too. If you've got a doctor who works with the employer about a return to work, then things really go well, and I'm not even talking about conciliation. I'm talking about injuries.

Mediator #3

GPs do [site visits] occasionally. Often the work site visit is done by physios but as healthcare providers, we can do more of that. Once again the down side there is actually getting paid for it. I can spend an hour, or an hour and a half at the visit, well that's an hour or an hour and a half that I'm not seeing patients.

General Practitioner #2

The 'red tape' associated with providing services under the WorkSafe system was a factor that led to dissatisfaction amongst HCPs. Multiple medical consultations were required for administrative purposes rather than for treatment. The administrative demands associated with certification of capacity for work were described as cumbersome for both LTIWs and HCPs. Although the length of time between medical certificates can be varied, HCPs and LTIWs reported that in practice, extension of certification periods happened infrequently. They reported that there was little variation between how the needs of injured workers with minor injuries that were likely to resolve in the short term and LTIWs with permanent injuries were certified. Both KIs and LTIWs considered that repetitive certification for LTIWs with a projected 'long haul' recovery, such as spinal surgery, was unnecessary and a "waste of time and resources for all" that engendered ill feeling from LTIWs, and HCPs, towards WorkSafe.

Having to come in and see us once a month...it's a pain in the butt... they've got a chronic problem, they need their medication or whatever but the insurers are very reluctant to allow long term certificates which to me seems fairly stupid. Somebody has been off work for the last 2 years, myself and the orthopaedic surgeon and the neurologist all say look he can't work, you know, why don't we just see them every twelve months or something? We see them once a month... that costs them 50 bucks a month or something which is not much money but, you know, could save their worker and their finances a little bit.

General Practitioner #2

For LTIWs with complex health conditions, being reviewed by their GP every month was considered both an expensive waste of the GP's time and demoralising for the injured worker. Repeatedly seeing doctors only for certification purposes could keep LTIWs focused on being unwell and reinforce the sick role, thus delaying recovery and prolonging claim duration.

Insurers

While insurance agents are the administrators of the workers' compensation system, their claims managers, who translate and implement system rules and regulations, are the public interface that interact with both employers and injured workers. Claims managers therefore play a huge role in injured workers' recovery and the progress of claims.

Both KIs and LTIWs reported how they encountered multiple claims managers during the life of one claim. The frequent changes in personnel were described as frustrating by both LTIWs and KIs as they could interrupt positive working relationships that had developed between the claims manager and the injured worker, employer and healthcare provider. Key informants and LTIWs said that a change of claims managers resulted in loss of knowledge about the history of the claim and LTIWs needs, and caused delays in delivery of services.

There's that history and that intelligence lost.

Mediator #2

It's frustrating because ...the case managers tend not to last very long. So you develop a relationship with the case manager in relation to a particular patient and you understand each other, and then somebody new comes along and they want to review the whole thing ...

General Practitioner #1

Changes in claims managers had a profound impact both on LTIWs and the management of their claim. Both KIs and LTIWs described claims managers as inexperienced and lacking knowledge about injury management and about the compensation system. They considered that the

inexperience of claims managers meant they stuck rigidly to system rules, rather than considering individual needs.

[Claims managers] are very much admin type people. Generally they don't have a great understanding about injury, the medical side of things. They're good at the legislation, but not necessarily at challenging the medical side of things so much.

Insurer - Claims Staff #1

Well, they're so new. It's funny... one of my case managers, I think [number] 14 or 15 or something like that, brand new on the job.... [so I] go through the story again, fine, and probably three weeks later, he wasn't my case manager anymore....probably three months later with case manager 18 by this stage, and he said, hang on, I'll just get my supervisor for you, and bloody number 15 had been made supervisor in three or four months! I said, "Well done, good effort!" And he said, "Well, you know, people leave here all the time. I was the longest serving". So he was the supervisor, so I didn't even ask him the question that my case manager, the newbie couldn't [answer], and of course, so 'Mr Four Months' couldn't answer it either because he didn't know

Brent, Workplace Bullying and PTSD, 228 weeks

It is a full-time job keeping up with [insurer], and no-one at their end, has any practical or logical thought processes. It's just, this is what my procedure tells me to do, this is what I'm doing. There will be no deviation... It's just a titan of a huge bureaucracy where nobody really discusses anything, no-one's really sure about the overall picture of what they do. They just look at the one line, you must do this, it's not an overall picture of how this person's file is or what's going on.

Phillip, MSD, 244 weeks

Both KIs and LTIWs described how a new claims manager may request a fresh medical report from treating HCPs, which increased the administrative burden faced by HCPs and added considerable cost to the claim. They explained that a new claims manager may also reverse a previous claims manager's decision which could mean LTIWs failed to receive legitimate entitlements. Some LTIWs dealt with service denials by researching WorkSafe system guidelines and educating the claims manager. Other less confident LTIWs sought legal assistance to dispute claims manager decisions. Having the insurer renege on existing agreements could be the catalyst for LTIWs to lodge an appeal, which then created further delay in recovery and extended claim duration.

Every time the case manager changes he or she wants another review...That's another report I write, that's another \$300 bucks or whatever and I have to justify ongoing physio and so forth.

General Practitioner #2

[It] would have been \$10,500, I think the gap was...I had no finances... so it [surgery] wasn't actually looking like that was going to go ahead, and it wasn't until I read the whole WorkCover website and found a specific paragraph that stated that if the injured part of my body had been injured prior, it didn't matter, they had to pay for the whole lot. I copied and pasted that page and then sent it to [my claims manager] and then I think it was two hours later they called me back and gave me approval for my [surgery]. But it had been a two and a half month battle just to get that through.

Alistair, Sprain, 166 weeks

There's always a letter saying, "well we can't do this and we can't do that", and then you have to write back and say, "Well, according to this part of the regulation, you can do this and you can do that." So you have to push them all the way.

Donald, Fracture, 58 weeks

I had one at conciliation yesterday where they [the insurer] told me that they were going to accept [paying for] massage. [The IW] got an email saying they accepted massage and a decision would follow through. The worker then changed claims managers and no decision followed through. So the worker's run up \$600 in the cost of massage and the insurance said: "We're not paying for it". And we're saying: "You've told them verbally and sent an email saying you're going to pay for it".

Mediator #2

Injured workers complained that claims managers were often hard to contact and were slow to return calls or email messages. Brent counted 25 claims managers during his 228 week long claim (equivalent to one claims manager every 9 weeks), "*I got nothing from them...two of them were really friendly, one of them was actually helpful*". Both KIs and LTIWs explained how repeating information to different claims managers was emotionally challenging and demoralizing for LTIWs and could leave LTIWs feeling unsupported, frustrated and confused about their responsibilities or entitlements and so unable to manage their own recovery. Many LTIWs and KIs believed the change in claims managers was an occurrence that was purposefully contrived by insurance companies to ensure that claims managers maintained a professional distance and were able to control claim expenditure.

A worker may have a number of different claims managers in the life of the claim. Often workers say: "I've just told person A this and spilled my guts - what's going on, my work life issues, I've got personal issues. I've told them all this and then two weeks later I've got a new case manager and they ask me the same questions again.

Mediator #2

The amount of times over the first few months that I had to bring up the story again, go right through all the details again, which only made me upset again. You're trying to move on... you just want to take a

little step forward, you just want to have a day when it's not right in the front of your mind, every time it gets back there because you have to keep telling the story to everyone.

Brent, Workplace Bullying and PTSD, 228 weeks

I think I'm on my ninth claim manager....I can see why they do it, they don't want the person to have an emotional connection, it's just, every three months it changes. They get their notes in front of them, they play catch-up for the first month and then try and push through as much as you can for the next two.

Alistair, Sprain, 166 weeks

Other KIs and LTIWs commented on how demanding the job of claims manager was and believed stress added to claims manager turnover. Insurer claims staff who were interviewed reported that personnel changes were also influenced by WorkSafe contractual obligations that require an insurer to appoint experienced claims managers to manage different stages of the claim. Although intended to provide a superior service, in practice this requirement could exacerbate the frequency of change in staff and number of claims managers that injured workers, employers and HCPs must deal with.

Evidence showed that claims would be better managed in segments. So people specialise in eligibility – when the claims first come in, there's eligibility specialists who look at liability on that claim. Then it moves onto a return-to-work specialist. Then it moves into a long tail specialist. It's meant to have certain people instead of everyone having an understanding of the whole process. People focus on their skills in certain areas of claim duration which is meant to provide a better service to all parties.

Mediator #2

So the scheme design itself in terms of the case management model, plus it is a tough gig and case managers don't stay in case management forever. Some do, but most don't. There's that churn of case managers that go through and that has an impact on the people at the other end.

Insurer - Claims Staff #2

Long term injured workers noted that they were rarely provided with information about their entitlements and responsibilities by insurers. Many LTIWs mentioned that they were unaware of the range of services that were available to them or how to go about claiming reimbursement. In the early days of their claim, several LTIWs said they had been unaware of their responsibility to ensure the insurer received a certificate of capacity every 28 days and only realised they had not met their responsibilities once their benefits were ceased. Other LTIWs did not know they could contest insurer decisions or how to go about lodging an appeal.

Several LTIWs were able to navigate the WorkSafe website to get information, others learnt of their entitlements via other people, such as healthcare providers, union officials, lawyers and other LTIWs whom they met whilst attending medical appointments or rehabilitation programmes.

Many LTIWs said they had not been informed of their entitlements by their claims managers. Some LTIWs perceived the absence of information from claims managers as an intentional ploy by insurers to save costs.

Lack of awareness about available healthcare and support services meant LTIWs were unable to be proactive in self-managing their recovery. Not knowing the process required to claim reimbursements meant many LTIWs bore unnecessary expense and financial stress. Lack of information and assistance also fostered disrespect and resentment from LTIWs towards insurers.

Well, they never ring back...even in management. [The claims manager] said, "I'll look after it, I will do this and I promise I'll ring you back. So I said, when will you ring me back? Not even that person who was taking charge [rang back]. See [her] words aren't worth much more than that...

Heide, Workplace Bullying and Stress, 264 weeks

It was just so difficult. You just didn't understand what you were meant to do or how you're meant to go about it. I didn't have money to be spending on lawyers and stuff to work everything out, so I was just on the phone, to see what's going on...They [claims managers] never told me about taxis and that. I only found out at the end when a mate said: "...make sure you keep a record of all your appointments". I had a year of physio appointments backwards and forwards...I didn't know about that, and I still haven't claimed it yet, because now I've got to try and go back and find out where all my appointments, who they were with and where they were, like dating back for 12 months...I rang up and asked them [my claim manager] and they said, "Yeah, we'll send you out a form." Why didn't someone tell me about this at the start? I would have done it every appointment. I would have got a signature or whatever I needed every single time.

Carl, Carpal Tunnel, 56 weeks

Someone called me, but the problem is when we talked originally about all this stuff, you're in so much pain that I don't think half of it sinks in.

Jill, MSD, 62 weeks

Timeliness in provision of information seemed to be an important factor. Several LTIWs acknowledged they had been advised of their entitlements but had been too unwell to retain the information, or the information had not been relevant to their current stage of recovery at the time it was provided.

Occupational Rehabilitation Providers

Both KIs and LTIWs described inadequacies in the occupational rehabilitation (OR) services available for injured workers. Injured workers are referred by insurers to OR providers early in

the claim for assistance for 'Original Employer Services', to negotiate a RTW program if there was a chance they would recover sufficiently to return to the original employer. If unable to return to work with their pre-injury employer, after 52 weeks injured workers could receive 'New Employer Services' to help them locate a new employer and/or find a new job.

Occupational Rehabilitation providers are required to provide specific vocational services aimed at improving RTW possibilities for injured workers. However, many LTIWs reported that OR services were not helpful in getting them back to work. Injured workers who had longer term claims described OR services as a "one size fits all" approach that were not tailored to individual needs. They complained about having to attend group training sessions, such as resume preparation or job search training that were well beneath their own knowledge and experience level. Injured workers with longer term claims reported multiple instances where OR services were either ineffectual or wasted their time and created costs (travel fares, petrol and parking fees, and increased pain medications) they could not afford as they had limited incomes. Injured workers with longer term claims also explained that because of compulsory participation requirements, OR providers would insist LTIWs attend sessions and if LTIWs didn't attend they were threatened with, and sometimes were, reported to insurers by OR consultants. Non-participation could place LTIWs in breach of their responsibility to cooperate with vocational rehabilitation and as such their entitlements were at risk. Several LTIWs sought legal advice in response to pressure from who they considered to be overzealous OR consultants, to clarify their responsibilities regarding RTW.

Both KIs and LTIWs described interactions between OR providers and LTIWs as unhelpful and adversarial. Some HCPs and LTIWs considered that especially for LTIWs with a psychological condition, the relationship between OR providers and LTIWs could include an unhealthy dynamic where LTIWs felt bullied by the OR consultant, which replicated problems LTIWs had experienced with their employer and had prompted their workers' compensation claim. This meant some LTIWs considered they were subjected to unnecessary services that did not advance their RTW potential and increased their levels of stress, which negatively affected their recovery.

I don't know whether it's just some of the workers I've dealt with or some of the businesses I've dealt with. But there's an adversarial thing, between the worker and the [occupational] rehabilitation provider... There seems to be a constant conflict between the client and [OR provider]... it's not a cooperative thing, whereas it should be.

General Practitioner #1

With the work rehabilitation people that I've dealt with, there was always an implied threat that unless I did everything they told me to do, [insurance company] was going to stop payments. It wasn't as clear as that but there was that implied threat all the time.

Maree, Workplace Bullying, 129 weeks

So she [OR consultant] said, "okay, we need to sort of get you right to go back to work". I said, "Okay, I probably don't need any assistance"... So she said to me, "next week you'll have to come back here. We're doing a course on how to put a resume together". I said, "I'm pretty right with that. I was General Manager of a national company and we actually taught all the job starters and we used to teach people to put those together, that's what we did. In my role as General Manager, I did all the hiring and firing and I put resumes together for people. That's what I used to do". She said, "well, you still have to attend the resume training...it's only an hour and a half. Just sit there at the back and you'll be fine".

Brent, Workplace Bullying and PTSD, 228 weeks

Both KIs and LTIWs reported that OR consultants didn't adequately understand the nature of LTIWs pre-injury jobs, or how the limitations from their injury would affect their ability to RTW. Both KIs and LTIWs explained how the jobs that were identified for LTIWs were inappropriate or would not provide a living wage (examples provided included school crossing attendant or pamphlet delivery). Several LTIWs were frustrated when OR consultants failed to discuss RTW options with their existing employers who were supportive and were prepared to accommodate their needs when they were sufficiently recovered to RTW. These LTIWs reported they were inappropriately referred to New Employer Services although this service was not required. A number of LTIWs felt OR consultants not only didn't understand their job requirements, but also didn't understand the impact of their injury or how they were having trouble coping. Several LTIWs also reported how OR consultants would ignore GPs' written advice certifying them as unfit to RTW.

None of the work rehabilitation people recognised the grounds or the reasons for my work injury. It was irrelevant, really irrelevant to the scheme of things for them. And they were always trying to get...me back to work, but my doctor, had always filled in the form, the certificate of capacity stating that I was unfit to work and they just disregarded that all the time.

Maree, Workplace Bullying, 129 weeks

They just tried to push me to go find the work...they tried to ... drum it into you that pain is only in your head, it's not there, it's not real...my capacity for work was still 'no capacity for work'.

Adam, MSD, 142 weeks

They're very, very pushy inappropriately. You know, we've got patients who, no way they can go back to work yet, but people are actively sort of pushing jobs that are not suitable at them, and indicating that they should you know, apply for these jobs. It seems quite weird.

General Practitioner #1

It cannot be a, "you must do this or your payments will stop, you must go back to work or they will terminate your payments", and that's the type of thing you get from the agencies and from the insurer, it doesn't work, it will never work like that.

Lawyer #2

Both KIs and LTIWs reported occasions where OR consultants had failed to respect LTIWs' privacy and had attended medical appointments or liaised with treating practitioners without seeking approval from LTIWs. Several KIs said they had refused to speak further with OR consultants who overstepped their role.

However, there was recognition from KIs that helping LTIWs who had been off work for a prolonged period was a difficult job that required high level interpersonal skills. There were also positive stories from LTIWs about how OR providers had been very helpful in identifying a new career that suited their interests and physical abilities, and gaining approval for retraining courses from insurers.

I think that's the hardest thing for anybody to do, is to try and independently liaise between an employer and a worker and the insurer to try and engineer a really successful return to work.

Lawyer #2

Two years down the track where they've been off for a long time, that is a generally challenging concept for most people to sort of think about, and the fear avoidance around going back to work is often huge so they [LTIWs] tend to have a very very negative outlook towards that. So I think the occupational people tend to be running a very uphill battle. The hardest ones are the ones who've already been, who no longer work for the same employer that they did and then looking to find something else is genuinely challenging.

Physiotherapist #1

Participants noted that OR providers are also limited in how they can assist LTIWs due to system constraints. Voluntary work can help injured workers engage with the community and regain confidence to RTW. However, participants felt that the system discouraged LTIWs from undertaking voluntary work because of the potential impact on wage benefits. The value of undertaking retraining rather than being inactive whilst recovering from injury was also promoted by several KIs, but it was acknowledged that participating in retraining courses could have implications for LTIWs' wage benefits.

No, because on the form, the certificate of capacity, you've got down mark down whether you do volunteer work or work anywhere else, that's every month, you have to fill that form in. So I think if you did work...obviously it affects your payments.

Maree, Workplace Bullying, 129 weeks

But if you could actually go to school and be paid to go to school, which is the important thing, because you've got to support your family. At that point, surely, off you go and [recovery would] improve...So it's probably worthwhile putting money into retraining.

General Practitioner #1

You have to go through a fair few hoops to get to those programs. They're not usually offered easily by agents or by rehab providers, and you have to have exhausted all of the options of returning to the previous employer. So the idea that anybody could be retrained for something else, just in my experience, it happened in a handful of cases over 15 years of this work and doing hundreds and hundreds of these cases.

Psychologist #2

It seemed that other WorkSafe programs aimed at helping injured workers obtain employment were under-utilised. Less than a handful of participants were knowledgeable about the WorkSafe Incentive Scheme for Employers (WISE) program which was targeted at employers to help them fund return to work. Only one LTIW reported that their OR consultant had suggested he personally approach employers and offer them the scheme, despite his incomplete understanding of how the subsidy worked. No other LTIWs reported that the WISE program had been used in their case, or was offered to employers by the OR providers to help them obtain employment.

Systemic Factors

While injured workers' interactions with various stakeholders can serve to slow recovery and return to work, specific events and process can also lengthen claim duration. Some of the key events are detailed below:

Delays throughout the system

A major theme that occurred frequently across all interviews was the problem of timeliness. Delays were reported by KIs and LTIWs across *all* stages of the compensation process, and no process seemed immune from experiencing some type of hold-up. Interruptions to claims administration, rehabilitation of LTIWs and resolution of disputes were identified as consequences of claim delays.

Deferred lodgement of claim

Participants considered that when lodgement of claims were delayed, then treatment for LTIWs could also be delayed and so could have a significant impact on LTIWs' recovery. Both LTIWs and KIs mentioned how the lodgement of claims could be deferred due to inaction by LTIWs or their employers. It was suggested that an injured worker may be hesitant to make a claim because of stigma about having a workers' compensation claim and receiving compensation. Some LTIWs feared that they would not be believed, especially when their injury was not physically obvious or if it was psychological in nature.

Both KIs and LTWs described how some LTIWs only filed a claim once their own financial resources were depleted. Injured workers with longer term claims had also commonly used sick leave and annual or long service leave entitlements when they thought they had only a minor injury and would recover and return to work quickly.

I dropped my bundle and then I went and used up my sick pay... I was still seeing the psychologist. I used the mental [health plan to subsidise treatment] ... I had no idea, I was just a mess, and for part of my rehabilitation, I ended up deciding that, to get some recourse and accountability from how the Principal had been treating me, was that I was making a step of filling in a WorkCover form.

Maree, Workplace Bullying, 129 weeks

Pending and investigating claims

A number of KIs considered that a significant contribution to prolonged claims was the pending and investigation of claims. Claims staff who were interviewed explained what might take place when a claim is 'pended' and insurers investigate events surrounding the claim. An appointed investigator may interview the worker, their work colleagues and management, examine the worksite, and review the worker's previous medical history, before deciding whether or not to accept liability for the claim. Whilst insurers have a legislative requirement to advise injured workers within 28 days whether a claim is accepted, many LTIWs said how the waiting period caused considerable stress and uncertainty in addition to their injury-related worries. Because pending a claim delays determination of liability, it subsequently delays the provision of treatment needed to help injured workers' recovery.

Other important consequences of pending a claim were the impacts on relationships between the injured worker and the employer and insurer. Both KIs and LTIWs considered that pending and investigation seemed to occur routinely for particular types of claims, such as mental disorder claims. It was suggested that investigating LTIWs and the circumstance of the claim could contribute to an adversarial and distrustful atmosphere. This lack of a co-operative approach to claim management could impede LTIWs' recovery.

A big one [negative influence] probably is at the start if their claim is pended as well, so they [injured workers] think they're not believed... If you've got somebody hanging, not knowing whether their claim is accepted or not, that just starts tick, tick, tick, like that person wondering, hanging in limbo essentially, not knowing whether they're going to get paid, not knowing whether their bills are going to get paid. It just starts people worrying I think.

Insurer - Claims Staff #1

It's like 94 per cent of physical claims get accepted, whereas we're only probably accepting about 30 something per cent of psych claims that come through ... nearly every psych claim goes through the pending process, so they will be pended for 28 days. In a way I can see why they do that because they're more complicated. If there's something like bullying and harassment, that always needs to be investigated. If it's a traumatic psych claim that would just get accepted straightaway... But the ones that get pended sometimes aren't the more complicated ones. So when you're dealing with somebody that is struggling psychologically as well, having to wait 28 days, in itself is a problem, because you're already dealing with somebody that's struggling.

Insurer - Claims Staff #1

Stress claims are another one where we do a lot of investigations on at the initial stage... They don't believe anyone is listening to them and that in itself, the fact that it's adversarial right at the beginning of the claim, isn't necessarily a good thing for the longer term.

Insurer - Claims Staff #2

It was reported that in some instances, employers' pressure claims managers to pend a claim. The experience and injury-related knowledge of the claims manager was considered influential in whether or not this occurred. Employers who held sceptical attitudes towards injured workers could delay lodgement of claims and/or pressure claims managers to reject or investigate claims, thereby delaying payment of wage entitlements and provision of treatment for LTIWs. However, some KIs were aware of the psychological and medical impact on LTIWs and believed it was important that liability for claims be determined more quickly.

With our larger clients in particular, employer pressure can definitely drive whether we 'pend' a claim or not because our eligibility officers aren't necessarily confident in challenging it from a medical perspective ... and the employer is throwing their hands up saying, "we don't want it accepted," but their reasons aren't really legitimate.

Insurer - Claims Staff #1

The things that will probably tell me if it's [going to be] a difficult claim, the first thing is if the employer is digging their heels in to say it shouldn't be accepted when there's clear evidence it probably should, and that to me sometimes flags that there's other issues going on, maybe relationship issue with the employer and the worker.

Insurer - Claims staff # 2

The quicker we can get an answer I think the better it is for their mental well-being probably more than anything else. And some people can't afford treatment either. So if we can get an answer quickly, we can start paying their bills quicker, and them getting the treatment they need... the quicker that it gets into the [claims] teams to start working on that, the better it kind of is for everybody.

Insurer - Claims Staff #1

Delayed provision of healthcare services and/or approvals for ongoing treatment

Several KIs discussed how there could be lengthy delays associated with gaining approval for treatment and how delays in approvals translated directly into delays in LTIWs' treatment and recovery. The process of getting treatments approved was described as onerous by a number of KIs.

Your doctor just can't refer to you off to have certain things done without the insurer giving approval... say they want you to do a pain management course or a gym swim programme, Pilates, et cetera, they have to get approval from the insurance company... And that prolongs the process as well

Mediator #1

Sometimes we do take too long to approve things, requests that come through, and whatnot, and that can delay their treatment. Some people aren't happy to just go and have the treatment and pay for it themselves. And some people aren't in the financial position to do that either. So they'll wait for us, and then that might be too long, yeah. So that can probably delay recovery sometimes.

Insurer - Claims Staff #3

Time spent waiting for approvals meant delay accessing diagnostic tests and treatments. One GP who was frustrated by delays said, *"it seems to take a lot of time and effort, repeated letters, and I have a system of ringing daily"*. Delays in approvals were often attributed to documentation that became lost by insurers.

There seems to be a lot of difficulty and time wasted with the insurance companies approving [medical] investigations and operations... It takes months to get an X-Ray ... or months to get an operation authorised when it seems patently clear that the specialist who is treating them thinks that's the best idea.

General Practitioner #1

Then the pain specialist wrote to them and said, "I want to give this guy an injection in his spine."... They sent that in the last week of May. In early July, I rang the specialist to say what's happening. They said, "We've heard nothing back from your insurer, call your insurer." [The insurer said] No, we've got nothing". I rang the doctors back. They said, "We faxed it, here we've got the fax stamp on. We've got the record. It's gone yes, it's gone to that number, your case manager, personally addressed to

him". [I rang] back to my insurer, "Oh better send it in again... sorry, mate, end of financial year, probably can't process it for two weeks"... from a diagnosis in May that I've been told that I won't get the injection till mid to late August.

Mark, MSD, 61 weeks

Your health and well-being is based on someone, a keyboard warrior, someone in front of a computer desk. So that's something they need to improve on especially, is obviously serious injuries and fast tracking you know, divide it into serious, medium, low, rather than just throwing all the paperwork in, in that area, you know, determine this bloke's in pain, let's get the progress going. That was the major [setback], I've got a lot of anxiety from that, waiting for that to get approved and once it got approved, I had my surgery and it delayed me going back to work for another three months, but obviously I got made redundant in the meantime in between.

James, MSD, 57 weeks

Many KIs discussed how insurers challenged a HCP's treatment recommendation and sought a second 'expert' opinion. Sending LTIWs for an independent medical evaluation had the effect of delaying treatment and recovery for LTIWs, thus prolonging claims.

A surgeon decides they want surgery, but we decide we need to get an independent medical assessment to determine that. We sort of have this upper hand attitude of well, we're not making a decision. We're going to get an independent assessment. We can't get one for four weeks, so we're just going to literally sit on it...We have the power to put this big fat pause on their claim. But ...you can't put a pause on an injury, it's still happening, whatever it is. And you can't put a pause on life and you know. There's just a huge disparity in how the system works and how life works.

Insurer - Claims Staff #3

It was suggested that decisions about treatments for physical injuries are made more quickly than those for psychological injuries. Some KIs considered that in comparison to guidelines for physical treatment, the guidelines for the approval for psychological treatment were unclear. Several HCPs commented on how psychological therapies were funded under the compensation system. WorkSafe clinical guidelines recommend that clinicians encourage injured workers to take breaks from treatment (in order to discourage injured workers from becoming dependant on the therapist). However, insurers may not approve funding for an injured worker who returns for psychological treatment at a later stage. Difficulty obtaining approval for subsequent treatment was also reported by LTIWs who had previously received funded psychological treatment.

We find that often a frustration of ours is that there isn't that speediness of decision making made with mental injury treatment as there is with [treatment for] physical injury.

Insurer - Claims Staff #3

When I have people that want to come and see me and it's more than 12 months, that becomes a little bit more difficult and complex and then you have to check with the case manager, and I have had a situation that's been refused. So, it's difficult my end, ... to say to people, "well, you know, WorkCover are not going to be funding this, so you're welcome to come and see me however you will need to pay out of your own funds".

Psychologist #1

They're [insurer] not paying medical, for me to go to the psychologist even though I still go, and that's paying out of my own pocket for it, until I got a mental health plan again.

Brent, Workplace Bullying and PTSD, 228 weeks

The majority of LTIWs reported that in the end they were satisfied with the medical treatment and rehabilitation services they received. The issue for many participants was simply the period of time it took to receive advice from the insurer regarding approval or denial of services.

I can't growl about the treatment I've had ...the medical treatment has all been wonderful... It's just waiting for the decisions to be made, that's what gets you down, because you know you need it, you're desperate for it. I can't afford [to pay for] it myself.

Kate, MSD, 236 weeks

Belated payments and reimbursements

Both KIs and LTIWs described difficulties and time lags in receiving payments for services or reimbursement for expenses. Delays in payment for services meant HCPs became frustrated with the system and hesitant to provide services to any injured workers. Despite WorkSafe written guidelines on approved treatments, many HCPs were distrustful of insurers as they feared they would not be paid for services without approval in writing. This produced a trickle-down effect where delays in payments to HCPs delayed LTIWs' access to therapists and so to treatment.

It's not meant to be a delay in relation to MRI's for example. They're meant to be [a] straightforward process but you find there's still a delay because the doctors say, "well, I'm not performing it until I get written approval" and they say "we don't need written approval"... [but] "history shows we [doctors] still don't get our accounts paid". So whilst WorkSafe have put in that ... [guideline] that you can have this straightaway, providers still aren't putting it through because they're afraid they're not going to get paid.

Mediator #2

We pay less than they would be able to bill privately, and because of all the rigmarole that you have to go through from a WorkCover perspective, especially from a surgery perspective, a lot of surgeons and the specialists, they will avoid WorkCover patients, because of all the reporting requirements, the fee

structures ... The higher end providers aren't available for WorkCover patients. And that creates issues around availability of treaters, there's only so many left to do all WorkCover patients.

Insurer- Claims Staff #4

Other KIs explained how there was a financial cost to the provider in delivering services under the WorkSafe system. Several KIs described how they employed clerical staff to help manage administrative demands, to follow up on treatment approvals and to recover outstanding payments. They reported how a verbal approval from an insurer was insufficient to guarantee that payment would follow. Psychologists who were interviewed reported how payment for psychological treatment was not always assured even if the injured worker had an accepted mental disorder claim. Some KIs considered it was far simpler for a provider to treat clients who were not involved with workers' compensation. They reported that some providers choose to limit the number of injured workers they assist to avoid overloading their practices due to the cost and time-consuming complexities of providing services to WorkSafe claimants.

My staff here spend half their time on the phone to the agent trying to work out the WorkCover claim, which may be an approved claim, whether they're prepared to accept the psychologist. And even when it's a psych claim, they won't accept the psychologist necessarily, and often you don't have anything in writing about it. You've just got the claims officer saying, 'yeah, yeah, we accept it', and then you start billing them and they go, 'no, we never accepted that'.

Psychologist #2

The red tape involved writing reports, trying to get paid by the insurer, sending out bills, not getting paid, the administration, getting your notes subpoenaed, all this sort of stuff, too much hassle.

General Practitioner #1

I've seriously considered saying: "Stuff it, I don't want to do any more WorkCover." I can deal without the aggravation... the administrative requirements.... We've got to go through all sorts of hoops to justify things.

General Practitioner #2

Key informants also spoke about the difficulties associated with pharmacological treatment for injured workers. Both KIs and LTIWs reported that pharmacists had difficulties with slow payment from insurers and as a result would refuse to provide prescriptions for injured workers. This added further stress for LTIWs who were forced to go 'pharmacy shopping' in order to source medications to follow the treatment recommendations of their doctors.

There are very few pharmacies who will deal with TAC and WorkCover... Because they just don't pay their bills... they just leave trails of debt all over the place... So [LTIWs] they'll hunt around and hunt

around for pharmacies that will deal with them and they end up going out of pocket and loving the insurer even less.

Occupational Therapist #1

The other side of the issue was also noted; insurers kept a close eye on prescription approvals because of the risk of addiction that could confound an IW's recovery. However, GPs were often annoyed that their prescriptions were reviewed and certain medications were denied by claims managers who had no medical training.

The injury management advisors play a lot larger role in assessing what we can and can't pay for with the medications. So they will review a lot of the, the requests for treatment, the requests for medications that come through and approve them or not, where previously we never really looked at that.

Insurer - Claims Staff #2

Because LTIWs are on reduced incomes, payment delays added unnecessary financial pressures and stress, and meant some LTIWs ceased their rehabilitation treatments as they could not afford to personally pay for them. Some payments never arrived, or reimbursements were denied, and both KIs and LTIWs reported that these occurrences prompted LTIWs to seek legal assistance and/or lodge appeals against insurers.

There's a lot of non-action by the insurance company, they fail to respond to certain requests. They fail to pay invoices or accounts which generate appeals.

Mediator #2

Delays in reimbursements were not always due to LTIWs' lack of knowledge or tardiness on behalf of insurers. Longer term injured workers also described how delays could be attributed to inaction by employers which slowed the claims process.

I had to keep asking [my employer] "where's the money for my doctor's bills". [My employers would say] "We're waiting for the insurer," and then I'd ask the insurer about it and he said ... "No, we won't pay him until he pays his excess," which is pretty terrible when you own multi-million dollar businesses and ... this is their third claim. But I did get it, just took a while...

Alison, Contusion, 56 weeks

Seeking legal assistance to navigate the system

There were a few key events that provided impetus for LTIWs to seek legal support. The 52 week mark was an important point in the claim when LTIWs were anxious about the status of their employment and were uncertain about their employer's obligations to re-employ them. This uncertainty led to LTIWs finding an 'expert' who understood the system well and could act on their behalf if needed. Frequently LTIWs explained it was written correspondence sent by the

insurer about the impending end of the 52 week period, and reduction in wage benefits, that spurred them to search for legal representation.

I knew I had to go and look at legal assistance before the first 12 months was up, so I went in, saw them at about 11 months.

Alistair, Sprain, 166 weeks

At the 52-week mark, when I got the paperwork saying they're going to cut down the payments, just had to see [a lawyer], because I had no idea about the legislation about it, to see if that was right.

Ian, Spinal, 55 weeks

Injured workers with longer term claims also reported that they sought legal assistance because they had low literacy and/or felt they didn't have the necessary skills to navigate the system. They described how lawyers acted as intermediaries with insurers to get what LTIWs needed and provided assistance with formal disputes. It seemed that lawyers served as 'guides' to the system as many LTIWs contacted them to find out what their entitlements and responsibilities were.

I needed help in dealing with it, an outside voice type thing to help, some support because it was just me injured, that was it, up against an insurer. I needed some legal help.

Mike, MSD, 293 weeks

I didn't know, my literacy and numeracy is next to nothing, reading and writing weren't good. But all the paperwork had to be done, whatever, I needed someone that does this sort of stuff... filling all the forms and that, it's just paperwork out of paperwork, which is the biggest hassle... they've got a solicitor to do that for you.

Bill, MSD, 89 weeks

When I had this trouble with the WorkCover, the [occupational] rehabilitation people came after me, I spoke to the union and then I thought no I'm going to ring a lawyer because these people were upsetting me so much and I just wanted to know what to do.

Maree, Workplace Bullying, 129 weeks

Views differed as to whether legal intervention further delayed LTIWs' recovery and prolonged claim duration. Injured workers reported that having a lawyer 'on their side' assisted them to get medical services and surgery that would otherwise have been delayed by insurers, and so their recovery was speedier. Some KIs felt that once LTIWs were considering lodging a common law claim, recovery and RTW was stalled due to the lawyer's advice that the injured worker should "not look too well" as this could reduce the amount of compensation awarded to them. Lawyers reported being aware that LTIWs could concentrate more on the court case and less on recovery. Some KIs tried to advise LTIWs about the risks associated with proceeding down a legal path.

They will contact my insurer and say, we're going to take you to conciliation now because you haven't responded to this man's request... [within] 20 working days, for his gym program.

Peter, MSD and PTSD, 175 weeks

In certain situations, it means that [legal intervention] totally halts the process, because the lawyer is likely to say, "well, until we've sorted this out, you can't go back to work, you've got to remain sick"

General Practitioner #1

Often it's not financially in the best interests of the claimants to return to work, because when they go for common law, they need to maximise their opportunities and the best way to maximise your opportunity in a pecuniary loss matter is to stay away from work. If you've gone back to work, your pecuniary loss drops off and then you've only got your non pecuniary loss, your pain and suffering... The obverse of the above is that there are many independent examiners who believe injured workers have no incapacity and should be able to return to work.

Mediator #3

I don't think there's any doubt having a common law claim affects how people think, you know in a lot of respect I think we can be very negative in the sense of they think too much about the claim and whether things that they do might adversely affect their claim rather than thinking about their health... As a lawyer, I sort of say to people "look you've got to think about your health, you know you may or may not get \$100,000 you know, there are risks associated with that process but from my point of view, person to person, I'd like you to be as well as possible" and then explain to them, look the money that you get is never going to be enough and it doesn't make it better.

Lawyer #2

Delays in the resolution of disputes

Both KIs and LTIWs reported having numerous disputes with insurers and these disagreements could result in medical services and other entitlements being suspended until the disputes were resolved. Suspension of treatment for LTIWs meant their recovery was delayed and claim duration was lengthened.

When dealing with insurers regarding disputed treatment plans, denials for surgery or seeking payment for services, HCPs reported they had no formal avenue of review. Healthcare providers considered their only recourse was to negotiate directly with claims managers and accounts payable departments.

Most KIs viewed the workers' compensation system as adversarial, where decisions were driven by cost containment and not with the purpose of facilitating injured workers' recovery. Key

informants reported how their medical opinions or treatment plans for LTIWs were regularly disputed by insurers, particularly for ‘invisible’ or mental health injuries. It was suggested by KIs that the default position of claims managers was to reject claims for treatment.

The whole system is based on not trusting the worker and not trusting the people that she or he chooses to look after their injury... the thing that I find most difficult is the fact that the insurers as a rule, take a position of being suspicious right from the start.

General Practitioner #2

If the insurer said: “We actually do get it. Okay, we may be constrained by legislation but within the bounds of our legislation, we will assist you”. That’s a slightly different message to the one I think people are getting.... [about] an insurer who is primarily concerned with their profit and not spending money.

Occupational Therapist #1

Sometimes our case managers can get lost in limiting things rather than giving them, and saying well, this person is entitled, so give it to them so they get better, and making those decisions quickly, rather than us delaying it, which delays the treatment which delays the recovery.

Insurer - Claims Staff #2

If injured workers choose to appeal an insurer’s decision, they must negotiate several processes, from internal reviews conducted by senior claim staff through to legal hearings external to the compensation system. Both KIs and LTIWs reported that disputes were often not resolved by internal review, but escalated to mediation through the Accident Compensation Conciliation Service, determination by the Medical Panel, or formal court proceedings. Disputes often involved LTIWs attending independent medical evaluations. Key informants commented how reports and opinions from independent medical examiners were integral testimony in negotiations between insurers and injured workers’ legal representatives.

Independent medical evaluations

Independent medical evaluations are used for many purposes in managing injured workers’ rehabilitation. They are used by insurers when determining liability of a claim, to assess injured workers’ progress, the need for and suitability of treatment, injured workers’ capacity for RTW, as well as assessment of injured workers’ final level of impairment for determination of financial compensation. This can mean that injured workers are sent to multiple independent medical evaluations (IME), a process seen as problematic by both KIs and LTIWs. Both KIs and LTIWs described how IMEs could have a negative and even damaging impact on LTIWs’ recovery.

You're having an independent medical [examiner] doing an assessment on someone that they've never seen before, they have all the information and they make a judgment on the [IW] presentation on the day, and that could make or break the person as well.

Employer, Healthcare sector #1

Other big points are independent medicals. [They] become a big deal because people kind of see them as they don't believe me anymore.

Physiotherapist #1

The frequency of IME appointments and the necessity of re-telling the story to different examiners who had not previously seen the injured worker and so were unable to assess their progress, was described as a problem. This was a particular concern for LTIWs who suffered traumatic mental health injuries. Repetitive IMEs could set the worker's recovery back and prolong claim duration.

I've had people say that they will go three, four, five times more a year and they have to just go over the same old again and it upsets them to talk about whatever their situation is, to relive it all again.

Psychologist #1

She's so unwell with her psychological problems and her anxiety and her depression that [IME] actually popped her back a few steps... [because] she had to go through the whole thing again.

Employer, Healthcare Sector, #1

Injured workers reported waiting months for IME appointments and then a further month or more to learn the outcome of the assessment. Being sent for an IME added further delays to IW recovery as approval for treatments and surgery may not be provided until the insurer received the IME opinion.

Both KIs and LTIWs questioned the quality of the examinations and reliability of information gained. Examiners reported that often they had not received all the relevant reports from the insurer. Many LTIWs described having IME appointments that were hurried. They involved answering the examiner's questions without ample opportunity to provide their own version of events or thoroughly explain their symptoms. A number of LTIWs who had physical injuries described being hurt by examiners during the examination process and two LTIWs said that because of reports from other LTIWs, they had expected to be hurt.

The funny thing about this next one [IME] in the city was that I went there, and I was with him six minutes. I actually had more time in the waiting room than I did with him... about three months later and the same guy, I actually saw him again...[for] about 10 minutes.

Brent, Workplace Bullying and PTSD, 228 weeks

The insurance company sent me [to a psychiatrist] and this guy sort of asked me a question and then filled in the answer himself, and I very rarely had a chance to speak, and in the end, I had to verbally attack him just to get my point of view through. And then they get his report and go, oh no, he reckons you're fine.

Alistair, Sprain, 166 weeks

I was doing really good there until the doctor, the insurer doctor in the city there told me to bend here, bend there, so I, you know, I bent here, I bent there, and then after I left the office because his office is in Collins Street, I had to walk around the corner to the car park. I said to my daughter on the way home, "I'm going to pay for it tonight." And my eyes were hanging out of my head [due to pain].

Adam, MSD, 142 weeks

Injured workers who had psychological conditions described how IMEs increased their distress, as they found re-telling traumatic experiences upset them for days or weeks afterwards. Many LTIWs who had anxiety symptoms or chronic pain found the process of travelling to the city exacerbated their condition, yet insurers would not accommodate their need to be seen in their local area.

At the time, I couldn't go to a shopping centre because of crowds, I couldn't go near groups of people. I did explain to my case manager who guides this, that look, "I'm not going to feel comfortable in the city... There's got to be 'nuts' in the suburbs, surely we need psychiatrists out there?" They said, no, that's the only option. And then I got the letter, if you fail to attend, then your claim will be [suspended], you know. So I had no option, no option whatsoever.

Brent, Workplace Bullying and PTSD, 228 weeks

Several LTIWs described how they had lost entitlements as a result of attending an IME. One example came from an injured worker who developed severe depression secondarily to a knee injury that required three reconstructions. He described how a sole psychiatric IME that had been conducted six months earlier had resulted in his losing income benefits, despite his being unfit to RTW and requiring further surgery and ongoing treatment.

[Insurance company], they sent me the letter... saying I was fit for work [according to] their psychiatrist. I said, "but he's got nothing to do with my knee". But it doesn't matter as long as one doctor says that you're fine to go back to work, it doesn't matter whether it's related to your head or your injury, you've

got to go back to work. I did that [IME] in October 2015, but he more or less wrote in his report, in six months he should be fine to go back to work.

Gary, MSD, 155 weeks

Several LTIWs held the view that they were being sent to IMEs until the insurer obtained an opinion that allowed them to terminate entitlements.

I go and I see this psychiatrist. I've never been to a worse doctor. He didn't go where the evidence led. He had an idea in his head and ...all he wanted to do is talk about my childhood. Didn't care at all, was not even interested in how everything had gone down with my boss and how stressful it was and all the things that have just driven me crazy, and I'd be having a good day and then the insurance company calls me and that's it, I spend the rest of the day in bed just completely depressed, and he didn't want to talk about that at all..... His assessment was ... that my problems are not from the injury, they're because I'm a deeply troubled person. I was dumbfounded.

Amanda, MSD, 56 weeks

Termination of entitlements that resulted from IMEs could lead LTIWs to lodge an appeal or seek legal assistance to assist them to get their entitlements reinstated. Disputes meant further delays that could lengthen claim duration.

Conciliation

If negotiation directly with insurers did not resolve the dispute, LTIWs commonly reported that they would resort to conciliation to obtain and regain their entitlements. However, both KIs and LTIWs reported there could be a six week delay before cases were heard, which could add further stress and interruption to treatment and hence prolong claim duration.

Injured workers with longer term claims reported that they sought conciliation to resolve various types of disputes including: dates of claim lodgement, employers incorrectly lodging claims for only medical and not wages, termination of wages payments and termination of services. Some LTIWs had been to conciliation for the same problem which was resolved in their favour on multiple occasions.

they cut your money off, then it's about six weeks before you get into conciliation....then they came to the party and said, "Okay, our calculations of average hours was wrong. We'll pay you this much from now on."

Donald, Fracture, 58 weeks

I'm about to go to conciliation for the fourth time, and I've been really patient about this....they [insurer] won't pay, they haven't paid the physio for over a month. I had trouble paying the psychologist. They were supposed to pay for gardening and housekeeping... They paid two lots of housekeeping which was what I was entitled to, but they took so long to pay them, that they wouldn't do the gardening, and then by the time they did get paid, it was past the [allowed] time, so I never got any gardening, so I have to go to conciliation about all those things. It's just a nightmare.

Bec, MSD, 89 weeks

I had to go to conciliation, when they stopped certain things and I've been to conciliation three times and I've come out on the better side of the three times.

Mario, Fracture, 172 weeks

Injured workers with longer term claims and KIs described how insurers would compromise by offering a limited number of sessions of services or medical treatment, or would reinstate wages for a brief time and then refuse to accept liability for any further claims. When insurers failed to honour the agreements reached through conciliation, then LTIWs repeatedly resorted to conciliation to argue the same issue. Key informants considered that repeated disputes cost time and money for all parties and congested the conciliation service, which further delayed the resolution of disputes.

I've had it cancelled four times, the physio... and it's almost like a game, I think, for [the insurer], but, so they cancel it, and it stresses you... and every time you go to conciliation, "We're prepared to offer you another 20 weeks," so you're stressed out for six weeks, you know you're going to lose your physio....then just before conciliation was due, the day before, they ring you and say, we're prepared to offer you 15 weeks. Like you're absolutely stressing out because you've lost your physio. And then they give it to you, it's just a game.

Derek, MSD, 165 weeks

Often they do pay it before you go to conciliation but if they don't, you just go to conciliation and they say, yes, we'll do that, and the conciliator says, yes, that's okay. That's what you're going to get, but then you don't get it. And the only way you can get it is to go back to conciliation, go through the whole thing again, not necessarily getting what you're entitled to in the first place. Why don't they just give what they're saying they'll give when they're going to give it?

Bec, MSD, 264 weeks

So we go through, at conciliation, we'll go through this, what I describe as a charade sometimes where we send matters to the medical panel and the medical panel in the main say, "don't kid yourself, they're not going to go to work". So when you go to the medical panel, the law says that a medical panel opinion must be accepted as final and conclusive. So if you go through this charade and then go to the medical panel and it says, 'fine and conclusive, unless there's a material change in your circumstances', they [insurers] won't touch you again. They can't legally, but that doesn't stop them trying. So they sometimes go through the charade again.

Mediator #3

Medical Panels

Both KIs and LTIWs described how disputes were not always settled at conciliation and sometimes escalated. For some cases this meant the injured worker was assessed by a Medical Panel, while in others the case proceeded to court. In either circumstance, injured workers faced

substantial waiting periods. Injured workers with longer term claims reported that to progress from Conciliation to a Medical Panel could take between 6 weeks to 9 months, and waiting for a court date could take years. They noted that while waiting, medical services or income benefits could be suspended which generated considerable stress and kept LTIWs focused on regaining their entitlements rather than on recovery and RTW. If the LTIWs' case was successful then the claim would recommence, benefits would be restored and recovery could begin. However, KIs considered that where long delays occurred before a resolution was achieved, the injury would likely become chronic and require longer term treatment, so recovery and claim duration would be extended.

In contrast to their negative views of IMEs, the majority of LTIWs described the Medical Panel as a positive experience. They considered that they had been offered adequate opportunity to explain their situation and the impact of their injury. Injured workers with longer term claims also described the Medical Panel staff as professional and competent and felt the process was fair because there was more than one examiner to provide an opinion on their case.

The medical panel were brilliant, three doctors ... they had actually read everything, so they had the full history.

Emma, Workplace bullying, 298 weeks

I found the doctors there [at medical panel]... refreshingly thorough, and I remember coming home here and saying, if this fails, then I've got no sense of hidden agenda or anything here with it.

Peter, MSD and PTSD, 175 weeks

They were scrupulously fair. Not in any way threatening and the examination was pretty robust.

Simon, MSD, 232 weeks

Their findings were so accurate, like I couldn't have explained myself better.

Vivien, Stress, 165 weeks

Most LTIWs who attended a Medical Panel revealed that the Panel found in their favour and entitlements were reinstated. In general, LTIWs were satisfied they had had a fair hearing even when the outcome was not in their favour. A number of LTIWs considered that it was a good experience and even unintentionally therapeutic because they felt believed.

That was very validating, so I found that experience to be good.

Emma, Workplace bullying, 298 weeks

They made me feel very welcome, and...I just remember that having a huge impact [on my mental health]... because finally someone is seeing it and going, yeah, it did affect me.

Vivien, Stress, 165 weeks

Common Law

Claims staff who were interviewed explained how claims where liability is denied immediately after lodgement can be disputed and then the denial may be overturned once the case is heard in court. Both KIs and LTIWs considered that waiting for a court hearing date was a lengthy process. During these protracted delays, LTIWs reported they were unlikely to receive medical treatment and experienced increased stress caused by the disputation process itself.

Work stress claims often can take a year or more [before being accepted] if they go through conciliation, they may go off to the medical panel, they go to the magistrate's court... the whole thing can drag on for quite some time.

Psychologist #2

Several KIs commented that many of the issues that progressed to a court hearing were indefensible. It was reported that insurers could push the dispute to court even if advised following conciliation that they were unlikely to win.

The amount of disputes are ridiculous...[For example] they've had two years of payments, they've got six months to go, sent to an IME, a medical examiner, "no, this fellow is fit to go back to work". They'll [insurers] terminate the payments with six months to go. They'll never win that claim. They know they'll never win it, because the treating doctors will rule the day, but they terminate payments. All of a sudden we've got a dispute, we've got to go to court. If they had of just let him go for the last six months, they would save money because they wouldn't have to pay all the lawyers, both theirs and ours, and doctors, and end up paying the money anyway, what a waste of time. There's none of that sort of broader thinking, it's, "there's the WorkCover claims manual". They slavishly follow the claims manual, and any time there's a ground to stop someone doing something, they'll just do it.

Lawyer #2

Some LTIWs who were ineligible for government pensions or who were unable to pay for their medical treatment figured they had nothing more to lose and viewed fighting to reclaim benefits as their only option. Amanda explained:

The insurance company said, we will offer you benefits up until tomorrow... So I said... well, that doesn't do me any good. You've already ended my benefits... I'm not going to accept that offer. I have already lost, I only have to gain by fighting this, because you've already cut off my benefits.

Amanda, MSD, 56 weeks

Injured workers who had sustained permanent injuries and were pursuing common law claims described how they experienced significant time delays before receipt of serious injury certification. Without this certificate, they were unable to instigate common law proceedings and bring closure to the legal and financial settlement of their compensation claim. The LTIWs explained how their lawyers could prepare the case, but not progress claims or commence common law proceedings until an injury was certified as 'stable' or they were considered unlikely to benefit from further treatment.

So we started off with the paperwork, I went and saw an IME, and then I saw a shrink. They got those reports back and they've gone, "Alright, we'll keep them in the system," but it's kind of tricky. They can't really push anything through legally until everything has been resolved.

Alistair, Sprain, 166 weeks

Injured workers with longer term claims and KIs described how hearings and settlement of common law claims could last approximately five years and this meant a delay in resolution of conflict and recovery for the injured worker. One LTIW explained that it took three years for him to obtain a serious injury certificate, after which he waited for a court date. The common law hearing itself took four months and found in his favour. He then waited a further two months for receipt of compensation and treatment following court determination.

Several other LTIWs who settled out of court on the day of the hearing felt that even though the insurer had known the LTIW's case was strong, they felt the insurer had been delaying settlement to see if they could 'wait out' the LTIW who may give up on his or her claim. Most were annoyed that it had taken so much time, during which they had received no support or services, for the insurer to finally make a reasonable offer or to accept liability.

I ended up going to court and it was all settled out of court... settled there and then on that day.

Bill, MSD, 89 weeks

A stress claim had gone to court and has now been reinstated two years after the claim being lodged... the worker's recovery hasn't really begun ...because she has been fighting, fighting, fighting to get recognition ... it often does take two to three years to get through the court system and actually onto benefits properly for the first time.

Insurer - Claims Staff #1

Court can take at least six to eight months to get a hearing date. And, people are off payments with a claim pending, or waiting for an operation pending the outcome of the claim... I see many ridiculous decisions of insurers, with really no basis having to go through this process and in the end, they get the operation and they get their payments back but it's just caused all this headache, and costs and the insurer pays most of them.

Lawyer #2

You can then put a common law claim in for past and future economic loss, but it's not like you just put that in and you get the money, you put it in and ...you go through court, you go through a lot of things and a lot of negotiating to work out a figure, and so I reckon you ask anyone that goes through that process, they'd say, "well, I'd just rather be getting 100 per cent still, doing my job".

Insurer – Claims Staff #4

System design slows service provision

Both KIs and LTIWs identified aspects of claims management and the design of the compensation system that they considered hampered LTIWs' recovery and prolonged claim duration.

Monitoring methods

Several KIs considered it was not appropriate to apply the same monitoring processes for LTIWs with permanent injuries, as was applied for those with minor injuries. It was suggested that workers with permanent injuries should not have to submit medical certificates as frequently as those workers who were expected to recover more quickly, as it kept LTIWs focused on being unwell. The fit between the type of provider and type of injury, as well as how regularly the injured worker was seen, was thought to influence the accuracy of the information on a certificate of capacity.

You shouldn't treat people with obvious non-reversible significant injuries, permanent injuries...the same way as someone who has got a strained ankle that may well recover.

Occupational Therapist #1

There's this magic piece of paper called a certificate of capacity. Someone along the way, has decided that other than the initial one being 14 days, there is this magical 28 day number. And where in any medical textbook does it say that that's a natural time-frame for you to review things? It doesn't, you know.

Insurer - Claims Staff #3

The certificates of capacity, everything, it's geared towards the general practitioner...one might think a psychologist, they don't issue certificates, right. So again, some of these primary psychological injuries, are they better placed being certified by somebody with that speciality? And yes, they can have psychiatrists but really very often the psychiatrist isn't seeing them that frequently enough to issue the certificates. So again, are they being seen and certified by the person best placed to treat them?

Insurer- Claims Staff #2

A blanket approach

Key informants considered that guidelines from WorkSafe that determine how and when services could be provided by insurers meant that compensation processes did not always meet individual needs and could negatively impact LTIWs' recovery and RTW.

Probably where we do go wrong and where some claims do extend because we are trying to apply that blanket approach, and not [acknowledging] this is a completely different person. It's a completely different claim. You know, we need to be more specific in the actions that we take, and hopefully that will start to happen, but I think the system has done that blanket approach way for so long that it's not going to happen any time soon, but I think we would see way better outcomes if we just took that [individualised] approach more.

Insurer - Claims Staff #1

I'm sure that somebody with a psychological injury probably feels a little bit like a circle, being pushed into a square if you will. You know, with the way the system, the rigid system is at the moment.

Insurer - Claims Staff #3

[If] we've got information straight off the bat saying they should never return to that workplace, why should we string it out?...why wait for 52 weeks to start [New Employer Services] ... why keep pushing them and pushing them and pushing them, when that's probably going to break them? Why not just let them move on?

Insurer - Claims Staff #1

So be that physical versus psychological, be that a back versus a shoulder, be that a surgery versus just a strain, there really isn't, again whether this is information or a level of knowledge from an employer, the system isn't really built towards that. You know, we have four week return work plans because we have four week certificates of capacity, or do we have four week certificates, because we have four week plans - chicken and egg.

Insurer - Claims Staff #3

WorkSafe directives to insurers

Key informants discussed how WorkSafe manages the performance of insurers through contractual requirements that guide service delivery and through financial incentives that reward insurers for achieving key performance indicators. A number of KIs felt that WorkSafe guidelines for determining funding for treatment led to the development of adversarial relations with LTIWs, and was also a factor in delaying claims. Other KIs considered that some of the WorkSafe remuneration structures for insurers were incompatible with the delivery of quality services for LTIWs.

WorkSafe have a multitude of different work practices around different types of treatment. Assessing whether we accept liability for that treatment may delay the process and again creates a bit of a friction for us.... us being seen as the bad guy saying no. So those processes, whilst they're designed to obviously make sure we're only paying for what we should be paying for, can cause delays.

Insurer – Claims Staff #2

The insurance company have performance measures that they need to achieve and it may be [achieved by] reducing expenditure in relation to a certain type of treatment or, or cluster of claims. And as a result, they'll focus on those claims.... they've got incentives in place, so they'll then manage claims to maximise their incentives.

Mediator #2

A few KIs discussed projects or initiatives that were instigated by WorkSafe and carried out by insurers occasionally. They described how these initiatives targeted specific groups of claimants, with the aim of controlling expenditure. These sometimes had unintended consequences for LTIWs.

There was a time when WorkSafe were doing a project on all psychological injuries, and every psychological injury had to have an independent medical and a full investigation. So that means an independent investigation where an investigation company comes in and interviews everybody and finds out the details. For me, in certain circumstances, that is counter-productive. It's taking staff who have been involved in an awful incident back to where they don't want to be, and also sending someone for an independent medical when we know full well that they literally cannot take themselves out of bed because they're so anxious and so depressed, and we're hearing that from the GP.

Employer, Healthcare Sector #1

The WorkCover Authority has projects. Every now and then, the project will be, let's pick on everybody who is having physio and nothing else. So what they do is what I describe as a scatter gun approach. They'll terminate a hundred people and then fifty will walk away and the other fifty might come to conciliation and appeal that decision. Well, you know, from an economic point of view, that's actually good business because they've just knocked off fifty people from the scheme, and that's saved the scheme money. So there's ruthlessness because the actuaries are looking at these issues all the time, and insurance companies get paid millions and millions and millions of dollars by managing claims, and the only way they can manage claims and get paid their millions of dollars is to reduce liability. The only way to reduce liability is to get people off the scheme. So it's tough.

Mediator #3

[WorkSafe] have a project. Insurance companies get paid cash payments for the amount of claims they close. They might say, look, everybody over five years, see if you can get them off and we'll give you \$5,000 dollars for each claim. And that happens. They might look at the 130 week period. In the days gone by, we could negotiate fairly frequently and flexibly to maybe extend that 130 week period for X

amount of months. Can't do it now with the same ease, because 130 weeks now, if the agents terminate at 130 weeks, then they get paid a cash payment.

Mediator #3

Key informants reported that when LTIWs chose to dispute service or payment terminations through conciliation, they could face longer waiting periods due to increased demand for conciliation services. However, they noted that WorkSafe would pay for the conciliation, and/or legal fees of the LTIWs if their appeal was successful, as well as the cost of reinstated entitlements. Key informants reasoned that the cost savings of the 'initiative' could evaporate if LTIWs required additional treatment following the stress they experienced during the process, which also delayed their recovery.

Consequences that arise for injured workers who have long term claims

Long term claims were characterised by conflict, repeated medical examinations, disputes and interruptions in treatment. Injured workers with longer term claims described how they experienced stress as a result of dealing with these issues over a long period of time. They explained how the difficulties they experienced had the effect of undermining their resilience and made it harder for them to interact proactively with the compensation system, which again further compounded the stress they experienced.

Psychological impact

A major barrier to LTIWs' recovery and readiness for RTW was the stress and the emotional strain they experienced trying to negotiate the compensation system and receive rehabilitation services. Both KIs and LTIWs commented how being involved with the compensation system had a negative effect on LTIWs' mental health. Many LTIWs said they were ashamed to be claiming compensation and were frustrated with workers' compensation system processes. Injured workers who had longer term claims described personality changes, decreased confidence and inability to mix socially or seek romantic relationships because of the stigma associated with being on workers' compensation. They reported feeling a lack of control over events and powerless to influence what was happening in their rehabilitation.

...the stress of it all, the loss of friendships, the sense of humour disappears...the coping skills are gone ...

William, MSD and PTSD, 190 weeks

I feel ashamed about being on WorkCover. So I, socially I isolate myself quite a bit, particularly in new social settings because one of the first things that people ask you when you meet them for the first time is what do you do for a living. So I haven't been able to form a new romantic relationship because I avoid that. So I think that has a massive effect on one's mental health because there's a lot of shame on being, well, I felt shame being on Work Cover. It's not my fault.

Emma, Workplace Bullying, 298 weeks

Some of the anxiety and depression issues started to bubble up again. It wasn't the fact that I was in pain and I couldn't work anymore. It was being stuffed around by the process that was doing it.

Peter, MSD and PTSD, 175 weeks

When you feel like your life is in someone else's hands, and you don't have control of it, it's very frustrating. I ended up suffering depression. I'm still on the antidepressants, because of all this.

Kate, MSD, 236 weeks

Several LTIWs described symptoms of severe psychological distress, including suicidal thoughts, at some stage during their claim. They explained that the experiences that triggered such thinking included having substantial difficulty understanding and negotiating the compensation system, not getting answers from claims managers, delays in payments or medical treatments, and worrying about their future and the impact on their family. Severity of suicidal ideation varied amongst LTIWs, from deciding whether they should think about suicide (pre-contemplation), to contemplating, planning and almost acting on suicidal thoughts. Several LTIWs reported that despite having a mental health claim, psychology treatments had been terminated by the insurer, after which they self-funded treatment or were funded through Medicare. Injured workers with longer term claims who had severe psychological symptoms felt they were unable to recover and return to work until they received effective healthcare services.

I ended up having to go to see a psychiatrist ...I've never felt so down...and once I started to see someone, because it's hard to talk to anyone who is close to you, and I can't... so when I started to see somebody else, I think that was a 12-week period, that probably saved my life.

Mark, MSD, 61 weeks

The combination of the three, the psychiatrist, two psychologists ... they have kept me alive. I would not be alive without that treatment. ... I've had a lot of suicidal thoughts. I haven't gone back to the intensity of those years when I was so close to it, that, if I had got various phone calls from the insurer at that time, that would have been the tipping thing, and it would have just happened.

William, MSD and PTSD, 190 weeks

Most of the LTIWs whose primary reason for lodging a claim was due to a physical injury explained how they also developed mental health problems. Having a secondary psychological

condition affected LTIWs' attitude and recovery expectations as well as motivation to RTW. Factors that contributed to the development of a secondary psychological injury included chronic pain, disruptions to social and family life and difficulties with the claims process. Several KIs considered that those who remain on workers' compensation for over 130 weeks were more than likely to develop a secondary psychological injury.

I think a lot of claims who start as a physical injury, then develop a secondary psych condition, it's caused by a multitude of a number of issues, by just a physical injury themselves, [and] the withdrawing from the community or family activities, that kind of stuff, to the frustration of dealing with the workers' compensation scheme.

Mediator #2

It's probably hard for anyone with even the strongest kind of willpower to be injured for that amount of time and not work for that amount of time and not develop a secondary mental injury.

Insurer - Claims Staff #4

Injured workers with longer term claims who experienced new or exacerbated mental health conditions described how they were less able to participate effectively or manage their own rehabilitation. Consequently, recovery and return to work for those LTIWs was reportedly delayed and claim duration lengthened, especially when referral and approval for treatment was delayed.

Financial stress

Another issue that LTIWs considered as a major impact on their recovery was the stress of adjusting to substantially lower and sometimes unreliable incomes. Injured workers with longer term claims reported experiencing a series of financial consequences as a result of going through the workers' compensation system. Financial impacts for LTIWs were experienced immediately, became intensified as claim duration lengthened, and could endure over the longer term, continuing even after the claim ended.

Only two LTIWs reported having some measure of income protection offered through their union membership or enterprise agreement with their employer. Income protection served to top up the income replacement benefit received through WorkSafe, to match their pre-injury wage for a limited period, and this reduced some of the initial financial strain.

The LTIWs who had experienced workplace bullying, or had an injury that they thought would heal quickly, described how they used their sick and/or annual leave entitlements before lodging a claim. This meant those entitlements were no longer available for use if needed when the injured worker returned to work.

Once a claim was accepted, injured workers found their incomes were reduced. For injured workers with no work capacity, wage replacement benefits were 95% of their pre-injury average weekly earnings (PIAWE) for the first 13 weeks, and then reduced to 80% of PIAWE until 130 weeks. (17) Because there was also a cap on the maximum weekly benefit paid (maximum of twice the average weekly earnings, which is currently \$2200) (17), those LTIWs who had earned much higher salaries pre-injury and had correspondingly higher financial commitments considered they were significantly disadvantaged. For LTIWs who used their entire weekly salary to pay mortgages or rent and other living expenses, any reduction in income could have major effects. Many LTIWs reported that they were unable to manage on workers' compensation payments alone. In the short term, LTIWs used savings, credit or borrowed from friends and family.

We've just hidden it from everyone and we've just put things on the credit card. But we've got no buffer now. We could increase the limit on the credit card but that's not going to solve the problem.

Anita, PTSD, 67 weeks

If we weren't in that situation where you know we could ring my parents and say: "Can we borrow five grand for a while?" we would have been in dire straits then. We were just about to the point where we'd probably have to sell our car to try and feed our family.

Carl, Carpal Tunnel, 56 weeks

When you're on quite a high salary, and you only get 80%, that has quite a strong effect, because your lifestyle and mortgages and expenses were based on your old salary, ... why should we get a reduction when something has happened to us that's not our fault?...I've lost \$60 to \$70,000 per year, it's a lot of money.

Emma, Workplace Bullying, 298 weeks

Injured workers with prolonged claims described how, over the longer term, they approached their banks to activate mortgage insurances, reduce repayment amounts and lengthen the terms of their home loans. Several LTIWs said they were likely to sell their homes if they did not get a lump sum payout through a successful common law claim.

When my payments got cut off, I had to ring up my bank and ask for them to stop my payments, to stop my mortgage payments for six months, which they were really generous in doing, but it now means that I've got, my home loan is even bigger.

Emma, Workplace Bullying, 298 weeks

I'm in that much debt it's ridiculous. We'll try and keep [our house] as long as we can. It's been a struggle to hold onto it up to this far. If they [Centrelink] didn't let us onto [benefits] due to financial hardship, we would have lost this.

Anthony, Sprain, 185 weeks

I pretty well own my own home now [after the payout] and I didn't waste it, I didn't drink it all or anything like that....If I didn't have a solicitor, I'd be out on the street.

Bill, MSD, 89 weeks

After 52 weeks claim duration, overtime and other allowances are no longer accepted as part of the injured workers' pre-injury wage (17). For some LTIWs, such as nurses and those in the construction or manufacturing industries, whose penalty rates comprised a substantial amount of their wage, this caused considerable worry and financial hardship.

There are people out there that can match their overtime and shift allowances with their wage, as in how much money they're getting, so to have that taken away from you is halving your wage... that's a major impact on someone's life.

Insurer – Claims Staff #2

Your bills don't stop, your mortgage doesn't stop. That doesn't reduce by 80 per cent, you know, everything is still the same in terms of what you need to pay, that, but you're getting a lot less money. So it does have an impact.

Insurer – Claims Staff #1

Injured workers also cease receiving contributions to their superannuation from the time of their claim. Contributions to superannuation are recommenced after an injured worker has been on income replacement for 52 weeks, however, it is then only paid on 80% of the worker's pre-injury base wage (17). While LTIWs said the loss of superannuation contributions was not immediately noticeable, they were concerned about how this would affect them on retirement. Several LTIWs claimed on personal insurance policies for trauma, total and permanent disability (TPD) and/or income protection. Others sought help from lawyers to lodge applications for early release of funds from superannuation funds. Using personal resources or drawing down superannuation early was considered by LTIWs as a substantial financial penalty that over the longer term could mean reduced financial security in retirement.

A further reported effect of having reduced incomes was that LTIWs could not afford to pay for medical, pharmacy or ancillary services, such as home help or gardening. When insurers were late with LTIWs' wage payments or delayed reimbursement of medical and pharmacy expenses, this added a further layer of stress for LTIWs. Injured workers with longer term claims who were on low incomes felt they had no alternative but to chase insurers for outstanding monies. They

described how repeatedly following up on outstanding payments resulted in adversarial interactions and anger towards claims managers and the insurer.

If WorkCover did what they were supposed to do by law, then it wouldn't be so difficult. But they put you off and put you off and yes, I'm partly at fault because I probably should be on their case every few days but it's too stressful, it's too exhausting. You're at your lowest ebb. That's when you need the help and that's when they're not giving it to you. They're all about the money. Obviously the poor person on the other end of the phone is or on the other end of the email has been told to extend it, to delay...so they just delay and delay and delay....every single one of my claims managers has done it, they wouldn't all be the same if they weren't instructed to do that. They've always got an excuse, it's with this committee or it's with that committee or we're still trying to find this, or we're still trying to do that. It's so frustrating.

Bec, MSD, 264 weeks

It feels like I'm being punished for being injured... They're trying to say it [reduced wage payments] incentivises you to get back to work. No it doesn't, I can't work. So I'm being punished because I can't work.

Terry, MSD, 66 weeks

What happens to injured workers after the end of their workers' compensation claim?

This study also endeavoured to examine LTIWs' experiences after they were no longer involved with the workers' compensation system. However, despite purposefully selecting injured workers who had lengthy claims, there were only four LTIWs whose claims had finished and were completely independent of the compensation system.

The remainder of the LTIWs had claims that were still ongoing, or were in the midst of dispute action (n= 8) at the time of interview. Most LTIWs continued to receive entitlements in the form of wage replacements plus medical benefits (n=8), top-up wages plus medical benefits (n=6), lump sum payment with ongoing medical benefits (n=3), or medical benefits only (n=7). Because of the number of claims with ongoing partial entitlements, there were far fewer LTIWs than expected who were able to comment on life after claim cessation. Similarly, of the KIs interviewed, only the healthcare practitioners were able to comment in detail on LTIWs' life post-claim as they continued to provide medical services to this group. However, LTIWs who had experienced prolonged cessation of wages during dispute episodes were able to discuss where they found income support and how they managed when they had no stable income.

An uncertain future

Injured workers who had not yet returned to work but were facing an end to income benefits or decrease in support from WorkSafe were unsure of what work they would do. Both KIs and LTIWs mentioned how it was more difficult for injured workers to obtain work if they did not return to work with the employer where they sustained their injury, due to widespread employer bias against workers whose history included a workers' compensation claim. Key informants explained that twelve months after cessation of WorkSafe income benefits, LTIWs were no longer eligible for occupational rehabilitation services or the WISE subsidy. The LTIWs who were ineligible for Centrelink pensions were also ineligible for job search assistance through the federal government Jobactive program. They could volunteer for job search assistance, however this was limited and only provided job search services for up to six months. When LTIWs were unable to work or find employment post-claim they sought financial support through family, friends and other systems.

Transitioning to other systems

Injured workers with long term claims described the process of applying to Centrelink for income support as time consuming and difficult as they had to provide documentation of their injury and previous income. Those LTIWs who chose to appeal the insurer's decision to terminate their income benefits explained how they were unable to apply for Centrelink pensions until they received an outcome or received a certificate following conciliation that confirmed they had a genuine dispute. Some LTIWs reported that this left them without an income for a lengthy period and so they were dependent on support from family or friends.

The General Practitioners (GPs) who were interviewed reported that they provided medical evidence of work incapacity for LTIWs who applied to transition from WorkSafe to Centrelink benefits. These GPs described the Centrelink forms as poorly designed with inadequate space to detail the worker's injury and corresponding limitations and abilities. They also noted that in recent times Centrelink was becoming less accepting of their reports, especially for psychological injuries, and LTIWs were being sent for IMEs to determine their eligibility for the Disability Support Pension (DSP).

But the problem with the forms is ...they really don't describe the patient. Well, it's okay if you're in a wheelchair, can't feed yourself, can't wipe your bottom and can't get off the couch because those tick boxes are there. But there are no tick boxes for, apart from a description of having let's say, chronic back pain, there are no tick boxes for, can't stand up for longer than half an hour, or can wash the dishes, but can't stand at a machine. So the Centrelink forms... you've got to be significantly disabled to look like there's something wrong with you.

General Practitioner #1

I get a little bit frustrated when people don't accept what I've said you know, a classic example what's happening now with Centrelink is people who are on Centrelink payments because of mental illness and so forth. Centrelink has now started saying well we can't accept your opinion if the person's psychologically ill, and that can be an issue with WorkCover as well.

General Practitioner #1

Key informants discussed the differences they found when reporting LTIWs' injuries to government departments and the workers' compensation system. There seemed to be no accepted common standard between Victorian and federal governments with respect to determination of impairment from work-related injuries and eligibility for income support. Some LTIWs reported that they were assessed as ineligible for the DSP despite having received a serious injury certificate from WorkSafe. If deemed to be ineligible for DSP or Sickness Allowance, LTIWs said they were placed on Newstart Allowance, which meant they had to meet job search requirements. Those LTIWs who had serious injuries and considered they had few transferable skills felt that searching for work was a futile and disheartening exercise.

I've had my hip replaced and an electrode in my spine and apparently I'm not disabled... they said I don't have enough points to be counted as disabled. So they won't put me on a [disability support] pension but I don't have to look for work till August next year.

Alistair, Sprain, 166 weeks

I think what Centrelink does, they put them on Newstart and say "right oh you can't have this sickness benefit anymore, we don't have enough evidence that you're ill", so then they put them on Newstart. It's a bit like having deck chairs on the titanic, a way to try and launder their stats I suppose. It doesn't seem logical to me.

General Practitioner #2

Injured workers with longer term claims reported that often there were substantial delays (3-6 weeks) before they received any benefits from Centrelink, and the level of benefits was often much lower than WorkSafe payments. Some LTIWs described being ineligible for pensions because their spouses worked and earned more than the maximum allowed. Reverting to one income meant LTIWs lost their independence and this created financial hardship for the entire family.

Earning a thousand dollars week and then going onto \$300 dollars a week [through] Centrelink, creates a really tough time... very often it's family members come to help. ... But that creates again, a lot of hardship and indebtedness and borrowing, just adds more to the stress.

Lawyer #2

I went to Centrelink, tried, not eligible ...because my wife was earning \$70 more than what she should be, \$70, something like that, it was a minute amount. So the only best thing she could do was chuck in work and look after me and be my carer which was an option but no, you can't do that, wasn't going to pay us much anyway.

Mario, Fracture, 172 weeks

One KI noted that the current WorkSafe system had made significant improvements by mandating that insurers provide injured workers with a 'notice period' for claim termination. In the previous WorkCare system, where no notice was given, referrals by the KI to aid agencies were common.

Back then, people were knocking on my door. I'd have to take them down there, send them off to Centrelink, send them to Uniting Church up the road here for food. But at least now under the WorkCover system, the insurers have to give them written notice.

Mediator #1

The LTIWs who transitioned to Centrelink benefits explained that information sharing between insurers and Centrelink occurred automatically. Most of those LTIWs were unaware of exactly what information had been transferred. One LTIW described how his insurer had passed on to Centrelink inaccurate financial information that he had previously asked them to correct, without success. He was concerned that the inaccurate information may possibly have affected his payments and was unsure how to have this problem corrected.

When you feed into the Centrelink computer, because I was on the pension, they have me listed, and there is a question whether or not you're on compensation... they've got the same misleading wrong information from [insurer] that I've been appealing for three years and it's in Centrelink, and that's saying [incorrectly] that I got financial benefits from [insurer] way back to March, 2012.... My concern now purely and simply is that if [insurer] gave Centrelink wrong information, then maybe all of the payments coming out of Centrelink have been swayed by the false information...I'm still dealing with lawyers because we're preparing a civil claim and I think that might be the next step. It is horrendous to think that the false information has gone through, especially when I have appealed it... I don't know who to

go to, to take it up the line, and I feel relatively powerless, I won't be powerless, I'll keep fighting until I get a solution.

Simon, MSD, 232 weeks

The transfer of correct information between WorkSafe and other departments was considered important as it affected LTIWs' eligibility for pensions and a Health Care Card. A Health Care Card entitles holders to concession rates not only on medical services and pharmacy, but also on travel fares, council rates and utilities such as electricity, gas and water. These savings were

considered to be extremely important by LTIWs who were on reduced incomes or, in some cases, no income.

Medical and ancillary services

For LTIWs who were not receiving medical services under the Worksafe system, ongoing medical treatment was funded through federal government programs such as Medicare, through personal health insurance or personal savings. Key informants explained how the level of treatment that LTIWs could receive depended on the restrictions that applied to the service they were attempting to access. For federal government Medicare programs, which require a referral from a GP, the number of health care services is limited. General Practitioners can refer LTIWs for psychology treatment through a variety of programs for 10 sessions per year, or for other allied health services through the Chronic Disease Management program (CDM). However, because the CDM program is designed to provide treatment across a team of healthcare providers, LTIWs might only receive a series of health assessments or reviews from a number of practitioners and thus receive no actual treatment. Injured workers with longer term claims described how they also had to pay any gap fee charged by healthcare providers, which further impacted on their limited finances. Key informants also described how LTIWs who were unable to fund their own treatment often faced long waiting periods if they used community health services.

The [insurer's] not paying medical, for me to go to the psychologist even though I still go and that's paying out of my own pocket for it, until I get a mental health plan again. When that one ran out, I paid out of my own pocket until I was eligible for another one.

Brent, Workplace Bullying and PTSD, 228 weeks

You only get so many on your mental health [plan] per year... [I] have to pay a bit extra ... and it all comes out of, a very small amount of money... it's just coming out of the mortgage. I've got private health insurance, so that will help.

Bec, MSD, 264 weeks

You have to go on their wait list for physio which I think is about six weeks ..., I think you have to have a pension card or a health care card to be subsidised under their community health care....so if you're someone who is privately funded then you do struggle.

Physiotherapist #1

You can get 5 sessions over the whole year split throughout all your allied health...so you could get 5 physios, but you might split that with podiatry and physio and whatever else....That's every 12

months...in a calendar year so if you're someone who has got a lot of chronic conditions that's not very helpful.

Physiotherapist #1

For assistance with domestic tasks such as house cleaning and gardening, several LTIWs said they had approached their local council but found they were ineligible unless they received a Centrelink pension. Injured workers with longer term claims described how they could either pay for services themselves, which added further stress on limited incomes, or do the tasks themselves, which could aggravate chronic injuries, exacerbate pain and then require more medical treatments.

Participant suggestions for improvement to the compensation system

Often the users of a service have detailed knowledge gained from first-hand experience and so can provide valuable feedback about what does and does not work. KIs and LTIWs were asked to suggest ways to improve injured workers' experience and/or improve aspects of the compensation system that they identified as problematic. Several common themes were identified from the suggestions of how to modify and reduce the delays and disputes inherent in the workers' compensation system and thereby improve recovery and RTW outcomes for injured workers. It should be noted that whilst KIs and LTIWs had similar ideas, no evaluation has been made of the feasibility of their proposals and as such, these suggestions should be considered as speculative.

Participants offered suggestions in the following areas:

Claims administration

Both KIs and LTIWs thought that changes in the way claims were administered could speed injured workers' recovery through improved co-ordination of services and assist LTIWs to be more proactive in managing their rehabilitation.

- i. Reduce claims manager changes - have claims managers specialise in certain types of injury or by severity of injury, rather than stage of claim. Constancy of claims manager would help develop an in-depth knowledge of the injured worker and claim history and provide continuity for injured workers, HCPs and employers. This could speed service approvals and reduce the need for 'expert' opinions, thus reducing the delays in treatment and payment that LTIWs and HCPs experienced. Also have detailed hand-over processes, including thorough revision of claim histories, so that the new claims manager is up-to-date when claims managers must change during the course of a claim.

- ii. Hold regular case conferences – via telephone or community-based conferences with claims managers, all treating HCPs and LTIWs. This would keep HCPs and insurers informed and working together on the same goals with LTIWs and improve the focus on RTW. It may also reduce the amount of paperwork and number of HCP reports required, thus reducing delays and producing cost savings. It was suggested that *all* HCPs be reimbursed for attendance at case conferences to encourage participation.
- iii. Streamline document submission – allow LTIWs or HCPs to email certificates of capacity directly to insurers. This would reduce injured workers' need to interact with their employers if they experience antagonistic relationships and reduce delays in wage benefit payments thereby reducing stress and financial worries for LTIWs.

Healthcare and allied services

A number of ways that healthcare services could be improved to facilitate LTIWs' recovery were suggested.

- i. Focus on early referral for treatment to prevent chronicity – HCPs, insurer claims staff and LTIWs who were interviewed indicated that delays in accessing appropriate treatment were common, especially with stress and other mental health claims. Often psychological problems were already longstanding by the time LTIWs presented to psychologists. Early treatment could avoid exacerbation of physical and mental health conditions.
- ii. Speed approval for services and reduce the use of IMEs to challenge HCP treatment plans - repeated IMEs can create a great deal of psychological distress among LTIWs and undermine treatment, thus slowing recovery.
- iii. Introduce a system that allows LTIWs to pay for medical and pharmacy services at time of service. This would reduce payment delays to service providers and reduce HCP refusal to treat injured workers.

Information and education

Lack of information about entitlements and responsibilities for LTIWs was a significant barrier to active participation in their recovery. When injured workers turn to lawyers to get information, this can unnecessarily make the workers' compensation process more adversarial. Both LTIWs and KIs suggested initiatives to improve injured worker and other stakeholders' knowledge about the workers' compensation system and their role within it;

- i. Development of a 'checklist' to outline injured worker entitlements and responsibilities at various stages – aimed at injured workers who are not regular internet users. This could

prevent mis-information and confusion for injured workers as they progress through claim stages.

- ii. Development of an independent advocacy service – to provide information and help ‘interpret’ communication from insurers and WorkSafe and support injured workers in dealing with the system. This service could assist injured workers before formal appeals are lodged and potentially reduce the number of appeals made.
- iii. Create a service provider ‘hotline’ to improve HCP knowledge about the compensation system - include information about provider registration; clinician resources; RTW processes and HCP role; health benefits of safe work; and WISE programs.
- iv. Provide education to employers about communicating with injured workers, costs and benefits of retaining skilled employees, assistance to help manage return to work and workplace accommodations and WISE programs.

Improving return to work outcomes

Both KIs and LTIWs suggested that the return to work process and job prospects for LTIWs could be improved in a number of ways;

- i. Remove the compulsory requirement for LTIWs to engage with OR providers - particularly where there is the possibility of benefit termination, which creates an atmosphere of uncertainty for LTIWs.
- ii. Allow injured workers to undertake volunteer work without financial penalty – this would encourage injured workers to actively seek opportunities to test suitable jobs and develop their capacity for work.
- iii. Allow injured workers to undertake retraining while recovering without financial penalty – this would encourage injured workers to prepare for return to work in new occupations.
- iv. Increase the profile of the WISE program – extend WorkCover premium indemnity to all injured workers regardless of claim status - this could increase job opportunities for injured workers and gradually transform the broader community’s beliefs about injured workers and their motivation for work.

Justice and fairness

Both LTIWs and KIs suggested ways to make the system fairer and reduce the frequency of stressful experiences that LTIWs have throughout their recovery.

- i. Apply existing legislation and penalise employers who fail to lodge claims, deliberately obstruct claims or avoid their responsibilities to provide RTW opportunities and modified duties for LTIWs – both KIs and LTIWs were disappointed at the perceived lack of action

by WorkSafe against uncooperative employers, as this had direct consequences for injured worker recovery. Increase public awareness and transparency of the actions undertaken by the WorkSafe RTW inspectorate.

- ii. Increase the directional powers of conciliators - this may reduce escalation of disputes to a Medical Panel or the courts and in doing so save costs and reduce emotional stress on injured workers. It could also avoid the lengthy delays that accompany other dispute processes and so limit the prolongation of claims.
- iii. Impose a financial penalty for insurers who default on provision of entitlements that have previously been disputed and awarded in favour of the injured worker.
- iv. Utilise feedback from the Medical Panel to improve IMEs and injured worker treatment - the IME process could be improved if the Panel gave direct feedback to the relevant IME expert, insurers and WorkSafe as the IME accreditation body. Several LTIWs felt their recovery would have benefitted if the Medical Panel had suggested an alternative approved treatment in the cases where treatment requests were not supported.

Discussion

Interviews with LTIWs and a small number of key informants from most sectors of the Victorian workers' compensation system provided a detailed insight into how longer term claims develop and the consequences for injured workers both during and after claim cessation. There was a large degree of uniformity and congruence between key informant opinion and injured worker experience.

Limitations of the study were that only a few representatives of each sector (e.g. insurer claims staff, healthcare providers, lawyers and mediators) were interviewed. Due to time constraints no OR provider participated in a complete interview, with only some interview questions answered by an OR provider based in rural Victoria. Rural OR providers can face additional difficulties of isolation, distance and limited industries offering fewer employment opportunities when providing vocational services to injured workers. Further, only one large employer from the health sector was interviewed and employers from other industries may have different experiences and views. Also, no interviews were conducted with employees of WorkSafe Victoria. Only injured workers who had longer term claims were interviewed and it is possible that because of the lengthy duration of their claims they had more negative experiences than would shorter term claimants. Given that the LTIWs in this study were purposefully selected from a WorkSafe database of injured workers who had agreed to participate in further research, the LTIWs interviewed for this research should not be considered representative of all LTIWs.

Strengths of the study included the considerable knowledge and experience of the key informants who had worked with the workers' compensation system for between five and 45 years. This resulted in insightful comments about the compensation system and the injured workers they interact with. Efforts were also made to uncover positive aspects of the compensation system, and helpful interventions for injured workers, through the inclusion of specific interview questions and interviews with 17 LTIWs who had successfully returned to work. Most of the themes discussed in this report were represented in the findings from both LTIWs and KIs which lends confidence to our findings.

An interesting finding was that despite many years of experience with the workers' compensation system, both KIs and LTIWs had beliefs and understandings about the workers' compensation system that appeared to be out-of-date or factually incorrect. Any apparent discrepancy was checked by the researchers via on-line searches of the WorkSafe website and through discussions with advisors from WorkSafe. The researchers also checked participants' descriptions of how the workers' compensation system integrated with other systems via on-line searches of federal, Victorian and local government websites (for example, Department of Human Services, CentreLink, Medicare, local councils). That the participants in this study misunderstood or were confused about particular workers' compensation policies and practices may speak to the system being not as easily accessible or understandable as it should be (even for those that regularly interact with it), and suggests further efforts are needed by WorkSafe to better communicate changes in policies and procedures to all stakeholders. Another possible interpretation is that whilst there may be policies in place 'on paper', in some circumstances the implementation of initiatives may play out very differently in practice than is intended.

Recovery and return to work outcomes for injured workers

We identified important aspects of each stakeholder's engagement with the compensation system that could contribute to both positive and negative outcomes for LTIWs.

While there were individual factors, such as injury severity, age and place of residence that were immutable for LTIWs, participants believed that other characteristics, such as attitudes, health literacy and recovery expectations could be influenced and potentially changed for the better. Having consultations where HCPs included a focus on RTW issues could help influence this change. The advantages of forthright communication between HCPs and injured workers in addressing concerns about recovery, RTW and fear of reinjury, has been acknowledged previously (18-20). In a study of injured workers with physical injuries in NSW, provision of early referral and brief intervention by psychologists (20) has been shown to speed recovery and RTW.

Injured workers with longer term claims also experienced significant stress as a result of being involved in the workers' compensation system. Financial hardship and psychological stress were themes that arose repeatedly and were issues that were mentioned by all of the LTIWs and KIs who were interviewed. Injured workers with longer term claims borrowed funds, used credit cards, sold assets and claimed on insurance policies. These stop-gap measures had the effect of increasing longer term debt and weakening LTIWs' overall financial position long after the claim ended. Those LTIWs who extended mortgages or sought early release of superannuation funds were at risk of being financially impoverished in their retirement. The incidence of partial income benefits in workers' compensation schemes is widespread internationally (21) where the impact on LTIWs is consistent with our study findings (4).

Finding a way to alleviate the consequences that LTIWs experience as a result of reduced income is challenging, however examining income replacement programs in other countries may assist in this quest. In contrast to Victoria, Norway is one of the few countries to provide full wage subsidies for those off work due to illness or injury. Despite the concern that full wage subsidies encourage increased use of sick leave benefits, this has not been the experience of Norway where the rate of work absence has remained relatively stable for approximately 37 years (1971-2008) (22). Further, financial hardships often develop when LTIWs experience repeated treatment interruptions and appeals. Measures should be taken to make the workers' compensation system less adversarial and to support LTIWs financially when their claims are being reviewed.

The emotional impact on LTIWs of being involved in the workers' compensation system was reported to be significant. Injured workers with longer term claims described how the stigma of having made a workers' compensation claim decreased their self-confidence, affected their coping skills and led to personality changes. They also mentioned changes to intimate relationships, family roles and friendships. Many LTIWs who claimed for physical injuries reported that they also developed a secondary psychological condition. Both KIs and LTIWs considered that the longer the involvement with the workers' compensation system, the more likely it was that LTIWs would develop a secondary psychological condition. These findings are consistent with existing research that has identified the impact of stigma and other psychological consequences on injured workers in Australia and internationally (4-7, 23-25).

Of concern is how some LTIWs developed severe depression with suicidal tendencies. It was reported that suicidal thinking was triggered by LTIWs' experiences of dealing with insurers, delays in payments and worry about their own and their family's future. Findings of suicidal behaviour have also been reported in other studies of injured workers in Victoria and in the recent Ombudsman's report (8-10). Given that WorkSafe is designed to be a support system that helps and rehabilitates vulnerable injured workers, these findings suggest that review and refinement

of current responses for injured workers at risk of self-harm is required to mitigate these unintentional consequences for injured workers.

We also found that employers were thought to play an important part in 'setting the scene' for the duration of the claim. Those who were supportive of LTIWs, helping them to get treatment early, lodging the claim promptly without dispute, maintaining contact during rehabilitation and accommodating modified duties, served to facilitate a quicker recovery and RTW for LTIWs.

In contrast, it was considered that employers who failed to lodge the claim or provide payslips or pressured the claims manager to pend the claim contributed to poorer outcomes for LTIWs. Uncooperative behaviour from employers also prompted LTIWs to seek legal support at the time of claim lodgement and again at 52 weeks. The influential role of employers in facilitating injured workers' recovery and RTW has been noted in other research (26-29).

The findings indicated that HCPs also played an important part in LTIWs' recovery and RTW. Participants considered that effective HCPs were those who discussed RTW with LTIWs and who liaised with insurers and employers about suitable duties and work-readiness for LTIWs. Injured workers with longer term claims often described HCPs as providing emotional support and information in addition to their treating role. They reported how some HCPs gave practical support by helping them to understand their responsibilities and entitlements and navigate the compensation system. Other research has identified improved recovery and RTW outcomes for injured workers when treating practitioners, insurers and employers work together (30). However, participants in our study reported that while GPs and OR providers are reimbursed for liaison with other healthcare practitioners and employers, physiotherapists and psychologists are not reimbursed. They considered that this inequity in remuneration between providers does not foster a cooperative approach and means some providers refuse to participate in case meetings. Particularly for LTIWs with mental disorder claims or secondary psychological conditions, financial reimbursement for psychologists' participation in case meetings would seem to be a useful contribution to promoting recovery and RTW of LTIWs.

The concerns of HCPs who were interviewed for this study are similar to those who work in other workers' compensation systems in other jurisdictions (31, 32). We found HCPs were dissatisfied with slow approval of treatment plans, high administrative demands and slow payment for services by insurers. They also considered it was counter-productive when insurers questioned and overturned their medical opinions and obtained second opinions via IMEs and then did not inform them of the findings. As a result, some HCPs refused to provide services to injured workers under the WorkSafe system. Lack of available HCPs was an issue particularly for rural LTIWs, who sometimes had to travel lengthy distances to seek treatment, which could complicate their recovery.

The frequent change of claims managers was an issue that participants' felt hampered LTIWs' recovery and prolonged claims. Injured workers, HCPs and the employer reported how the turnover of claims staff meant productive working relationships and knowledge of LTIWs' needs and claims history were lost. New claims managers' reviews of LTIWs' entitlements and services would prompt more administration for HCPs and increase LTIWs' attendance at IMEs. Reviews could result in disputes, which further delayed treatment services and impacted on LTIWs' recovery.

Other organisations have made changes to improve the way they interact with service providers. In an effort to reduce administrative demands and deliver timely payment to service providers, the Transport Accident Commission has recently reduced the need for providers to seek pre-approval for some treatments and has introduced LanternPay (33, 34). The National Disability Insurance Scheme has also introduced LanternPay (35), an electronic payment system which transfers payments to providers overnight.

There was a view amongst both KIs and LTIWs that the change in claims manager was intentional and part of a strategy by insurers to control claim expenditure. Some KIs also considered that change in claims staff was driven by WorkSafe to improve service quality. However, according to participants in this study, it had the opposite undesired effect of reducing service quality and contributed to negative perceptions of insurers and the workers' compensation system. There are potential benefits to be gained by structuring claims management according to claim complexity (rather than by stage of claim), as adopted by other organisations who provide compensation services to injured clients in Victoria and New South Wales (36,37). Less frequent change in claims managers may be helpful to increase claims managers' level of job satisfaction. Claims staff who were interviewed for this study suggested that managing injured worker claims on an ongoing basis can provide an opportunity to witness recovery and RTW and so may improve claims managers' perception of job control. They suggested that having continuity in communication with injured workers may also reduce the frequency of negative interactions claims managers currently have when dealing with injured workers who are new to their caseload. Increasing the sense of fulfilment, job control and reducing stressful duties may help to improve retention of claims managers (38).

Although almost half of the LTIWs interviewed had returned to work, in general the services provided by Occupational Rehabilitation providers were viewed as ineffective and of limited help for LTIWs to return to work or find new work. Job search training courses were described by LTIWs as poor quality and poorly presented. A common observation from both KIs and LTIWs was that OR consultants lacked understanding of injury-related limitations, or of the duties involved in many jobs, and so LTIWs felt pressured to return to work before they were capable of working safely or productively, sometimes to inappropriate jobs. Other concerns were that OR

consultants were intrusive in medical appointments and disregarded GP certification when LTIWs were reported as being unfit to RTW. Reports from OR consultants can have significant ramifications, with LTIWs' benefits terminated as a result of being considered capable of suitable work. In contrast, a few LTIWs reported that OR consultants were helpful in identifying and gaining funding for training courses that led to them obtaining employment in a new career or becoming self-employed.

Strategies to help LTIWs gain confidence in their ability to work and maintain work seemed to be overlooked. Despite volunteer work being recommended by HCPs as a valid strategy to help LTIWs gauge their capacity and build confidence to RTW, LTIWs were reluctant to try due to fear of loss of benefits. Amongst both KIs and LTIWs, there was a lack of knowledge and underutilisation of the WorkSafe Incentive Scheme for Employers (WISE) program which could help LTIWs obtain new work opportunities.

Overall, the legislative obligation that LTIWs participate in occupational rehabilitation was reported to undermine positive interactions between OR consultants and injured workers and caused LTIWs to accept OR services that they neither needed nor found helpful. Injured workers' fear that they would lose their benefits if they did not comply with OR providers served to reinforce their negative views of the WorkSafe system and contributed to stress and uncertainty.

Development of longer term claims

Delays, denials and disputes were characteristic of claims that had become prolonged. Delays were identified at all stages of the claim process and again throughout the dispute resolution process.

Delays at the beginning of the claim process, especially where claims for psychological injury were pended, were particularly distressing for LTIWs and established an adversarial tone at the outset. Responses from claims managers to LTIWs' enquiries were frequently delayed, as were payment for wages and reimbursements for LTIWs and for medical services for HCPs. These delays added pressure and financial hardship for LTIWs and, as mentioned previously, made it more difficult to locate HCPs who were prepared to provide medical services under the WorkSafe system. The delays in referral for treatment or approval of ongoing services also contributed to slowed recovery for LTIWs. Much research exists that acknowledges the importance of early intervention and referral for treatment to speed recovery and RTW for injured workers (12,19,20,30).

Delays were also reported when new claims managers, who were unsure of LTIWs' needs for treatment, challenged treating practitioner recommendations and sought a second opinion via an

IME. There were delays getting IME appointments, followed by several weeks delay in receiving reports, and services and entitlements could be suspended pending the outcome. Gaps in entitlements and services added to LTIWs' stress and negatively affected recovery. Sometimes LTIWs could be sent to multiple IMEs. The process of having to retell sometimes traumatic experiences to examiners who were unknown to LTIWs could result in exacerbation of symptoms and recovery could stall or even deteriorate. There was a perception that LTIWs were sent to multiple IMEs until an opinion supporting cessation of benefits or services was obtained by insurers. Evaluation of expert testimony by examiners for other compensable systems in Victoria has shown the opinions presented by experts are most often favourable to the party that engaged them (39). Our findings are consistent with the Ombudsman's report that comments on excessive and unnecessary use of IMEs to the detriment of LTIWs' health (10).

We found that denial of services by insurers could result in disputes being lodged by LTIWs. Injured workers with longer term claims reported how they would appeal insurers' decisions to deny entitlements via internal review followed by conciliation, Medical Panel and through the courts. Lengthy delays of between 6 weeks and 9 months were reported for conciliation and Medical Panel, while LTIWs could wait years for matters to be heard through the judicial system. The LTIWs we interviewed said that more often than not, decisions had been overturned at the Medical Panel and entitlements or services were reinstated; or if the issue progressed to court, entitlements were reinstated on the day of the scheduled hearing and the case settled out of court. The use of formal hearings is an expensive and time consuming process to ensure insurers deliver the services LTIWs are entitled to. The lengthy and stressful nature of the appeal process was identified in the recent Ombudsman's report. The report noted that 58.5% of decisions at conciliation were changed, 71% of decisions referred to the Medical Panel were overturned and between 64-75% of decisions disputed at court were overturned or changed. Further, the report concluded that while there was no financial cost to a worker disputing a decision at conciliation, proceeding to court could be very costly and engaging in disputation could have a profound effect on injured workers' recovery (10).

We also found reports of insurers terminating entitlements that had been awarded through the Medical Panel or the courts (such as ongoing physiotherapy services) which were contrary to Medical Panel or court directions. Thus LTIWs experienced more gaps in treatment and were forced to dispute the latter termination again, going back through the same formal dispute process. In this way, LTIWs became worried about impending gaps in treatment or income payments and were again stressed and anxious about their future ability to manage. Injured worker recovery was stalled and claims became lengthened due to denial of services and entitlements and the delays associated with disputing them.

Life after claim cessation

We were limited in the conclusions we could draw about life after claim cessation because only four injured workers were entirely independent of the workers' compensation system. However, many other injured workers had only partial involvement with the compensation system (such as medical services for a limited period), and were able to provide some insight on life outside of the workers' compensation system.

The LTIWs who were no longer in the workers' compensation system reported that returning to work on a graduated basis soon after injury, less serious physical injury and having accommodations made for work settings were important factors in facilitating successful RTW. Although these observations arise from a very small number of workers within this study, the findings are consistent with existing research that highlights the importance of graduated RTW programs and work accommodations (26-29) in shortening claim duration. The LTIWs who were detached from the system but had not RTW felt they were hindered in their ability to identify and obtain work when they found they were no longer eligible for WorkSafe funded occupational rehabilitation services, or the WISE program, and were also ineligible for federal government programs.

Other LTIWs in this study who had not returned to work and who were only receiving partial entitlements (i.e. no wages, but receiving medical and like services for 12 months after wage cessation) reported considerable challenges when trying to return to work. Barriers included uncertainty about suitability of jobs given their injuries or limitations. All LTIWs considered they faced limited job opportunities due to employer bias against workers who had made a compensation claim.

There are a number of possible interventions that may assist to improve injured workers' options for return to work. Firstly, integration of formalised volunteer opportunities before the worker was detached from the system. A formalised volunteer program may include the provision of a WorkCover insurance policy that migrates with the worker (similar to the WISE scheme), to help allay employer concerns about impacts of a potential injury or exacerbation of the injured workers' injury on their WorkCover premium. It can also allow an employer to assess the worker's suitability without obligation to provide ongoing employment and so could work as a pre-cursor to permanent employment. Volunteering has multiple benefits, including serving as a less stressful RTW option, as the injured worker can work when they feel able to trial potential suitability of jobs and better assess their capacity for work. British, German and US studies have reported a positive relationship between volunteering and employment, while other studies highlight how volunteering has developed employment-related attitudes and skills (40,41). Volunteer work can also have a positive influence on physical health, psychological wellbeing

and emotional resilience, while assisting individuals to reintegrate into the community and regain confidence in their abilities (42).

Secondly, capitalise on the existing WISE program which we found was under-utilised for LTIWs. Improving the profile of the WISE program could increase the uptake of this initiative by employers, thereby increasing the number of jobs available for LTIWs. Extension of the WISE program to all injured workers who had not yet RTW, regardless of whether they were detached from the system, would achieve a wider audience. Continuation of the WISE program post-claim cessation would (a) provide some job seeking support for those LTIWs who were not eligible for the federal Jobactive program; (b) fit together with volunteer experiences and help to cement ongoing employment of well-placed workers; (c) reinforce sustainable RTW which would be enhanced by the post-placement support inherent in the program; and potentially (d) improve injured workers' and employers' perception of WorkSafe as an organisation committed to the rehabilitation of injured workers. It is important, however, that these programs are voluntary and suited to injured workers' ability and physical capacity.

The absence of an arrangement between WorkSafe Victoria and the federal Department of Human Services regarding eligibility criteria for Centrelink benefits further complicates matters for injured workers who seek some form of income after claim cessation. Rather than automatically qualifying, injured workers who apply for the Disability Support Pension face further assessments and sometimes rejection, even though they may have received a serious injury certificate from WorkSafe (which rates their impairment as 30% whole body impairment or greater). When being assessed for DSP, LTIWs may be subjected to further IMEs which can be detrimental to injured workers' health and recovery (25,39,43,44).

A further concern for LTIWs who were seeking Centrelink benefits was the transference of incorrect information from WorkSafe insurers. There is a clear need to provide LTIWs with greater transparency about information flow and content, as well as provision of clear processes to ensure that if identified, incorrect information can be rectified.

Twelve months after LTIWs' income benefits cease, medical and like benefits funded under the workers' compensation system also cease (17). Some LTIWs reported that the consequence of having no workers' compensation funding for medical services meant that they went without treatment or medicines. Lack of ongoing treatment could result in chronic medical conditions deteriorating and LTIWs' recovery and capacity for RTW deteriorating in a corresponding fashion.

The small number of LTIWs who were detached from the compensation system in this first qualitative study have provided some valuable information about life post-claim. Further research, involving a larger number of such workers, is required to shed much more light on this important aspect of longer term claims.

Preparing to leave the system

When LTIWs do leave the system, most are concerned about how they will fare. Both KIs and LTIWs proposed that the transition could be made easier, and this was particularly important for injured workers who had longer term claims.

It was suggested that support should occur prior to benefit cessation and include information provision and direct referral to federal government services. Liaison between WorkSafe and other government departments to avoid further assessments of injured workers could reduce stress for injured workers and streamline income support. Transparency of shared information would provide injured workers with the opportunity to check and confirm information prior to the transfer occurring. Co-ordination between support systems and services would assist injured workers to cope more easily in the world outside of WorkSafe.

Amongst key stakeholders and service providers there is a lack of information about what happens over the longer term to injured workers when their benefits cease or they leave the system for other reasons. An ongoing system for recording the outcomes for injured workers once they exit the compensation system is needed to determine whether RTW programs are sustainable and to identify what supports are needed for injured workers if they cannot return to employment.

Future research

Based on this study, we have identified a number of areas that warrant future investigation and research.

Our study identified gaps in knowledge about what happens in the long term to workers who are disconnected from the workers' compensation system (no longer receive income replacement benefits). There is a need for longitudinal studies that follow injured workers over time to determine which factors contribute to the difficulties they encounter, as well as those that improve health, social, economic and recovery outcomes.

Future research could also investigate the types of support services, resources and information needed by injured workers with long term claims, including the needs of their families. The findings of this study suggest that some HCPs may be reluctant to provide services to longer term injured workers under the workers' compensation system due to the administrative burden and other reasons. Further research should determine how workers' compensation processes can be improved to make them easier for HCPs to navigate.

Research directly with OR providers is also required to provide an understanding of OR providers' perspectives and the challenges they face when providing services to injured workers.

This study has pointed to the negative impact that IMEs can have on injured workers, particularly on their mental health. In contrast, the Medical Panel system was perceived as a positive experience by many of the LTIWs. Future research should examine other models of functional assessment and RTW readiness determination, particularly considering practices that have been successful in other (national and international) jurisdictions.

Research could be conducted on the claims management processes and other factors that may shape behaviours and policies that stigmatise injured workers, to identify ways to reduce injured worker hesitance to make a claim and to improve return to work outcomes.

Future research could also identify options that lead to reductions in delays in payment, claims acceptance and health service approval. In other jurisdictions (e.g. Canada) studies have found that there are disadvantages to moving claims management and other compensation programming (such as vocational rehabilitation) to external (private) service providers. Studies should also examine factors that contribute to turnover among claims managers and how claim transfer can occur without leading to administrative delays, information loss or re-assessment of injured worker status and services.

Conclusion

This qualitative study is the first to consider how prolonged claims develop and the impact on recovery and return to work of injured workers in Victoria. The study also sought to examine what happens to injured workers once they leave the compensation system. Common themes were represented in the findings from both LTIWs and KIs. The findings suggest that individual, workplace, and system factors can impact on injured worker recovery and return to work. Key events that LTIWs and KIs considered were influential on the prolongation of claims and injured worker recovery included the frequent change of claims managers, delays in decision making, repeated medical evaluations and lengthy disputes. Suggestions were provided by participants for ways to modify aspects of the compensation system and achieve improvements in recovery and return to work for injured workers. Future research to complement and build upon these study findings is needed.

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Appendix A

Interview schedules for interviews with Key Informants and Long Term Injured Workers.

Key Informant Interview Questions

Preamble to interview included explanation of VIWOS study, establishing that the explanatory statement has been received and read, and clarification of queries and collection of signed consent.

QUESTIONS:

Prompts will only be asked if not already answered in main question

1. Can you tell me about your role with WorkSafe clients?
How do they get referred to you/how do they find your service?
2. What differences (if any) do you find between IW who have physical injuries and those who have psychological injury claims?
3. What can slow or make IWs recovery more difficult?
What can slow or make IWs return to work (RTW) more difficult?
What about specific processes (like IME's)?
What effect does being involved with a lawyer or having a common law claim have?
What about experiences with healthcare providers (HCP's) or Occupational Rehabilitation (OR) providers?
What about experiences with employers?
4. What do you think might help to speed/ improve an IWs recovery?
What do you think might help to speed/ improve an IWs RTW?
What about specific processes like IME's?
What effect does being involved with a lawyer or having a common law claim have?
What about experiences with HCP's or OR providers?
What about experiences with employers?
5. From your experience working with both shorter and longer term claimants, can you identify specific indicators that might suggest at an early stage that a particular claim will develop into a longer term claim?
Do you think of these indicators/possibilities with every IW you see?
Do you try to intervene in any way to prevent a claim becoming extended?
6. Do you continue to see IWs once their WorkSafe claim ceases?
If yes, does it change how you work with them, and in what way?
7. What issues do you think IW who have had lengthy claims find most difficulty managing post claim?
How does having a prolonged claim affect IWs social/family relationships?
How does having a prolonged claim affect IWs financial position?
7. Do you have anything else to add?

Long Term Injured Worker Interview Questions

Preamble to interview includes explanation of VIWOS study, establishing that the explanatory statement has been received and read, and clarification of queries and collection of consent.

Prompts or follow-up questions asked will vary according to the injured worker (IW) circumstances.

QUESTIONS

1. For the purpose of background information, can you briefly tell me about the type of injury or illness you suffered? Date of injury?
2. Tell me about what happened when you made your claim?
How long after you were injured did you lodge the claim?
Did the employer lodge the claim promptly?
Did WorkCover accept the claim immediately?
What were your expectations once you decided to make a claim?
3. What could have made the process of making a claim better for you?
4. Tell me a little about your experiences with your WorkCover insurer?
Have you had different insurance companies or claims managers during your claim? What effect did those changes have?
Did you get what you needed from your claim manager/s?
Can you recall getting a letter from your insurer that told you about employer obligations to re-employ you following your injury?
If yes - was it helpful information for you? In what way?
5. What might make your experience with WorkCover insurers better?
6. Please tell me about which medical and/or allied health services (e.g. physiotherapy, psychology) you had during your rehabilitation?
What did you find was most helpful? Why?
7. What contact did you have with your employer during your rehabilitation?
Has your relationship with your employer changed over time?
8. Did your employer keep your job for you?
 - *If YES - Have you been able to RTW and have you stayed at work? Please tell me about that experience*
 - *If NO - How did you learn that your job was no longer available? What did you do then? Do you have any plans about RTW in the future?*
9. Did you receive any assistance to help you get back to work during your rehabilitation? (e.g. from Occupational Rehabilitation (OR) providers such as Nabinet or IPA)?
What was your opinion of that service?
What could be done better?
10. Have you had assistance from a union or from lawyers during your claim?
What prompted you to seek union/legal assistance?
How did having union/legal assistance affect your claim?

11. Can you tell me about independent medical examinations or assessments you have had?
Did any particular experience stand out? Why?
If you had a lawyer, did they send you to any IME's? Were they any different to the IME's that WorkCover sent you to? How so?
12. Tell me about any appeals you have made during your claim?
If you attended conciliation or mediation, did you have support? What is your opinion about that process?
Did conciliation help to resolve the dispute / re-start your wages or medical treatment or home-help?
13. How have you managed financially since being injured?
Did you seek support from any other services than WorkCover (e.g. Centrelink/specialist disability services)?
Have you sought assistance from your own networks e.g. friends and family? – Please describe.
14. Have you needed more help around the home than was provided by WorkCover?
How did you find out what services were available?
Who helped you and what with?
Can you tell me how you went about getting support from other services (e.g. government or local council) if you used them?
15. Has your claim ended? (i.e. now not getting any wage or medical benefits)
If NO.....So what's happening with it now?
How long do you think this will continue? / What will happen then?

If YES.....
Were you notified your claim would end? By whom? What led to your claim being finished?
What did you do to prepare for life after your claim ended?
How have you managed without wage support/medical treatment funded by WorkCover?
16. Was there any particular time or turning point during your claim which really affected how your claim turned out?
17. Was there a particular person or a group that you found to be most helpful?
18. Was there any particular event in this whole process that really affected your life?
For example, some people find that the insurer has arranged an investigation or surveillance.
Did this happen to you?
19. Please describe how having a WorkCover claim has affected;
Your health and well-being?
Your family / friends / other important relationships / involvement in the community?
Your financial well-being?
20. Do you have any questions or any comments you'd like to make?

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