



Connect & Care: Leadership Support for Vulnerable Workers

Development, Implementation
and Pilot Implementation

Preliminary Report

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Foreword



As icare's Client Engagement Manager for the Department of Communities and Justice, I welcome the opportunity to introduce this report detailing the results from our 'Connect and Care: Leadership Support for Vulnerable Workers' trial.

The prevalence of psychological injuries within the public sector caused by exposure to traumatic events, interpersonal conflict and work stress has driven the need for such interventions.

It was an absolute pleasure to work with the Frank Baxter Youth Justice Centre leadership team, assisting to strengthen their relationships with injured workers, particularly after the July 2019 young offenders' riot where approximately 20 employees were physically and psychologically injured.

This report demonstrates the numerous benefits for leaders and organisations in developing their skills to support vulnerable workers in industries with high exposure to psychological injuries. It also shows that developing a clear organisational framework for leaders to engage with workers following an incident can improve recovery outcomes.

The Connect & Care program aims to assist leadership groups create and embed their own contextualised and integrated support framework whilst developing the individual leader's capability to support vulnerable workers. The report suggests the active involvement of these leaders in the development of the solutions and frameworks is critical to achieving successful outcomes.

Connect & Care acknowledges that leaders have a big part to play in creating and preserving a psychologically safe, healthy and supportive workplace. I encourage our stakeholders to consider the findings and recommendations contained in this report as these should be readily translated to any organisational environment.

A handwritten signature in black ink, appearing to be 'Maddi Bailes'.

Maddi Bailes

Client Engagement Manager, icare



As QBE's Risk and Innovation Manager, I am delighted to present and contribute to this report which outlines our journey, key learnings and results from the 'Connect & Care: Leadership Support for Vulnerable Workers' trial.

In late 2019, QBE together with icare and the Department of Communities and Justice set out on a journey to assist the leadership group of the Frank Baxter Youth Justice Centre to support their employees who suffer from a psychological condition.

The importance of leadership after a psychological injury in the workplace is fundamental to supportive return to work, recovery and to maintain the connection between the employee and their workplace. Based on this principle, QBE, icare and the Department of Communities and Justice started a working group, which evolved into the Connect and Care program.

Through the Connect & Care program we were able to provide a collaborative forum for leaders to create a bespoke injury framework to support the specific needs of their workforce. Together we were able to collaborate, learn from our combined expertise and build viable solutions to improve the recovery process for injured employees within the Frank Baxter Youth Justice Centre.

The experience of working with the Frank Baxter Youth Justice Leadership Team, Department of Communities and Justice WHS team and icare was a very rewarding and valuable one.

The report findings and early results are showing that the framework created is starting to strengthen relationships and engagement between leadership groups and psychologically injured workers which has led to improvement in both recovery and return to work outcomes.

A handwritten signature in black ink, appearing to read 'Farah Shams'.

Farah Shams
Risk and Innovation Manager

Executive Summary

This document was written for icare customers, employers and practitioners operating in industries with high risks of complex workplace injuries. It provides a concise overview of findings relating to leadership behaviour, and the role of the Connect & Care Program in seeking to address this problem.

What is a complex workplace injury?

A psychological or physical injury requiring greater than two weeks of incapacity. This includes complex mechanisms of injury, such as a violent incident or an accident that results in multiple injured workers.

Risk

Complex workplace injuries relate to an individual's physical and/or psychological health. The effect often extends to the individual's social network including family, friends, work colleagues. If not well managed, the individual's recovery and capacity to sustainably return to work can be compromised. Complex workplace injuries can also have many direct and indirect costs to employers including increases in workers' compensation costs, absenteeism rates, workplace culture and service delivery.

Remedy

Connect & Care is a co-developed program aimed at building leaders' capability to respond to complex workplace injuries. The program includes:

- a co-designed training intervention
- a tailored best practice employers' checklist
- a co-developed organisational framework in the form of an FAQ.

A program evaluation package is incorporated to provide empirical evidence as to the impact and scalability of the program.

Risks and challenges

Due to the nature of the work Leaders do within our pilot audience most had to remain connected to radios during each workshop. This means that they were not always able to provide their full attention.

It is also important to consider the previous training and skills to ensure that only gaps are filled and avoid repetition. The co-development of the program enabled the pilot team with the opportunity to quickly adapt and ensure that learning was matched to needs.

Most participants also performed shift work and therefore were not all available to participate to all sessions. The responsibility to disseminate information outside of the workshops was allocated to one of the participants.

Results

The *Connect & Care* Program was piloted within the Frank Baxter Youth Justice Centre. Positive outcomes from the program include:

A reduction in the incidence rate of physical and psychological Injuries by 57% in 2019 Q4 and 2020 Q1 compared to Q2 and Q3 of 2019 when the young offenders' riot of July 2019 occurred. Further analysis of comparing the 2019 Q4 and 2020 Q1 to the incidence rate of the year before 2018 Q4 and 2019 Q1 there is a 28% reduction in incidence rates.

A reduction of approximately \$60 thousand in overall spend of Psychological Injury claims costs in 2020 Q1 when comparing to 2019 Q4.

Further analysis shows the overall reduction of psychological injury claim cost in 2020 Q1 is mainly due to the reduction of weekly benefits paid.

Improvement in injured workers' customer experience scores since the first Workshop on November 2019. Frank Baxter are receiving a customer experience scores of 7 and above. Evenly split between passive and promoters with no detractors.

Recommendations

- Further development and wider implementation of the Connect & Care Program.
- Development of self-training package.
- Continued scaling and evaluation of the program across the Department of Communities and Justice, multiple organisations and industries.

Key Findings

Key findings from the *Connect & Care* pilot program are presented below. Findings were obtained using both quantitative (monitoring of workplace injury rate, return to work rate and employee questionnaires) and qualitative (workshop feedback and interview) methods.

1	Complex workplace injuries are prevalent
2	Leaders do not always understand the support workers who suffered workplace injuries need
3	Leaders do not always understand the support framework and stakeholder framework that support recovery and return to work particularly when a workers' compensation claim is lodged
4	The Connect & Care program seemingly reduced the frequency of complex workplace injuries.
5	The Connect & Care program seemingly reduced the severity of workplace injuries.
6	The Connect & Care program was positively evaluated by participants, with participants reporting the skills and knowledge provided was useful to the requirement of their work.

Recommendations

Based on the evidence collected in the *Connect & Care* pilot program, the following recommendations are proposed:

- A pre-intervention organisational guide/training should be created. This will aim to develop the necessary skills to ensure an organisation is ready to adopt/adapt their own programs. This guide should enable employers to self-service and should include a pre-intervention checklist, a design thinking learning tool kit, a skills identification register, and an evaluation kit.
- The *Connect & Care* program should first be scaled within the remainder of Youth Justice. As a second stage it should be adapted for effective use in other organisation within the Department of Community and Justice, and then in other government agencies and industries.
- Future implementation of the *Connect & Care* program should be evaluated based on a co-developed evaluations framework. The framework should include the collection and analysis of staff turnover, morale and absenteeism, as well as impacts on injury rates and return to work outcomes. Continuous evaluation will enable comprehensive study of the program's effect in the medium and long-term on workers who have suffered a complex workplace injury.
- Investigate how the findings of the *Connect & Care* program can be incorporated into the employer's wider organisational policies, with the objective of developing and applying best-practice guidelines regarding leadership capability to support vulnerable workers.
- Investigate how the *Connect & Care* program can be modified to prevent complex workplace injuries.
- The *Connect & Care* program should be continually revised and improved with ongoing feedback from program participants and stakeholders.

Introduction

Exposure to hazards, complex relationships and job demand in the workplace can have an adverse impact on employees' mental health. Factors such as inadequate support can lead to or exacerbate mental health conditions within the workplace.

Work-related stress has been linked with high levels of:

- unplanned absences including sick leave
- staff turnover
- withdrawal and presenteeism, and
- poor work and poor product quality.

According to Safe Work Australia claims involving mental health conditions are usually associated with an above average time off work and higher than average claim costs. Most mental health claims are caused by work pressure (31%), harassment and/or bullying (27%) or exposure to workplace violence (14%) and exposure to a traumatic event (7%). For more information including data and statistics, go to the Safe Work Australia mental health in the workplace website [here](#).

The quality of the relationship between a worker and their direct line manager can have a range of positive consequences. Research has shown that strengthening relationships and engagement between direct line managers and psychologically injured workers can improve return to work outcomes.

The *Connect & Care* project was established in 2019 as a collaborative initiative involving the Agency Engagement Team at icare New South Wales, (icare, QBE Insurance (QBE) and the Department of Community and Justice (DCJ). The project aimed to improve leader capability to support and optimise the recovery and return to work of employees who have suffered a psychological injury, identify potential interventions and solutions, devise and deliver a comprehensive co-designed intervention program, and evaluate this intervention. This report provides details of the pilot project – its background, implementation, and evaluation. Recommendations are provided to guide future best practice in this important sphere of worker and organisational performance and wellbeing.

Definition of terms

Complex workplace injury

A psychological or physical injury requiring greater than two weeks of incapacity. Includes complex mechanisms of injury, such as a violent incident or an accident that results in multiple injured workers.

Claims frequency

How often a claim occurs.

Sensitive claims/behaviours

When a worker exhibits suicidal ideation, homicidal ideation or has indicated an intent to harm others.

Claims cost

The total cost of a claim to an organisation including the investigation, treatment and wage loss costs as a result of a workplace injury.

Customer Experience Measurement (CXM)

CXM is a survey issued to our Injured Workers by icare which asks a series of questions in relation to their claims experience. At the end of the survey the Injured Worker will provide a rating out of 10.

Promoters

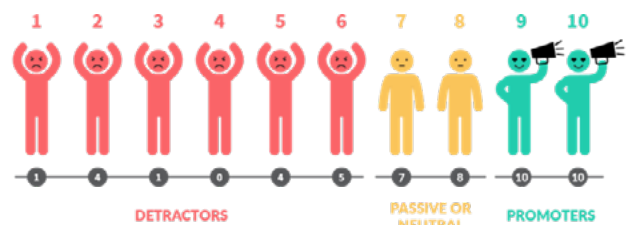
Parties in the CXM (Customer Experience M??) system that score their experience 9-10 out of 10. They include those that would recommend the agency/claims managers to others.

Detractors

Parties in the CXM system that score the experience from 0 – 6 out of 10. They are unhappy and can damage your brand/reputation through negative word-of-mouth.

Passives

Parties in the CXM system that score the experience 7-8 out of 10. They are satisfied but unenthusiastic and neither hinder nor help your offering/product.



Background to the Connect & Care Program

Psychological injury claims are amongst those with the highest growth rate and increasing expenditure in the NSW Workers Compensation scheme. To understand and govern the multi-faceted cause for this position, icare conducts quarterly health checks covering claims management practices, medical management, low-value care, portfolio management and customer behaviour.

Customer behaviour was assessed to determine any relationship between workers who have had less than 13 weeks off work due to a workplace injury and employers' behaviours that positively impacted claims outcomes, with a focus on 'return to wellness' and 'return to work'.

During this health check there was early evidence that employers who actively engaged with their workers immediately following the date of incapacity and maintained contact throughout the liability determination period, had lower rates of worker dissatisfaction, higher perceived positive engagement and increased interest and participation in recovery and return to work.

In response to this evidence, icare consulted with a large number of employers to understand why some employers were not engaging with workers who sustained psychological injury. Through this engagement employers provided the following themes:

- Employers were scared that further contact with workers would aggravate symptoms
- Employers did not feel confident in how to respond to or manage complex behaviours over the phone (crying, aggression, self-harm etc)
- Employers felt sceptical the psychological injury occurred during the course of employment because there is a lack of tangible evidence available with such injuries
- Employers felt disempowered to influence return to work on psychological injury claims

Understanding the reasons behind an employer's reluctance to engage workers with psychological injury was the catalyst for designing a practical tool that provides employers knowledge on when and how to positively engage workers with psychological injuries during the challenging acute injury phase and/or liability determination period, to increase successful and sustained return to work.

The '*Checklist for Employers - Engaging Workers after Psychological Injury*' was designed to be interactive, offering employers the opportunity to document early positive interactions with workers covering connection, engagement, support and return to work.

Systematic literature review

The checklist was designed based on claims management trends, return to work patterns and employer feedback. Before the checklist was formally released to employers icare had the checklist independently reviewed including a systematic literature review undertaken in January 2019 by the RISE team at Griffith University.

The findings by Griffith University supported the '*Checklist for Employers - Engaging Workers after Psychological Injury*' as a best practice document. Following recommendations from the university the document was edited to include references to literature under each instruction to demonstrate that these behaviours are evidenced-based and further provides employers with the opportunity to build additional competence responding to psychological injury claims.

Overview of the Connect & Care Program

On 22 July 2019, approximately 20 Youth Justice employees at the Frank Baxter Centre suffered both physical and psychological injuries as the result of an inmate riot. Realising the need to address recovery and return-to-work strategies, icare teamed up with QBE and Youth Justice to pilot a program to upskill managers with the necessary tools to manage psychological injuries. This is where the Connect & Care program was conceived.

The *Connect & Care* Program includes several key components:

Specialised training via workshops

Workshop 1:

- Complex Trauma & Trauma Informed Care
- Introduction to the Employers Checklist.

Workshop 2:

- Understanding your exposure to complex workplace injury
- Creating and embedding a complex workplace injury framework

Workshop 3:

- Introduction to your tailored checklist and FAQ
- Buddy System
- Privacy and Confidentiality
- Injury Management Team

Additional components

- Amendment of the Employer Checklist
- Creation of FAQ including brainstorming workshop
- Introduction to empathetic containment and considering psychological demands in return to work

Program evaluation

- Workshop feedback
- Participants interviews
- Participant questionnaires

Description of the Connect & Care Co-designed Intervention

Aims of the Intervention

The *Connect & Care* co-designed intervention aimed to reduce the incidence (frequency), intensity (severity), and improve return to work outcomes of complex workplace injuries.

Workshop 1 aimed to provide leaders technical information about complex workplace injuries by developing a deeper understanding of the concepts of complex trauma and trauma informed care, and the acquisition of skills for dealing with these through introduction to employer's checklist.

Workshop 2 aimed to explore the employer's checklist in more depth and re-design it to fit organisational needs. Participants also explore the barriers for implementation of the checklist, develop solutions to the barriers and an organisational framework to ensure the tailored checklist is embedded.

Brainstorming Session aimed to review all the feedback and information gathered from Workshop 1 and 2 with senior managers to break down the biopsychosocial tools from the checklist to identify who within the organisation would be best fitted to take responsibility of each task from the Employer Checklist. Information gathered from this brainstorming session formed a FAQ document for management team to use as a point of reference.

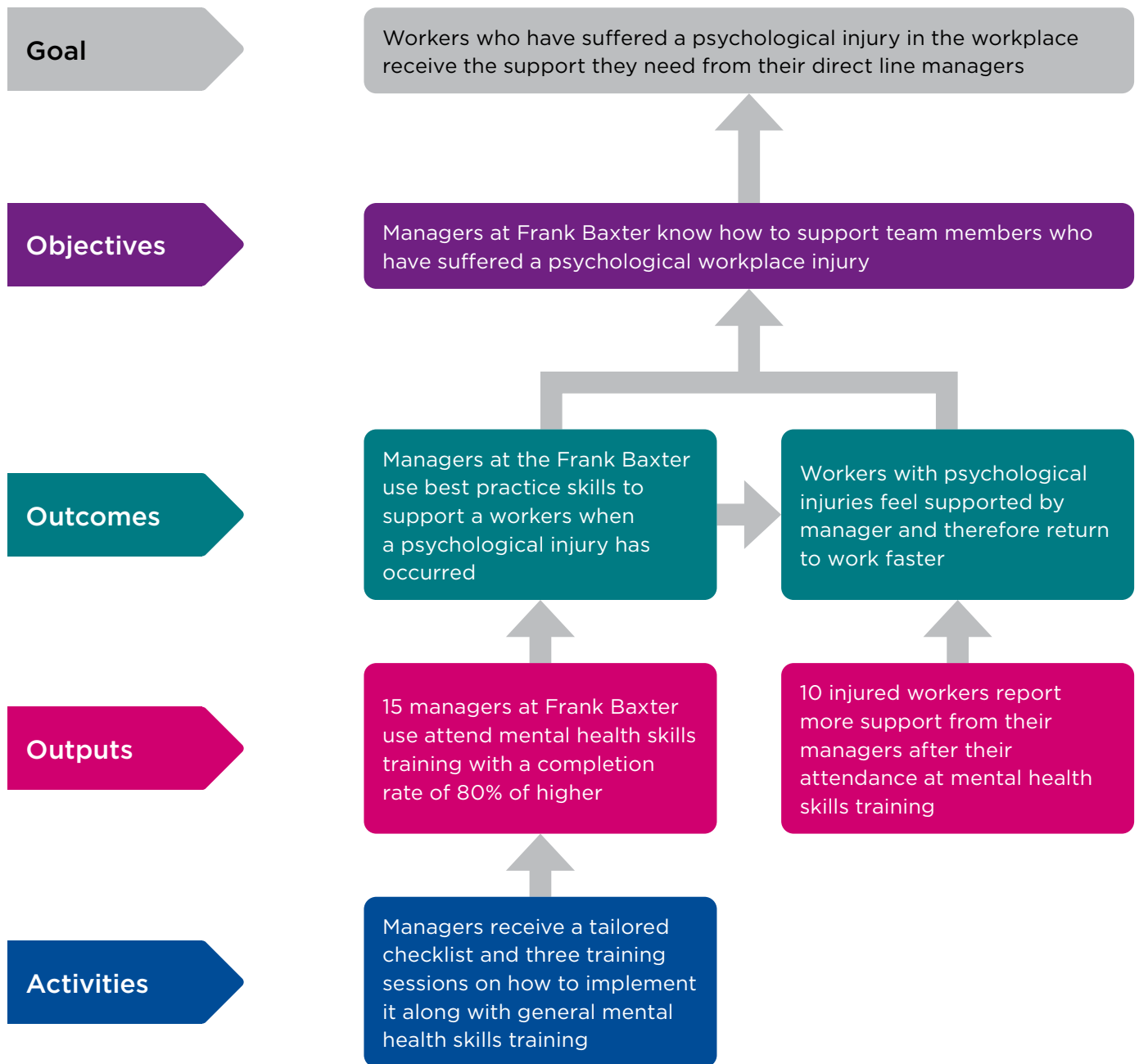
Workshop 3 aimed to introduce the tailored employer's checklist to the leadership group, together with the organisational framework and core technical information including the role and responsibility of key stakeholders.

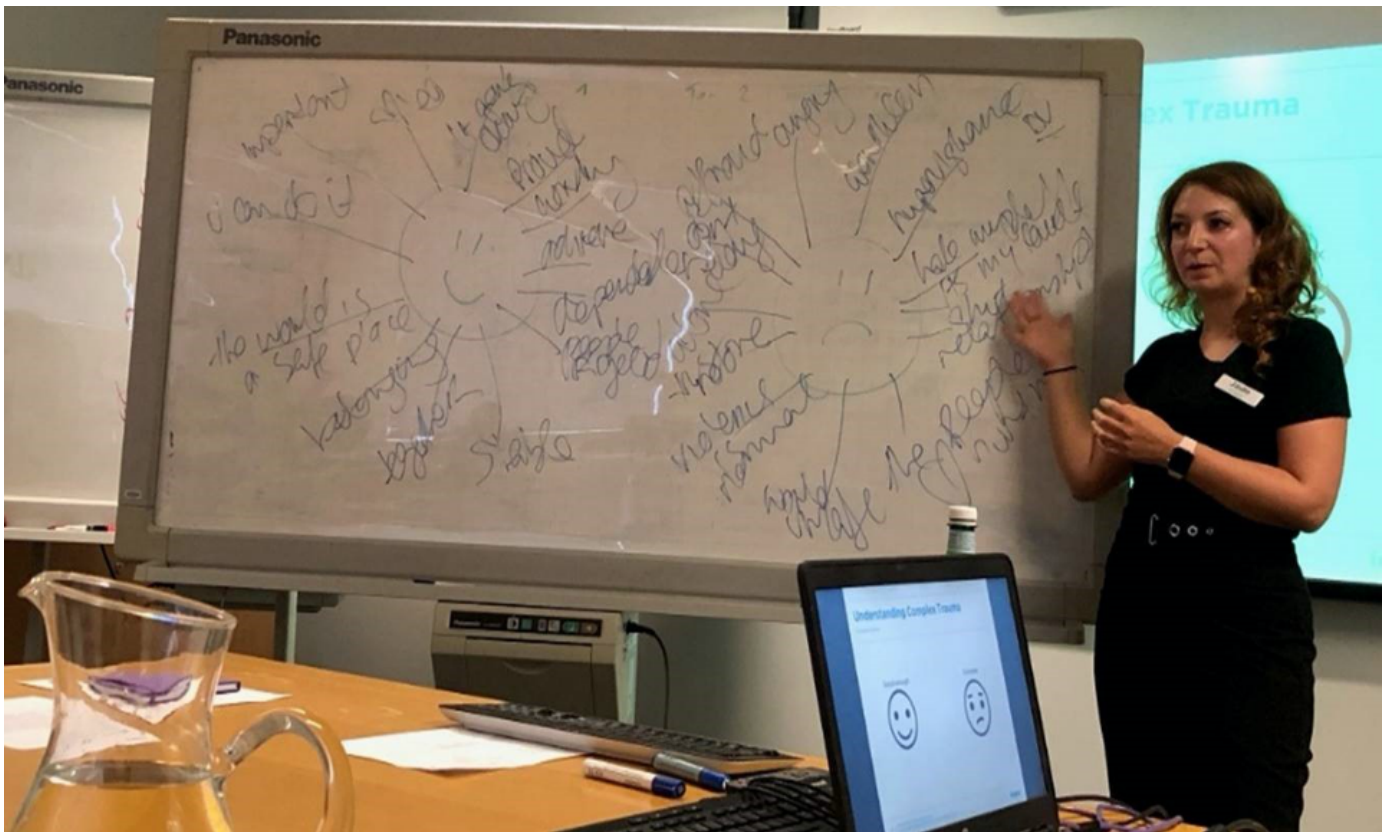
Core 'theoretical and practical skills building' topics covered in the intervention and contributing to these aims include:

- Understanding complex workplace injuries
- Social and emotional support
- Perspective taking and empathy
- Rapport/relationship building
- Provision of adequate support for vulnerable workers
- Emotional recognition and regulation
- Effective (and assertive) communication
- Staff empowerment and customer-oriented control
- Coping skills and strategies
- Design thinking

The intervention aimed to increase leaders' capability to effectively connect, engage and support vulnerable workers by developing participants' theoretical knowledge and practical skills needed to effectively use employer checklist. The intervention relies on co-design principles to tailor the checklist to organisational needs and create a sustainable implementation framework.

Theory of Change





Background engagement and development of the intervention

The training program was comprised of three two-hours sessions that were originally developed for this project by the icare Mental Health team led by Jade Alexander. Development of the project took place between September 2019 and November 2019.

Due to the co-designed nature of the project, participant feedback from each session informed content for the next one. Content for these sessions were then prepared by icare's Agency Engagement team represented by Maddi Bailes and QBE's Risk and Innovation Manager Farah Shams.

For each session, the project team aimed to develop an intervention that is:

- based on available research and representative of best practice in the form of the employer checklist
- based on design thinking principles
- relevant, practicable and sustainable in the organisational context of participants, given the time and resource constraints, and adapted to demographic, educational and occupational profile of participants.

Development of the training intervention occurred in three stages:

- Employers checklist analysis
- Designing and writing the intervention
- Testing, feedback, and revising the intervention for each session

Initial work on the training intervention involved:

- Considering and further developing existing icare resources and research including the employer checklist.
- Analysing the theories and research used to develop the checklist in the fields of social, health, organisational and counselling psychology,
- Paper, online, and in-person sources of information and advice regarding practices, culture and industry knowledge specific to the participants of the Connect & Care pilot.
- Discussions in, and outcomes from regular focus group meetings conducted by icare and QBE Insurance involving frontline employees and Injury Management Specialists.
- Discussions in and outcomes from a collaborative roundtable workshop addressing organisational barriers to the implementation of the co-designed solutions facilitated by icare and QBE insurance.

Designing and writing the intervention (February – May 2019)

The team drew upon and adapted the ‘collected wisdom’ contained in the sources referred to above. The aim was to produce a relevant and flexible training intervention that comprised an appropriate mix of:

- Presentations
- Expert mini-lectures
- Group brainstorming and discussion segments
- Story sharing

In addition, the team developed a range of resources for use in the evaluation of the intervention:

- Power-point presentations and with accompanying scripts for each of the workshops
- Created and/or adapted interactive training activities
- Prepared and developed brainstorming workshops activities
- Pre- and post- workshop questionnaires
- Workshop feedback forms
- Participants interview schedules

Through the co-design process, the team based on participant feedback created three documents:

- A tailored checklist to the participants organisational needs
- An FAQ
- Workers Compensation Journey map

Testing, feedback, revision and refinement (December 2019 – March 2020)

Once the first training workshop was developed, the proposed intervention was tested within the participants’ environment.

Feedback and advice were sought that provided guidance to the development of the second training session.

The team designed the content for second session based on the participants’ feedback. This iterative process of consulting, pilot-testing, and revising began with critical examination of the proposed intervention aims, scope, content and mode of delivery.

The delivery of the second session led to the need for an additional brainstorming workshop to explore solutions to identified barriers in the implementation of the co-designed resources.

Obtaining regular feedback on the content delivered during each session enabled the team to quickly adapt the content of the training resources to the needs of the participants.

Components and Organisation of the Intervention

The *Connect & Care* intervention pilot comprised of three face-to-face sessions (approximately two hours each) for people leaders, with an additional two hours face-to-face session for Human Resources leads to develop the skills implementation framework for supervisors and managers. The training was designed specifically for direct line managers with team members who had a high exposure to risks that typically cause complex workplace injury.

The intervention sessions aimed to reduce workers compensation claims cost by improving and strengthening the relationship between workers at risk of complex workplace injury and employers. This was achieved by:

- Improved interpersonal skills
- Increase connection, engagement and support for works
- Providing a framework to ensure skills are systemically utilised and embedded in the business

The workshops provided an opportunity for participants to learn from each other’s experiences as well as industry experts in a collective safe and supportive environment.

Workshops 1 and 2 emphasised the following content:

- Introduction to Complex Trauma & Biopsychosocial claims management
- Identifying complex trauma behaviour
- Drivers of workplace complex trauma
- Creating opposite experience - trauma informed care
- Identifying and minimising the negative impacts of complex trauma in the workplace
- Perspective-taking to better understand workers who have suffered complex workplace injuries
- Strategies to increase engagement with workers who have complex workplace injuries
- Human perception, preconceived notions, and other biases in social perceptions: why they matter when dealing with workers who have complex workplace injuries
- Understanding your workplace exposure to complex workplace injuries
- Strategies to embed the tailored checklist
- Considering psychological demands in RTW

Workshop 3 focused on:

- Summarising the co-design journey
- Presenting the co-developed resources including the:
 - Tailored employers' checklist
 - The FAQ and
 - The Workers Compensation Journey map

Workshop Presentation and Learning Modes

All three workshops are delivered using a mix of:

- Presentations
- Expert mini-lectures
- Group brainstorming and discussion segments
- Story sharing

Emphasis was placed on information sharing within a safe and supportive environment. In the table below, we highlight examples of the use of each of these presentations and learning modes, in each of the three workshops:

	Workshop 1	Workshop 2	Workshop 3
Presentations		Understanding your organisation risk exposure to complex workplace injuries	Recap - the journey so far Introduction of the tailored Checklist and FAQ Buddy System Introduction to the workers compensation journey map
Mini-lectures	Introduction to Complex Trauma & Biopsychosocial claims management Creating opposite experience - trauma informed care		Importance of privacy and confidentiality within Worker's Compensation

	Workshop 1	Workshop 2	Workshop 3
Groups Brainstorming	How to make the Employer Checklist work for your organisation	Connecting, engaging and supporting workers with complex workplace injuries: Current state, Future state, Leaders Responsibilities	
Discussion segments	Reflections	best practice engagement with workers who suffer complex workplace injuries	
Story sharing	Exchanging experiences about interactions with workers who have suffered a complex workplace injury		

As a result of the participants' feedback from the first training session, aspects of the workshop presentation were altered to increase participant engagement. More specifically, following the first workshop iteration:

- Interactive activities were used more extensively
- More focus was given to operational issues rather than psycho-social theories.

Delivery of the Intervention

Site

The *Connect & Care* program was piloted with one Youth Justice Centre. The original design of this project entailed staff members be employed at the control sites and at the Department of Communities and Justice head office.

Evaluation of the Connect & Care Training Intervention

Overview of how the intervention was evaluated

The program evaluation aimed to investigate the impact of the training workshops on leaders'

by improving and strengthening the relationship between workers with or at risk of complex workplace injury and employers.

The evaluation was derived from four key sources of data:

- Pre and Post-workshop feedback surveys
- Workers Compensation Data
- People Matters Survey
- People matter survey
- Interviews

Purpose of Evaluation

The purpose of evaluating the pilot is to:

- Contribute to the broader evidence base on best practice complex workplace injury management. The evaluation will inform strategy and practice for future organisations.
- Inform organisational decision making aimed at improvement (formative): changing or confirming strategy and practices.
- Inform decision making aimed at selection, continuation or termination of programs that will prevent complex workplace injuries and/or improve outcomes for workers who have suffered a complex workplace injury by identifying best value for money.
- Justify further investment in the pilot or program scaling and demonstrate achievements and improvement areas.

Key Evaluation Questions

The pilot aimed to demonstrate that by building leaders capabilities to support workers who have suffered a psychological injury:

- The relationship between workers and employers will improve resulting in better return to work outcomes and a reduction in the cost of claims.
- The skills developed during the training session are regularly used by leaders during their day-to-day working activities.
- Workers Compensation claims managers will be empowered to manage the claims more effectively.

Data was collected, before, during and after the delivery of the Program, from participants, stakeholders and QBE claims managers.

Workshop feedback

Leaders

Survey 1

Pre-Intervention Evaluation (18 November 2019)				
1. With reference to recent incident, how confident do you feel about having a conversation with a worker about their mental health wellbeing?				
1. No confidence	2. Not confident	3. Neutral	4. Reasonably confident	5. Very confident
2. Are you aware of, and able to readily locate access, resources and support to assist in communicating and managing workers with mental health injuries?				
1. Yes			2. No	
3. How frequently have you been in contact with your staff since the incident?				
1. Not appropriate	2. None	3. Fortnightly	4. Weekly	5. More than 2 times per week
4. How satisfied are you with the support that you have been provided to enable you to communicate and effectively support your injured workers?				
1. Extremely dissatisfied	2. Moderately dissatisfied	3. Neutral	4. Moderately Satisfied	5. Extremely Satisfied

Survey 2

Post-Intervention Evaluation (January and March 2019)				
1. With reference to recent training, how confident do you feel about having a conversation with a worker about their mental health wellbeing?				
1. No confidence	2. Not confident	3. Neutral	4. Reasonably confident	5. Very confident
2. Having attended the Manager training do you feel you have the adequate tools and resources available to assist in communicating and managing workers with mental health injuries?				
1. Yes			2. No	

Post-Intervention Evaluation (January and March 2019)

3. How frequently will you engage with your staff, following an incident?

1. Not appropriate	2. None	3. Fortnightly	4. Weekly	5. More than 2 times per week
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4. How satisfied are you with the management support and training that you have been provided to effectively communicate and support your staff?

1. Extremely dissatisfied	2. Moderately dissatisfied	3. Neutral	4. Moderately Satisfied	5. Extremely Satisfied
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Injured Workers

1. Since the incident, how much communication have you had with your direct manager?

1. More than 3 times per week	2. 2 to 3 times per week	3. Weekly	4. Fortnightly	5. None
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2. How satisfied are you with the level of support provided by you direct manager?

1. Extremely satisfied	2. Moderately satisfied	3. Neutral	4. Moderately dissatisfied	5. Extremely dissatisfied
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3. How satisfied are you with the management support and training that you have been provided to effectively communicate and support your staff?

1. Extremely dissatisfied	2. Moderately dissatisfied	3. Neutral	4. Moderately Satisfied	5. Extremely Satisfied
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Workers Compensation Claims Managers

1. Have you had any contact with direct line managers?

1. Yes	2. No
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2. If yes, how often have you been in contact with the direct line managers?

1. More than 3 times per week	2. 1 to 2 times per week	3. Weekly	4. Fortnightly	5. None
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3. Do you feel that you could provide better quality service through regular contact with the direct line manager (s)? If so, please explain how this would be so?

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Department of Communities and Justice Return-to-work coordinator

1. Do you believe the checklist developed will support managers in engaging with a worker following an injury?

2. How did you find the co-design approach?

3. Do you believe the new process for the managers will help you in your role?

4. Has this process improved your relationship with the managers?

Department of Communities and Justice Return-to-work coordinator

5. How did you find the process of BMC session?

6. What part of the BMC sessions did you find the most valuable?

7. If you were to deliver these sessions yourself. What kind of skills would you need or like to develop?

8. Would you recommend the BMC sessions to other centres?

9. How can we improve this process in the future?

10. Any further comments?

Feedback Completion

workshop 1, 2 and 3 and evaluations were completed by 30 participants across the workshops.

Results

Participant feedback

Participants provided positive feedback overall. During the first session they were reluctant to participate in the group discussion as they felt there were no issues and they were well equipped and skilled to support workers with complex workplace injuries.

They noted they had already undertaken the type of training provided by Jade Alexander about the management of complex trauma because they needed these skills to interact with vulnerable youth. They didn't consider that their own staff would display complex trauma and related behaviours and felt that their team members should be resilient.

During that session, participants were interested in historical psychological incident data. They also believed the aging population within their centre was contributing to the number of psychological claims. They admitted that there was some level of stigma with workers choosing to lodge a workers compensation claim relating to mental health with some participants reporting that "The XX mentality is to judge people on Worker Compensation" and they had a "*Perception staff are naturally resilient*" and "*should be able to handle*" the challenges within the workplace because they "have a job to do". The project team received feedback from participants that they wanted

the next session to be more practical. They also wanted to understand the workers compensation ecosystem better within the context of their centre.

During the second session, the project team presented data including workers' compensation and people matter survey results. Participants noted they were not surprised by results. They also reported that they struggled to know how to support their injured staff because of the complex nature of their workforce, staff burnout. They were not clear about what was expected of them and they felt 'their hands are tied with the human resources team'. Participants found the Workers Compensation data useful and would like to see more of it in the future.

The pilot team presented the original checklist back to the participants with more details. The group then workshoped ways to operationalise the practices in the checklist within their organisational context. Participants supported tailoring the checklist to their needs and the creation of a booklet/pack to accompany the checklist.

During session three, representatives from the participants group presented to the Centre's leadership group their tailored Checklist together with the supporting Frequently Asked Questions document.

The session included opportunities for participants to provide feedback. Their comments included the below:

"The entire experience was extremely rewarding. The information provided has improved me as a manager and as a person. The relationships I have built – I hope to draw upon the future"

"Information provided. Presentation. Checklist for Baxter was the most valuable"

"Learning how to go through process was the most valuable"

"Understanding the process. I can provide info to John to Jill. The creation of the checklist. Getting to know HR and QBE staff."

"During the first session we felt under the pump and feeling the pressure from the riots. It was hard for us to feel empathy when we were still hurting. The training made me realise that this information is a necessity and part of my role as a manager. Having your (icare and QBE's) assistance has been really powerful"

"It was great to understand why they ("employee") are off on Workers comp and why we are here and they are not"

"I am not particularly empathetic. Sometimes I feel that we are all working hard but some employees are taking advantage of us when they go on workers comp. But, the information you have given me helped me understand what needs to be done. This is part of my role and now we have a process to get people back to work."

"You helped me understand what we should be doing and how we need to do it. How we can address and fill the gaps."

"You helped me understand what we should be doing and how we need to do it. How we can address and fill the gaps."

"We now have a clear process. Big acknowledgement to John, Jack and Jill (From Youth Justice) how much effort they are putting in this process."

"It was very Informative, and we appreciate there is so much work done behind the scenes."

"It's difficult seeing people who are not genuine, but I am happy to follow the process. Understanding the process is very helpful."

"This is important from a welfare perspective and showing employees we are going through the right steps and we want to support them."

"The co-design approach was great. It couldn't have worked otherwise."

"Other centres would really benefit from this."

Evidence of pilot adoption of the program

The co-design nature of the development of the program was an essential part of its success. Representatives from the employer, the participant group together with industry experts were present from design stage to the final session and fully contributed to the creation of training content and decision making on the delivery method.

Participants took ownership of the co-designed solution, with managers themselves presenting the tailored checklist and FAQ to their team. Having these managers take the lead on delivering the content specific to their organisation demonstrated they were knowledgeable of fully adopted and support the process they had created. They were confident in answering questions from their colleagues, they believed the product would deliver better organisational outcomes and were able to sell its benefits. By being part of the design of the solution, participants became advocates of the Connect & Care program.

Return to work and injury management team feedback

The return to work and injury management team recognised that *"an early intervention approach was essential...and the immediate need to support and engage injured workers and their treating parties."*

They believe the checklist developed will support managers in engaging with a worker following an injury as *"it helps provide Manager's with guidance on how to support injured worker's by keeping in regular contact to show care and empathy, especially when they are potentially going through a difficult time"*.

The team reported that *“had this process been in place prior to the riot, I really think there is a possibility that some of the injured workers who are no longer returning (to work), may have attempted to if they had someone showing concern and keeping them connected to the workplace.”*

The team reported that the collaboration with icare, YJ and QBE was beneficial and *“being able to gain input and feedback directly from Youth Justice who are the one’s actually implementing the project into their operations also ensured the project had a functional outcome that would be put into practice, to the benefit of employee and management.”*

They also believed the new process for the managers is already helping them in their role. The team reported that the process has been implemented on any new workers compensation claims already and they have received positive feedback from injured workers who have been in touch with management/their buddies to say they are happy with the support being provided to them. they believe some of their injured workers are returning to work sooner than expected, with limited intervention from their team needed, due to this approach.

The team reported that the new process improved their relationship with the operational managers. Although they may not directly engage with the line managers regularly, they have become more familiar with the managers at centre since this project commenced. They are seeing the effort they are putting into engaging their injured workers through this process and they are confident it is assisting Humans Resources staff with their roles.

The team reported that the most important part of the pilot was to build a project specifically tailored to the workplace needs and gather feedback from the manager’s that are implementing the process. it helped address some of the barriers, concerns and stigma around workers compensation and psychological injuries and get the buy in needed for the project’s success.

The team also felt that it would be highly beneficial for all centres to implement this process if they are not already engaging with their injured workers regularly.

Case Manager Feedback

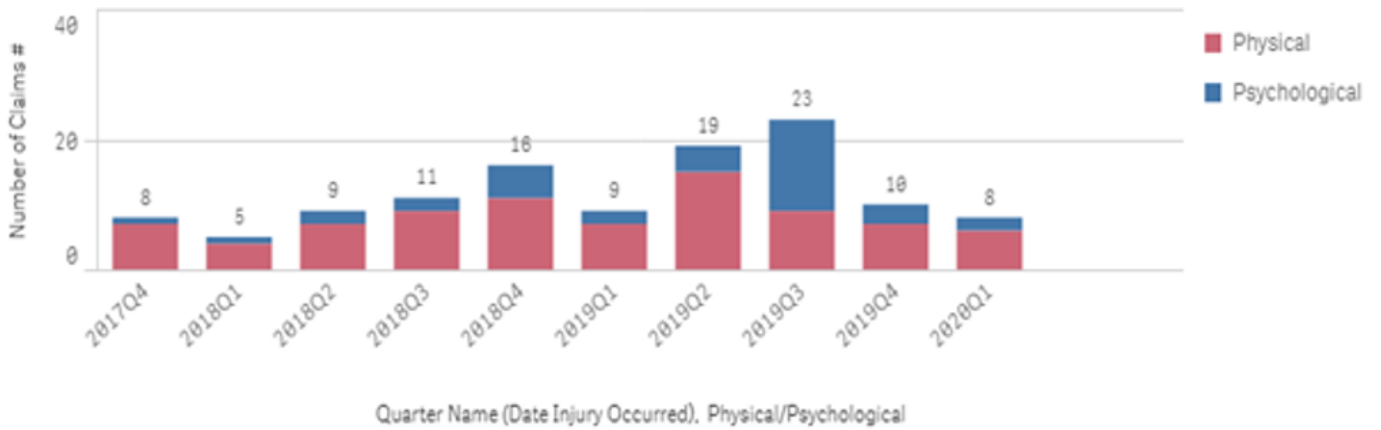
Claim manager at QBE reported that since the implementation of the Checklist, they have noticed a better understanding of return to work process and the role of a claims manager. They also reported that managers are using a more compassionate method with understanding worker’s needs.

When asked what the workers thoughts were on how they have been supported by their management team, the case manager reported that *‘workers who have a jaded perspective are not seeing a change. But workers who are open to this are seeing a supportive return to work not just pushed into pre-injury roles with a variety of duties and able to accommodate restrictions. Thus, helping the worker feel supported.’*

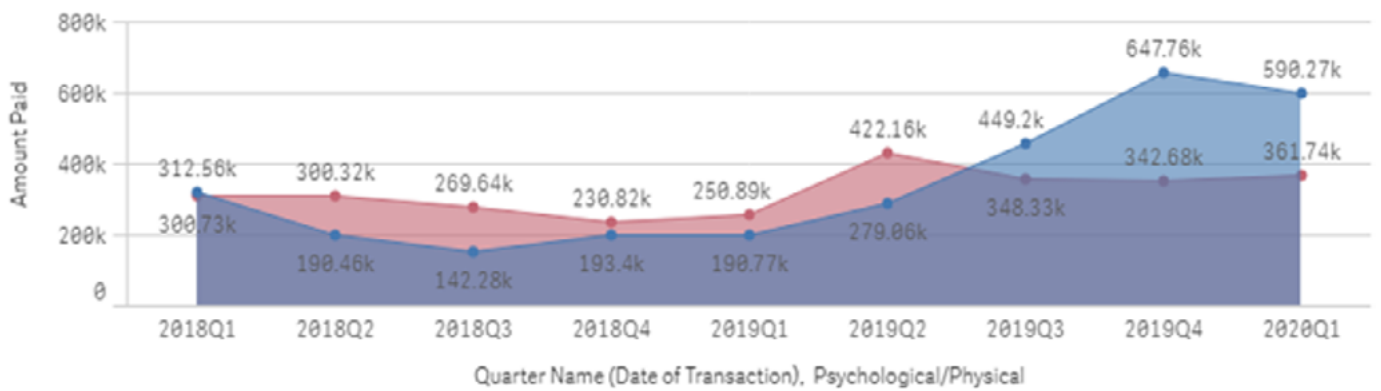
Empirically results

The *Connect & Care* Program was piloted within the Frank Baxter Youth Justice Centre. Positive outcomes from the program include:

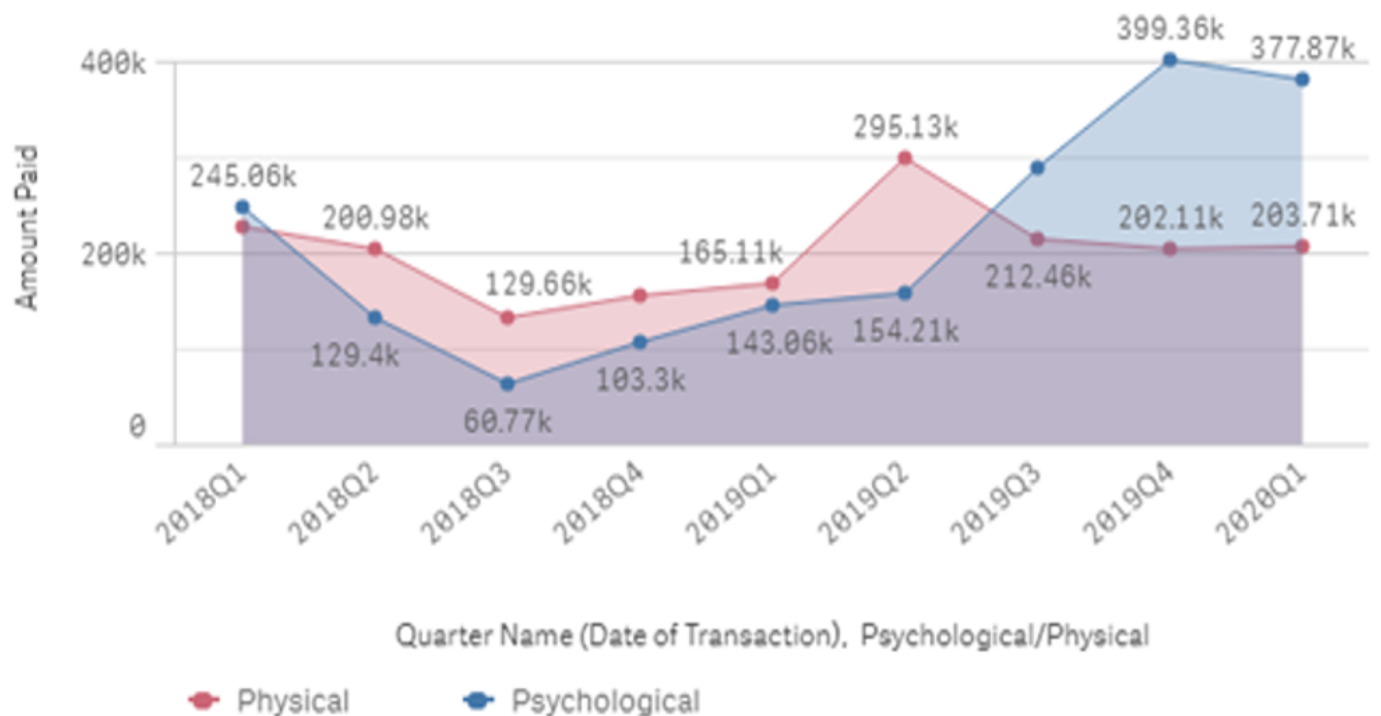
Reduction in the incidence rate of Physical and Psychological Injuries by 57% in 2019 Q4 and 2020 Q1 compared to Q2 and Q3 of 2019 when the young offenders’ riot of July 2019 occurred. Further analysis of comparing the 2019 Q4 and 2020 Q1 to the incidence rate of the year before 2018 Q4 and 2019 Q1 there is a 28% reduction in incidence rates.



Reduction of approximately \$60,000 in overall spend of Psychological Injury claims costs in 2020 Q1 when comparing to 2019 Q4.



Further analysis shows the overall reduction Psychological Injury Claim Cost in 2020 Q1 is mainly due to the reduction of weekly benefits paid.



Participants feedback

Injured Worker Experience:

Improvement in customer experience scores since the first Workshop in November 2019 – Frank Baxter are receiving customer experience scores of 7 and above. Even split between Passive and Promoters with no Detractors. Please see score below:

Frank Baxter -

Date	CXM Score	CXM Group	Please tell us what influenced your decision to score this way?
21/12/2019	9	Promoter	They are always very supportive, and contact is regular when they check in.
30/01/2020	10	Promoter	I was very nervous about admitting I was having troubles. Jill has been lovely, and I never felt so supported. It's important to not let other people influence how you feel about workers compensation. I am feeling a lot better due to the support and hopefully will be a better person and employee as a result"
31/01/2020	8	Passive	They are very understanding and patient and try to do all they can to be supportive of my recovery and wellbeing
06/02/2020	7	Passive	-
26/3/2020	10	Promotor	Any questions that I had were answered very quickly. They were supportive when I came back on return to work and helped me to work towards coming back onto normal duties.
16/04/2020	9	Promotor	I feel very supported in my return to work and respected on my recovery
29/04/2020	8	Passive	People were in contact

In contrast, feedback and scores for the remainder of Youth Justice in mostly composed of detractor. With Injured workers specifically expressing their disappointment with the lack of support they are receiving.

Rest of Youth Justice -

Date	CXM	CXM Group	Please tell us what influenced your decision to score this way?
26/06/2019	0	Detractor	Jill in my experience do not support staff nor take responsibility for the damage they allow to be inflicted on their staff.
20/08/2019	5	Detractor	I found my HR Officer extremely helpful and informative and she checked on me often. However, my direct supervisors in the centre I work at rarely checked in on me or asked how I was. One staffer attempted to force me to do duties that I was not
25/08/2019	0	Detractor	No support from management forced to leave current profession.
21/11/2019	5	Detractor	Workcover's aim is to get staff back on the floor as soon as possible and being supportive isn't their job. If JJ was supportive, staff would be able to have medical work done and approved a lot easier and staff would not be financially punished.

**The names in this document have been changed to protect the privacy of individuals.*

Date	CXM	CXM Group	Please tell us what influenced your decision to score this way?
26/11/2019	5	Detractor	They have shown both positive but also negative ways of support through the process.
14/12/2019	7	Passive	Very supportive
7/02/2020	10	Promoter	I've had no reason to score otherwise.
8/02/2020	6	Detractor	Minimal supervision at work place
21/04/2020	3	Detractor	Lack of treating me as a valued worker while on return to work
30/04/2020	2	Detractor	I never had anyone contact me,

Conclusion

Both reports from injured workers and systematic research confirm that a poor relationship between direct line managers and workers who have suffered a complex workplace injury negatively impacts a worker's recovery and ability to return to work.

In contrast, improving this relationship by building managers capabilities to support vulnerable workers and embedding new practices into a framework, improved recovery, return to work outcomes and workers experience of the workers compensation process. A co-design process between employer, participants and industry experts for the development of the program ensured that the training provided, and material created were relevant to participants and responded directly to organisational needs.

This initial pilot of the *Connect & Care* Program has been successful in providing a supportive environment for vulnerable workers to recover from complex workplace injuries whilst improving return to work outcomes and customer experience.

The feedback obtained by participants indicates that the mechanisms by which these gains were achieved include a combination of increased managers knowledge and empathy, and the creation of a clear framework to support both managers and workers.

While these findings are promising, they need to be further validated by expanding the program through the remainder of the organisation, as well as other government agencies and industries.

Appendices

Appendix A: Employer's Checklist



A checklist for employers – engaging workers following psychological injury

Contact Worker within first 48 hours

Contact the worker, inquire about their wellbeing, demonstrate genuine concern. Do not use this as an opportunity to dispute the injury or to gather facts. This contact should purely be focussed on your worker's wellbeing and wishing them a safe and speedy recovery and return to work. Positive contact within the first 48 hours has significant improvements in return to work outcomes.

48 hours

Buyss, N., Wagner, S., Randall, C., Yu, I., Geisen, T., Harder, H., ... & Howe, C. (2016). Australian employee perspectives on disability management in relation to job satisfaction, physical and mental health, workplace morale and reduced sickness absence. *International Journal of Disability Management*, 11, 1-8.

Set up a buddy system

Identify, or ask your worker to identify a person in the workplace they trust or have a positive relationship with. Make regular times for this buddy and the worker to catch up for coffee. Keeping your worker positively linked/engaged with their colleagues sees an increase in their wellbeing and faster recovery and return to work outcomes. The buddy should focus on how the worker is feeling about their experience, what really matters to them and what questions they need answered.

Maceachen, E., Kosny, A., & Ferrier, S. (2007). Unexpected barriers in return to work: lessons learned from injured worker peer support groups. *Work*, 29, 155-164.

Kosny, A., Lifshen, M., Pugliese, D., Majesky, G., Kramer, D., Steenstra, I., ... & Carrasco, C. (2013). Buddies in bad times? The role of co-workers after a work-related injury. *Journal of Occupational Rehabilitation*, 23, 438-449.

Week 1 2 3 4 5 6 7 8 9 10 11 12

Schedule regular contacts

Staying in regular contact with your worker allows for greater engagement throughout the recovery process. It also keeps return to work at the forefront of that person's mind. If a worker feels like an important and valued member of the team they are more likely to want to return to work.

These conversations should be strengths based – start conversations about what the worker likes and what they enjoy most in their job. It's also a chance to introduce “have you thought about...” if there's a sense that alternate duties may be potentially required.

Mansfield, E., Stergiou-Kita, M., Kirsh, B., & Colantonio, A. (2014). After the storm: The social relations of return to work following electrical injury. *Qualitative Health Research*, 24, 1183-1197.

Week 1 2 3 4 5 6 7 8 9 10 11 12

Encourage them to attend social events at work

If there are any scheduled birthday parties, anniversaries, celebratory events at work, invite your worker. Having them engage positively with existing staff means they still consider themselves as part of the team. It also demonstrates to remaining employees that you genuinely care about your staff, bolstering morale and decreasing the likelihood of cascading claims effect.

Mansfield, E., Stergiou-Kita, M., Kirsh, B., & Colantonio, A. (2014). After the storm: The social relations of return to work following electrical injury. *Qualitative Health Research*, 24, 1183-1197.

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Week 1 2 3 4 5 6 7 8 9 10 11 12



A checklist for employers – engaging workers following psychological injury

Encourage positive self-care outside of work

Support your worker to engage in activities that will improve their mood, community engagement and wellness ventures outside of the office, diet, exercise, volunteering and social commitments such as community engagement. Workers who feel supported holistically have greater return to work outcomes.

Moore, J. E., Von Korff, M., Cherkin, D., Saunders, K., & Lorig, K. (2000). A randomized trial of a cognitive-behavioral program for enhancing back pain self care in a primary care setting. *Pain, 88*, 145-153.

Week 1 2 3 4 5 6 7 8 9 10 11 12

Ensure payments continue

Ensure the worker continues to receive payment/salary while they are recovering. Workers who are financially stressed have poorer return to work outcomes. When a worker is worried about finances they can feel undervalued, forgotten or mistreated by their employer.

Maceachen, E., Kosny, A., & Ferrier, S., & Chambers, L. (2010). the "toxic dose" of system problems: why some injured workers don't return to work as expected. *Journal of Occupational Rehabilitation, 20*, 344-366.

Week 1 2 3 4 5 6 7 8 9 10 11 12

Recognise and celebrate milestones

Celebrate the small wins in recovery along the way to return to work. If your worker has achieved an upgraded certification or has completed a course, take the time to congratulate them on their efforts.

O'Neill, J., Mamun, A. A., Potamites, E., Chan, F., & da Silva Cordoso, E. (2015). Return to work of disability insurance beneficiaries who do and do not access state vocational rehabilitation agency services. *Journal of Disability Policy Studies, 26*, 111-123.

Week 1 2 3 4 5 6 7 8 9 10 11 12

Consider meaningful suitable duties

Where your worker has some capacity for work, make all efforts to locate meaningful work for them in the workplace. Workers who can utilise their skills vocationally during recovery report reduced pain and greater return to work outcomes.

Norlund, S., Fjellman-Wiklund, A., Nordin, M., Stenlund, T., & Ahlgren, C. (2013). Personal resources and support when regaining the ability to work: An interview study with exhaustion disorder patients. *Journal of Occupational Rehabilitation, 23*, 270-279.

Week 1 2 3 4 5 6 7 8 9 10 11 12

Come from a place of belief/support

Psychological injury claims are less tangible than other injuries and can be difficult to accept. When interacting with your worker, leave the investigation up to the insurer. Let your interaction with the worker come from a place of belief and support. Demonstrating empathy and belief does not mean you accept responsibility for the injury/claim, rather that you accept that this person needs support to return to pre-injury duties.

Mullen, K., Gillen, M., Kools, S., & Blanc, P. (2015). Hospital nurses working wounded: Motivations and obstacles to return to work as experienced by nurses with injuries. *Work, 50*, 295-304.

Lysaght, R. M., & Larmour-Trode, S. (2008). An exploration of social support as a factor in the return-to-work process. *Work, 30*, 255-266.

Week 1 2 3 4 5 6 7 8 9 10 11 12

Appendix B: FAQs for the employer's checklist

A checklist for the Frank Baxter Centre - engaging workers following an injury

FAQ



Research has shown that connecting, engaging and supporting workers who have suffered a workplace injury improves recovery and return to work outcomes. This FAQ is designed to assist the Frank Baxter Centre Managers who are using the 'engaging workers following an injury checklist'.

Connect

Who is responsible for contacting a worker within 48 hours after a workplace injury has occurred?

John will, in most cases, be the first person aware that an incident in the workplace has happened. John and Jill will work together to identify who the best person is to contact the worker in the first instance and provide ongoing support. In most cases, the best support contact person will be the worker's direct line manager.

The Injury Management Team (the 'IMT') may be notified of an incident first. When this occurs the IMT will contact John or Jill to inform them that an incident has happened or a worker's compensation claim was lodged.

How do I know if a worker needs a buddy and how will the buddy be selected?

John and Jill will work with the worker to choose a person in the workplace they trust or have a positive relationship with. John will confirm with the buddy that they are willing to support the worker. John will provide buddies with an overview of their role and more generally what is expected of them.

If the identified buddy is not able to help, Kirk and Justin will work with the worker to find an alternative support person.

As a support contact person what do I need to say and how do I keep a record of our regular contacts?

John will discuss with you what your role is as a support contact person and the type of support the worker should expect from you. Every week either John or Jill will provide you a checklist where you can keep a short record of the conversation you had. John or Jill will set up some time with you to collect the list at the end of the week. Please note that the check list is completely confidential and is an opportunity to raise any concerns the worker may have so they can receive the support they need.

Engage

How will we encourage workers to attend social events?

John and Jill and the Management team will discuss how best to invite workers to workplace social event on a case by case basis. This will ensure that workers are communicated with in a way that works for them.

How will we encourage positive self-care outside of work?

The IMT will talk to workers about positive self-care outside of work and will ensure that John or Jill are kept in the loop.

How will we encourage positive self-care outside of work?

The IMT, Jill and direct lines managers will monitor workers progress towards recovery. They will discuss how best to congratulate workers' achievements. These could also be an opportunity for the Centre Manager to recognise not only workers progress but also buddies' contributions.

Support

How can I ensure workers payments continues?

If a worker notifies you that there is an issue with their payment, please let Jill know. Jill will then make

further inquiries as required and coordinate responses with the worker.

How will meaningful suitable duties be provided?

The IMT, John and Jill will work together to identify appropriate suitable duties for the worker. In instances where no suitable duties are available on site, off-site alternative or skills development may be considered.

How will we demonstrate that we come from a place of belief/support?

John and Jill will make sure that the support contact person understands their role. They will also talk to the worker about the type of support they need. This may include inviting a support person into meeting, involving family members, offering peer support or EAP consultation...

**The names in this document have been changed to protect the privacy of individuals*

Appendix C: Modified employer's checklist



A checklist for the Frank Baxter Centre - engaging workers following an injury

Date from ___ / ___ / ___ to ___ / ___ / ___

Workers Name _____

Contact Name _____

Connect - Contact Worker within first 48 hours

Contact the worker, inquire about their wellbeing, demonstrate genuine concern. Do not use this as an opportunity to dispute the injury or to gather facts. This contact should purely be focussed on your worker's wellbeing and wishing them a safe and speedy recovery and return to work. Positive contact within the first 48 hours has significant improvements in return to work outcomes.

48 hours

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Notes

Connect - Schedule regular contacts

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If there are any scheduled birthday parties, anniversaries, celebratory events at work, invite your worker. Having them engage positively with existing staff means they still consider themselves as part of the team. It also demonstrates to remaining employees that you genuinely care about your staff, bolstering morale and decreasing the likelihood of cascading claims effect.

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Notes

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Support - Consider meaningful suitable duties

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Notes

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