July 2009 - June 2010 Annual Report

RETURN TO WORK FUND EVALUATION

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WorkCover SA
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EXECUTIVE SUMMARY

In 2007 the Clayton Review was published. Commissioned by the South Australian Government, this provided a review of the workers’ compensation system. The establishment of the Return to Work (RTW) Fund was a recommendation of this review to support ‘innovative and quality initiatives for improving return to work outcomes’.

The RTW Fund was implemented by the WorkCover SA Board in June 2008, with $15 million to support initiatives that contribute to the improved return to work of injured workers. This continued the proactive role in addressing South Australia’s return to work challenges that had been adopted by WorkCover SA in initiating a program of research designed to enhance the evidence base about achieving effective return to work.

All of the Projects are taking innovative approaches to achieving effective RTW, reflecting the purpose of the RTW Fund. As a group they are trialling how sustainable RTW can be achieved through appropriate training, through a strengths-based focus on what injured workers can do (as opposed to what they cannot do), through an individualised or tailored approach, and through an outcomes focused approach (as opposed to a process focused approach). The evaluators expect significant learning to be accumulated through their individual and collective experience.

Although this is the first Annual Report of the evaluation of the RTW Fund, contractual delays in the starting dates and implementation of Round 1 Projects mean that a full year of data has not been collected. Further slippage in timeframes has occurred because of unanticipated delays in the provision of referrals to the Projects. Due to a new IT system introduced by WorkCover SA on 27 April 2010, no claims data were available between 22 April 2010 and 30 June 2010 – this contributed to delays in referrals during this period. Consequently, most Projects have been operating for approximately six months, and, the reality of that timeframe needs to be acknowledged, with any findings being preliminary at best.

This Annual Report brings together information from the Projects’ quarterly reports to the AISR as well as information being collected by the evaluators through key stakeholder interviews, the first Workshop with Projects and ongoing monitoring. Section 1 provides an overview of the RTW Fund, including its goals and funding rounds. Section 1 summarises the key requirements and approach of the evaluation and Section 3 overviews the main evaluation outputs to date. Section 4 provides a summary of Project progress, based on quarterly reporting and Section 5 presents evaluation findings and the AISR’s analysis of implementation challenges, strategies being developed to address those challenges, and lessons being learned. This Executive Summary presents key findings that are discussed in Section 5, including the four recommendations that have emerged to date.

KEY FINDING 1: LIMITED UNDERSTANDING BY RTW STAKEHOLDERS OF EACH OTHER’S ROLES, RESPONSIBILITIES AND OPERATIONAL PROCESSES AND THE NEED TO DEVELOP SPECIFIC COMMUNICATION PROCESSES HAS CONTRIBUTED TO UNANTICIPATED IMPLEMENTATION BLOCKAGES

It has been important to capture the lessons emerging regarding implementation of RTW Fund Projects, and this first Annual Report begins that process.

A common theme in these preliminary findings relates to implementation blockages – an outcome that is common to most major initiatives. The RTW Fund has experienced delays that arise from the convergence of multiple factors, none of which were anticipated during its formulation and planning phase. These are discussed in Section 5.2.

Furthermore, all Projects involve working across the different sectors associated with a return to work – the Workers’ Compensation system and its case management component, the vocational and rehabilitation provider sector,
medical provider sector, employers and injured workers. Cross-sector communication and collaboration presents an array of challenges—all of which have been evident in relation to the RTW Fund. These are discussed in Section 5.2.4.

However, limited understanding of the boundaries, roles and responsibilities of all RTW and Project stakeholders was evident in the early implementation of the Round 1 Projects, with all but one Project (that being delivered by DFEEST) having insufficient understanding of the workers’ compensation system, its guiding legislation, operational processes, and the roles and responsibilities of different stakeholders in that system. DFEEST benefitted from having participated in the pilot program in 2008-09 and this had resulted in a better understanding of that system and better relationships with EML and rehabilitation providers.

With time and ongoing interaction, levels of understanding have increased and specific information exchange and communication processes are being designed to support this, with nominated individuals being appointed to facilitate better communication and smoother operation—for example, EML’s appointment of a dedicated RTW Fund Project Manager and allocation of specific Case Managers to specific Projects have been sound strategies. Another strategy that has been extremely effective has been the bringing together of key stakeholders to address implementation issues and to clarify mutual expectations. Consequently, many of the implementation challenges that are discussed in Section 5.2 are diminishing over time.

Lack of understanding of mutual roles and responsibilities, and a lack of preparation regarding the interface between Projects’ operations and the operational processes of other stakeholders has contributed to the major implementation block for all Projects, that of delayed client referrals to Projects. This is discussed in Section 5.2.2.

KEY FINDING 2: SMOOTH REFERRALS TO THE PROJECTS REQUIRE MUTUAL UNDERSTANDING BY STAKEHOLDERS OF EACH OTHER’S ROLES, RESPONSIBILITIES AND OPERATIONAL PROCESSES, AS WELL AS A NEGOTIATED PROCESS BETWEEN EML AND PROJECTS

The key challenge identified across Projects relates to difficulties experienced in obtaining referrals from EML, which in turn has limited the Projects’ ability to deliver their contracted outcomes within the agreed timeframe and has increased internal Project costs due to resources having been committed with the expectation of providing Project services.

Referral delays reflect in part the lack of awareness and understanding by different RTW stakeholders of the RTW Funded Projects, and by the Projects of those different stakeholders, their roles and responsibilities and operational processes. For example, before Projects had met with EML representatives, most were unaware of the processes which EML is required to follow and that EML clients as a group will always be at different stages of a ‘claim journey’. This means that EML cannot simply remove individuals from a partially completed journey and link them to a Project, and that it does not have a large number of individuals at a given point in time who will meet Project eligibility requirements, be willing to participate and able to participate. This was not understood by most Projects at the beginning of the implementation phase. In addition, some Projects did not provide clearly defined criteria to EML, or changed their criteria without communicating this to EML.

While these issues are being addressed through ongoing meetings, Projects are also developing strategies to reduce their reliance on EML referrals—for example, advertising to recruit participants and referral between Projects.

KEY FINDING 3: AS NEW PLAYERS IN THE RTW SYSTEM THE PROJECTS HAVE SUFFERED FROM LOW LEVELS OF AWARENESS ABOUT THE RTW FUND AND INDIVIDUAL PROJECTS, AND ARE PERCEIVED BY SOME STAKEHOLDERS AS LACKING LEGITIMACY AND CREDIBILITY
The workers’ compensation system brings together a diversity of professional groups, each with their own standards, training and expertise, and each with an understanding of where they fit within the broader system. The roles and responsibilities of each have been endorsed, and as such, bring a degree of legitimacy to those roles and their contribution to the RTW process.

The RTW Fund Projects have been added to this complex mix, and it appears to the evaluators, without sufficient consideration given to how they will interface with other stakeholders, and therefore, to how their contribution to RTW becomes legitimised within the overall system. In particular, the interface between Projects and the rehabilitation sector is being challenged by some Vocational Rehabilitation Providers (VRPs). Consequently, some VRPs are reluctant to provide referrals to the Projects and see the Projects’ RTW role as threatening their professional legitimacy. Some medical providers have been unwilling to have their patients participate in the Projects and some attached employers have been reluctant to be engaged in Projects. This issue has been aggravated by the absence of an Information Strategy designed to inform VRPs and other providers about the purpose of the Projects and the way in which they can contribute to RTW.

**KEY FINDING 4: THERE IS A NEED TO ESTABLISH PROCESSES WHICH LINK PROJECT INTERVENTIONS WITH ESTABLISHED RETURN TO WORK PROCESSES, IN PARTICULAR, RTW PLANNING**

The respective interface between Project interventions, the RTW Plan and overall rehabilitation processes had not been clarified prior to implementation of the Fund and this has meant that key stakeholders are designing appropriate processes while implementation is occurring. The legitimacy gap is also evident in relation to those Projects that provide coaching, support or training to workers having their interventions recognized in the RTW Plan and by the planning associated with the VRPs’ rehabilitation processes. The RTW Plans were not scoped into RTW Fund planning, but should be undertaken by an accredited VRP, working in collaboration with Projects. A process has not been established for this, but the evaluators believe that it should be.

**Recommendation 1**

It is recommended that RTW Fund management, in collaboration with vocational rehabilitation providers and EML, design an agreed process that supports the integration of Project interventions with clients with those of the Return to Work Plan. This process should then be trialled with Round 1 Projects prior to being formalised.

In addition, the recommended development of an **Information Strategy** by WorkCover SA (see Recommendations 2 and 3) and an accompanying **Promotion Strategy** (see Recommendation 4) will also support the communication and collaborative operational processes being designed by Projects and other RTW stakeholders.

As discussed, with increasing interaction between Projects and RTW stakeholders, levels of understanding are increasing and communication processes are being designed to support effective information exchange and collaboration.

With the wisdom of hindsight, Projects should have been better prepared and informed. The evaluators are recommending two strategies to support informed participation by Projects in subsequent Rounds –

1) The development of an **Information Pack** that summarises the roles and responsibilities of different stakeholders in the workers’ compensation and RTW system (WorkCover SA, EML and its Case Managers, Return to Work Coordinators, Vocational Rehabilitation Providers and medical providers). The Pack would provide of a summary of relevant legislation, outline the RTW process, the operational processes each key
stakeholder group is required to follow. The Information Pack would be provided to those seeking funding, enabling Project design to take into account all of this information.

2) The provision of an Information Session to Projects succeeding in obtaining funding from the RTW Fund involving WorkCover SA, EML, representatives for the Return to Work Coordinators, for medical providers and for Vocational Rehabilitation Providers. This would enable interactive information exchange and would provide a foundation for ongoing communication between stakeholders.

**Recommendation 2**

It is recommended that WorkCover SA, in collaboration with representatives from all key stakeholder groups, develop an Information Pack that summarises the roles and responsibilities of different stakeholders in the workers’ compensation system (WorkCover SA, EML and its Case Managers, Return to Work Coordinators, Vocational Rehabilitation Providers and medical providers), and provide this to those seeking RTW Fund resources.

**Recommendation 3**

It is recommended that WorkCover SA, in collaboration with representatives from all key stakeholder groups, provide an interactive Information Session to all future Projects succeeding in obtaining funding from the RTW Fund that brings together representatives from WorkCover SA, EML, Return to Work Coordinators, medical providers and Vocational Rehabilitation Providers, and is delivered in the earliest stage of Project implementation.

In addition, the RTW Fund would benefit from a Promotion Strategy that would be developed by the WorkCover SA RTW Fund Manager and would support the need for enhanced understanding about the Projects and their purpose by injured workers and their families, and by workers’ compensation system stakeholders, while promoting the RTW Fund itself. Several Projects believe that they have reached the stage of achieving positive outcomes for selected individual participants, and that these ‘Good News’ stories will be well received and will encourage workers and other stakeholders to participate in the Projects. Projects have been encouraged by the evaluators to contact the RTW Fund Manager to discuss how these stories could be promoted.

**Recommendation 4**

It is recommended that a Promotion Strategy be developed as soon as possible by the WorkCover SA RTW Fund Manager in order to increase understanding about the Projects and their purpose, while promoting the Fund itself.

**LESSONS EMERGING**

Despite the delays in implementation, a number of lessons have emerged about the need to –

a) ensure all stakeholders understand each other’s roles, responsibilities and operational processes;

b) develop communication and information strategies in order to support mutual understanding and collaborative, cross-sector, cross-professional work;

c) ensure that participation in Projects by workers’ compensation claimants is informed and voluntary;
d) ensure the interface between Projects and the workers’ compensation system is clarified, understood, and therefore, legitimated;

e) in future, work to anticipate and address implementation issues in funding and Project planning processes.

Although not formally part of the wider RTW system, Projects are ideally placed to observe that system, while also being affected by its operational policies and processes. They can provide valuable information to support innovation and reform, and at this early stage of their development, have identified the following five issues or challenges to the evaluators:

1. Rigid definitions of what constitutes interventions that lead to return to work (eg whether the coaching offered by JFC is defined as training, retraining or coaching). Most Projects have described the workers’ compensation system as being strongly ‘medical’ in orientation but argue that a range of innovative interventions beyond those currently considered within scope for funding through WorkCover SA are possible, and need to be explored. (Consequently, the opportunity to do this through the RTW Fund is valued by all.)

2. Many of the Projects are pursuing a model that is gaining credence in the human services sector, involving a strengths-based approach that focuses on what an individual can do, rather than what they cannot do. Evaluation Workshop participants described the workers’ compensation system and the RTW rehabilitative approach as not reflecting this model, as not supporting an individualized or tailored approach to rehabilitation, and as being more process-focused than outcomes-focused. This was seen as limiting the scope of VRPs’ interventions in assisting recovery, and therefore, limiting the potential to achieve long lasting return to work.

3. Projects have identified that many of the workers with whom they are working are intimidated and fearful of the workers’ compensation claim system, with much of this being attributed to the behaviour of EML Case Managers. At the same time, they have acknowledged that these Case Managers have high case loads, and are themselves restricted by their need to apply policies and procedures within a somewhat rigid framework. For example, the requirement to reduce claim durations was often seen as producing behaviours that ultimately impede long term and sustainable return to work.

4. The boundaries between the training and vocational rehabilitation sectors appear to be extremely rigid, with little mutual understanding and collaboration. This cross-sector input is described by Projects as facing multiple and systemic challenges, given the traditional design of quite distinct sectors and policy portfolios. At the same time, a number of innovative models addressing the needs of people with multiple or complex issues are being recognized as crossing sector ‘silos’. The COAG Reform Agenda is one national example of this recognition. The training focused RTW Fund Projects are providing significant scope to better understand the workers’ compensation system and training system interface, and the potential contribution of appropriately designed and target training to achieving sustainable return to work.

5. Although improving with time and increased mutual understanding, the relationships between stakeholders from different sectors (particularly those between EML Case Managers and VRPs) are seen by Projects as not always being effective, and requiring significant development.
1 CONTEXT

The importance of timely return to work following injury or illness is widely understood, but how best to achieve this is less understood. Analysis of WorkCover SA data shows that the longer the time taken off from work, the less likely will be an early return to work. As Table 1 demonstrates, there is a 40% probability of a return within three months when a total of six months is taken off work, compared with a 4% probability of a return when four years is taken off.

Table 1: The importance of return-to-work

<table>
<thead>
<tr>
<th>Time off work</th>
<th>Probability of RTW within 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 months</td>
<td>50%</td>
</tr>
<tr>
<td>6 months</td>
<td>40%</td>
</tr>
<tr>
<td>9 months</td>
<td>33%</td>
</tr>
<tr>
<td>1 year</td>
<td>25%</td>
</tr>
<tr>
<td>2 years</td>
<td>12%</td>
</tr>
<tr>
<td>3 years</td>
<td>6%</td>
</tr>
<tr>
<td>4 years</td>
<td>4%</td>
</tr>
</tbody>
</table>

SOURCE: Carabelas, T ‘What happens when a dispute is lodged in the Workers’ Compensation Tribunal?’ Presentation to WorkCover SA Conference, 2007

The South Australian government commissioned a review of the workers’ compensation system which has come to be known as the Clayton Review (Clayton: 2007). At the time of the review, South Australia had the lowest return to work rates of all Australian States and Territories, the highest levy rates paid by employers, and a continuing increase in the number of longer term injured workers, and therefore, of claims (Clayton, 2007: 4-5). Recommendation 47 of the Review sought the establishment of a Return to Work Fund that would support ‘innovative and quality initiatives for improving return to work outcomes’.

The SA Government subsequently established the Return to Work (RTW) Fund which the WorkCover SA Board implemented in June 2008, with $15 million to support initiatives that contribute to the improved return to work of injured workers. This continued the proactive role in addressing South Australia’s return to work challenges that had been adopted by WorkCover SA in initiating a program of research designed to enhance the evidence base about achieving effective return to work.

The Australian Institute for Social Research (AISR) at The University of Adelaide was selected by WorkCover SA to provide the RTW Fund evaluation over three years to end July 2012, with the contract finalised between the two organisations on 23 July 2009. This evaluation is designed to develop, implement, collect and analyse both performance (monitoring) data and outcome and impact (evaluative) data to provide an assessment of the efficiency, effectiveness and appropriateness of the Initiative. Further information about the evaluation is provided in Section 1.

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1.1 RTW FUND AIM, GOALS AND OBJECTIVES

The RTW Fund objectives are to:

1. Foster innovation to find solutions to known barriers to return to work and enhance the effect of factors that support return to work.
2. Expand retraining options for injured workers.
3. Develop greater workforce participation options.
4. Improve the skills of persons operating in the South Australian workers compensation scheme.
5. Establish workplace initiatives which develop and implement sustainable programs to help those sectors with known difficulties in achieving successful and timely return to work outcomes.
6. Raise awareness and promote the rehabilitation and return to work message.

1.2 THE RTW FUND ROUNDS

1.2.1 ROUND 1 OF THE RTW FUND

Seven projects have been contracted under the first round of the RTW Fund with total funding of approximately $2.5 million. Those seven projects are:

- Business Services Industry Skills Board (BSISB) – Retraining Injured Workers Career Transition project ($410,000)
- Business SA – Work Hardening Placement project ($263,000)
- Interwork Limited – Pathways to Work project ($432,800)
- Department of Further Education, Employment, Science & Technology (DFEEST) – The Next Step Training and Employment Program ($450,000)
- Business SA – Improving Return to Work Outcomes for Small Employers ($350,000)
- ProActi Life Solutions – Change your Mind...Change your Life ($100,000)
- SA Unions – Retraining Injured Workers for Employment ($499,000).

Four of these seven initial RTW Fund projects incorporate training and skills development components for injured workers. The learning from these projects will provide valuable input into the proposed development of a training and skills strategy for WorkCover SA. Project summaries, activities and progress are shown in Section 4. These projects have been the focus of the evaluation being undertaken in the first year of the Fund.

All of the Projects have in common the goal of applying innovative interventions to address aspects of the current workers’ compensation system which they perceived to be not working as well as they could, or to introduce a different model to achieving return to work (RTW). Preliminary findings on this are presented in Section 5.4. The Projects share a focus on what an injured worker can do, rather than what they cannot do, and on designing a highly individualized approach to achieving effective RTW. They also all express a high level of commitment to achieving these outcomes.
1.2.2 ROUND 2 OF THE RTW FUND

RTW Fund management have been explicit in identifying the focus for expressions of interest (EOIs) for Round 2, stating that Projects addressing one or more of the following themes would be prioritised. These themes had been developed in consultation with key stakeholders, and are available on the RTW Fund website:

- **locality** - providing place-based services in areas where injured workers live or work; partnering with community groups and pre-existing services could improve return to work
- **knowledge** - there are injured workers from non-English speaking backgrounds and doctors from a variety of backgrounds, who need information and guidance about the WorkCover SA Scheme and the importance of return to work
- **attitudes** - doctors, in general, need to focus on what a worker can do not what they can’t, and there is scope to work with medical peak associations and training bodies to achieve this
- **support** - for injured workers by injured workers who have succeeded in getting back to work and know first-hand what the challenges are
- **families** - making sure they are part of the return to work process and support the worker along the way; and to partner with organisations like Relationships Australia to make sure the impact of injury doesn’t lead to family breakdown
- **partnering** - there are a number of opportunities, beyond those outlined above, where WorkCover SA can partner with different organisations to improve return to work outcomes.

As an innovation focused fund, RTW Fund management see the value of engaging with 'non-traditional' organisations (ie those that don't usually work with WorkCover SA), recognising that these organisation or groups may have innovative approaches to problem solving which may translate into strategies for returning injured workers to work. Accordingly, WorkCoverSA engaged Information Exchange to work with small groups in the Northern and Western suburbs with the aim of promoting relevant activities and linkages with community groups, unemployed people and volunteer groups in this area. Information Exchange was to be proactive in approaching groups who may not normally consider applying for this funding, and to act as a conduit or liaison for WorkCover SA in setting up these links.

EOIs have been assessed in terms of the following criteria:

- The assessed impact of the proposal on the Return to Work Fund objective(s)
- Budget - Is the proposed budget reasonable considering the assessed level of impact being achieved (ie is the proposal value for money?)
- Proposal design - Suitability and effectiveness of proposal design (including methodology and evaluation)
- Innovation - Is the proposal breaking new ground? (or has it been tried before?)
- Broad relevance/applicability - How relevant/applicable are the outcomes/deliverables of the proposal beyond the site/workplace where it is to be conducted?
- Capacity/Expertise - Does the proposer have the capability to undertake the project?
- Timeframe - Can the timeframe realistically be achieved?
- Support - Does the proposal have the support of the stakeholders of WorkCover SA?

Source: [http://main.workcover.com/site/workers/getting_better/return_to_work_fund.aspx](http://main.workcover.com/site/workers/getting_better/return_to_work_fund.aspx)
EOIs meeting the eligibility criteria were then invited to work with RTW Fund management to develop the full proposal. **Funding for Round 2 closed 30 June 2010.** Forty-three EOIs were received in total. Seven of the first eighteen EOIs (those received by mid-May 2010) were invited to proceed to the detailed proposal stage after initial assessment by WorkCover SA, including stakeholder feedback. WorkCover SA expects to finalise assessment for these by the end of August 2010. The remaining EOIs (those received after mid-May 2010) are currently undergoing preliminary assessment. Projects for Round Two are likely to be smaller and may require different strategies for their evaluation. This will be determined on a project-by-project basis. The AISR has not been involved in any assessment of EOIs or proposals for the RTW Fund Projects.

1.2.3 ROUND 3 OF THE RTW FUND

Planning for Round 3 of the RTW Fund is underway, with the round expected to open in October 2010. WorkCover SA plans to approach RTW Coordinators with an interest in preparing an EOI submission for the RTW Fund either individually or with a group.

1.2.4 THE IMPACT OF EXTERNAL FACTORS

The success and failures of the RTW Fund projects and their activities may be impacted by external factors that are beyond the control of the RTW Fund. These ‘environmental’ factors may be at the local, state, national or international level and directly or indirectly influence the direction of the Fund or the ability to implement Projects as they were originally envisaged. For example, job placements may be more difficult than anticipated due to global financial crisis or to closures of major employing organisations or major schemes that employ significant numbers of workers.

The evaluators are aware of these and other contextual issues, and will take them into account in assessing Project and Fund outcomes and progress.
2 EVALUATION OF THE RTW FUND

The RTW Fund Evaluation is a meta-analysis in that it is focused on the RTW Fund as a whole, on the management of the Fund and on individual Projects. The AISR was engaged at the beginning of the RTW Fund’s implementation, and will continue through to its completion, thereby enabling the evaluation to be formative as well as summative.

2.1.1 EVALUATION OUTPUTS

The following eight Outputs are specified for the evaluators of the RTW Fund and associated Programs and Projects.

1. A consolidated Evaluation Plan for the RTW Fund, linking individual projects, coordinated programs, RTW Fund management and the return to work strategic targets of WorkCover SA developed in consultation with RTW Fund management. The Evaluation Plan is to be reviewed and revised where necessary to ensure it remains current for the life of the RTW Fund.
2. Advice and assistance to individual project managers in the development of their project plans.
3. Advice and assistance to the management of the RTW Fund in developing an evaluation plan for the management of the RTW Fund.
4. Advice and assistance when requested to individual project managers and RTW Fund management in managing their evaluation plans.
5. Quarterly reports detailing the progress of all evaluation plans.
6. An Annual Report to RTW Fund management on the progress against all evaluation plans.
7. An Annual Presentation to WorkCover SA management and/or the WorkCover SA Board Committee, following delivery of the Annual Report.
8. Provision of value-added services/products as agreed with RTW Fund management under the commissioned contract.

2.1.2 EVALUATION FRAMEWORK

This meta-evaluation recognises that funded projects will vary considerably in terms of duration, size, complexity, topic and proposed outcomes. At the same time, it is important that projects reflect the wider goals of the Fund. Consequently, the AISR developed an Evaluation Framework that supports funded projects to develop individual evaluation strategies, plans and performance indicators while being consistent with the objectives and purpose of the RTW Fund as a whole. The evaluation employs a Program Logic approach to support the identification of cause and effect relationships between project activities, outputs, intermediate and long term outcomes, and impact. Program Logic also facilitates participants’ understanding of the Fund’s and their Project’s underlying rationale and assumptions, helping to determine realistic outcomes and goals.

Table 2 provides a definitional summary of the key concepts shaping the Evaluation Framework. As with most evaluations, the concepts of ‘Efficiency’, ‘Equity’ and ‘Appropriateness’ are central, and using a Program Logic approach, a tiered set of effects involving ‘Outputs’, ‘Outcomes’, ‘Impact’ and ‘Sustainability’ have also been applied.
Table 2: Key evaluation terms and definitions: Key terms and definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficiency</td>
<td>A measure of how economically resources/inputs (funds, expertise, time, etc.) are converted to results</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>The extent to which the program’s objectives were achieved, or are expected to be achieved, taking into account their relative importance</td>
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<tr>
<td>Appropriateness</td>
<td>A measure of whether a program is suitable in terms of achieving its desired effect and working in its given context. Suitability may apply, for example, to whether the program is of an appropriate type or style to meet the needs of major stakeholder groups</td>
</tr>
<tr>
<td>Outputs</td>
<td>The products, goods and services which result from a program</td>
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<tr>
<td>Outcomes</td>
<td>The likely or achieved short-term and medium-term effects of an intervention’s outputs - particularly on participant behaviours, functioning and well being</td>
</tr>
<tr>
<td>Impact</td>
<td>Positive and negative, longer-term effects produced by a program, directly or indirectly, intended or unintended, particularly at a structural or systemic level</td>
</tr>
<tr>
<td>Sustainability</td>
<td>The continuation of a program or its benefits after initial pilot funding</td>
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</table>

The evaluation involves monitoring the outputs from the Projects (e.g. the numbers of injured workers who returned to work) and evaluating the outcomes (e.g. the potential benefits injured workers derived from the services delivered) with a focus on impact assessment of the longer term results (e.g. reduction of injured workers out of work for over a year). In collaboration with Projects and RTW Management, the evaluators are developing a set of Performance Indicators to monitor and assess effectiveness, efficiency and appropriateness.

The AISR have also developed an Evaluation Matrix that plots the five areas of focus guided by the Program Logic Approach (Efficiency, Effectiveness, Appropriateness, Outcomes, Impact, Sustainability) – each with draft Evaluation Questions - against Performance Indicators, data sources, methods of data collection, responsibility for collection and timeframe. The evaluators have worked with Project Managers to apply this Matrix and tailor it to their individual Projects. A copy of the Evaluation Matrix can be found at Appendix B.

2.1.3 EVALUATION SUPPORT PROCESS

The Evaluation Framework is being implemented through a process that involves the provision of constructive, practical and targeted support to individual RTW Fund project managers, and the transfer of monitoring and evaluation skills. This approach has ensured that Projects are fully engaged with the evaluation process, have a personal investment in Project outcomes and in promoting the sustainability of those outcomes. Equally important is the development of trust between the organisations in order to share all of the lessons learned – the successes, barriers and failures.

The evaluation has been designed to support the development and maintenance of close working relationships between the AISR evaluation team and individual Project managers, and the RTW Fund management. It is also designed to support early intervention in relation to challenges faced, either at project level or at Fund management level.

All Round 1 Projects have been visited on site by the AISR evaluators. Additional meetings are held as required with telephone and email communication, and support provided on an ongoing basis. An initial Workshop has also been
held with Projects and this has been important to the overall provision of support as well as ongoing data gathering.

AISR evaluation team members are available to Projects as a resource to help in the development of individual Project evaluation plans which are designed to dovetail with the overarching RTW Fund Evaluation Plan and Framework developed by AISR. The AISR approach is to support and guide the development of individual Project’s evaluation plans, each of which is tailored to the strengths and skills of its Project team. All Projects have enthusiastically engaged with AISR in the development of their evaluation plans.

### 2.1.4 ANALYSIS OF EVALUATION DATA

Analysis of the data undertaken by the AISR Evaluation team will involve triangulation of data from different sources. Quantitative and qualitative data is being sought from employees, employers and other key stakeholders involved with Projects, WorkCover SA and Employers Mutual, ensuring an accurate and consistent understanding of how the Fund’s goals and targets are being met. Findings will also be analysed according to different levels of impact ranging from inputs to outputs, to outcomes and overall impact (see Figure 1).

**Figure 1: Findings Hierarchy**

![Image](image)

### 2.1.5 EVALUATION REPORTING

The AISR collect, analyse and report on all aspects (quantitative and qualitative) of the Project’s progress. In addition, the AISR are working closely with RTW Fund Management to ensure that higher level targets and goals are met, that WorkCover SA are informed about the progress of the projects, and that they are alerted promptly to any potential risks. The evaluation approach provides a strong evidence-based foundation for the RTW Fund and identifies projects or project elements that make a significant impact on the program goals.

Reporting is designed to occur quarterly, annually and at the conclusion of the evaluation. The content and format of the reports have been designed to address the objectives of the evaluation and determine the success of the components of the Fund in meeting the objectives.

Reports incorporate quantitative and qualitative data from Projects and Programs. Projects report to AISR for all quarters in which they are active, using a template designed by the AISR to ensure consistency and comparability of reporting (see Section 3.1.1), and data from these reports is presented in quarterly reports from AISR to WorkCover.
(as shown in Figure 2). Data presented in quarterly reports will be re-analysed at the end of the financial year to produce Annual reports, which will then feed into the final Evaluation report.

Figure 2: Reporting for the RTW Fund evaluation

RTW Fund Evaluation Framework

Y1 Y2 Y3
Year 1 Report Year 2 Report Year 3 Report

Q=Quarterly report; Y=Yearly or annual report
3 EVALUATION OUTPUTS TO DATE

3.1 PROJECT EVALUATION PLANS

Key dates for the development of RTW Fund Evaluation Plans for Round 1 Projects are shown in Figure 3. It is noteworthy that contractual processes for all projects took longer than originally anticipated by both the RTW Fund management and the Projects. These delays resulted in unrealistic ‘due’ dates for the delivery of Project evaluation plans appearing in some contracts (as displayed in Figure 3).

As at 2 July 2010, Evaluation Plans have been completed by six of the seven Round 1 Projects: BSISB, Jane Fielder Consulting (formerly ProActiv Life Solutions), DFEEST, SA Unions and the two Business SA Projects. One Evaluation Plan is still outstanding. The Interwork Evaluation Plan development stalled with the departure of one key team member in February 2010 and the Project focus on client engagement. AISR has provided feedback on a number of drafts, with minor alterations currently due prior to finalisation of the plan.

Figure 3: Key dates for the development of evaluation plans Round 1 Projects

<table>
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<tr>
<th>2010</th>
<th>2011</th>
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<td>Dec</td>
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- 2/07: Contract signed between WorkCover & AIR (for AISR)
- 14/08: Draft Evaluation Framework to WorkCover
- 18/08: Draft Evaluation Work Plan to WorkCover
- 21/09: Revised Evaluation Framework and Work Plan to WorkCover
- 16/09: WorkCover accepted Framework and WorkPlan
- 3/08: BSISB project approved
- 20/11: DSISB evaluation plan deliverable for WorkCover (due)
- 8/12: BSISB evaluation plan sent to WorkCover
- 25/09: Jane Fielder Consulting project approved
- 22/11: Jane Fielder Consulting evaluation plan deliverable for WorkCover (due)
- 25/09: Jane Fielder Consulting evaluation plan sent to WorkCover
- 20/11: DFEEST project approved
- 20/11: DFEEST evaluation plan deliverable for WorkCover (due)
- 20/11: DFEEST evaluation plan sent to WorkCover
- 9/11: Interwork project approved
- 20/11: Interwork evaluation plan deliverable for WorkCover (due)
- 21/11: Interwork evaluation plan deliverable for WorkCover (due)
- 3/12: Interwork evaluation plan sent to WorkCover
- 20/01: BusSA1 Small Employers project approved
- 3/12: BusSA1 Small Employers evaluation plan deliverable for WorkCover (due)
- 2/02: BusSA1 Small Employers evaluation plan sent to WorkCover
- 20/01: BusSA1 Work Hardening project approved
- 3/12: BusSA1 Work Hardening evaluation plan deliverable for WorkCover (due)
- 2/02: BusSA1 Work Hardening evaluation plan sent to WorkCover
3.1.1 EVALUATION-SPECIFIC RESOURCE DEVELOPMENT

It became apparent once the first few Projects were contracted under the RTW Fund that Project staff had limited or no prior experience with formal evaluation processes. Therefore, the AISR developed a number of documents and resources to ensure that current and future Projects could benefit from the information provided. These resources, developed during the October to December 2009 period, included:

- A summary of the RTW Fund Monitoring and Evaluation Framework describing the Program Logic approach, definition of terms and sample monitoring and evaluation matrices.
- A sample Consent Form to ensure requirements are met for informed consent from Project clients.
- To assist Projects in undertaking feedback from their clients, an overview of the Likert Rating Scale was prepared - describing benefits of using a rating scale, example questions and a link to more information.
- Notes for preparing an Evaluation Plan including details of the information that should be included, such as, objectives and performance indicators, and reporting requirements.
- A document showing Timelines for Quarterly Reporting to WorkCover SA.

In addition, and in consultation with WorkCover SA, the AISR developed two templates to facilitate quarterly reporting for current Projects. It is acknowledged that the templates may not be suitable for all future Projects (i.e., those not working directly with injured workers). If required, new templates may be developed by the AISR, or existing ones modified.

The Word Reporting Template was designed to ensure that each project reports on the key elements required by both WorkCover SA and the evaluation in a consistent way. As an overview the details included are:

- Section 1: Background information about the Project
- Section 2: Client characteristics
- Section 3: Progress against performance indicators, successes, challenges and lessons learnt.
- Section 4: Other factors
- Section 5: An update on expenditure.

The Excel Spreadsheet Reporting Template was designed to assist projects with data collection and presentation, and to complement Section 2 of the Word Reporting Template. This template can be used as a one-stop shop for Project data, it:

- Includes data items that are shared between Projects
- Reduces data entry errors and data inconsistency between Projects
- Auto-calculates averages and frequencies
- Auto-generates tables and figures (for presentation in Project reports)
- Includes worksheets for personal details and for Project-specific information.

3.1.2 WEBSITE DEVELOPMENT

The AISR have begun development of a website. The principal purpose of the website is to provide a one-stop resource for relevant RTW Fund resources, documentation and information. Resources and templates developed for Projects (see Section 3.1.1) will be made available via a secure password-protected webpage. Links will be provided to key RTW Fund information and documentation - including the WorkCover SA Return to Work Fund webpage, the Injury and Case Management Manual and the Workers’ Rehabilitation and Compensation Act. Other documents including the AISR discussion paper The Role of the Workplace in Return to Work will also be available here. The website is still in development and has not been published at this time.
3.1.3 DISCUSSION PAPER

A discussion paper for WorkCover SA and the RTW Fund has been produced exploring The Role of the Workplace in Return to Work. The paper provides a profile of workplace injury in South Australia and an overview of workplace factors affecting return to work, including workplace culture, organisational size, claim management, and communication processes based on a review of relevant national and international research literature. It also discusses features of a workplace that promote effective return to work. It is intended that this version of the discussion paper will assist WorkCover SA in planning future rounds of the Return to Work Fund, and for RTW Fund Projects to understand the intrinsic role of the workplace in achieving RTW outcomes and their own goals. The Discussion Paper is designed to provide a brief overview of key findings about RTW, recognising that most of those participating in the Fund will not have the time to undertake a literature review. The report was provided to WorkCover SA in March 2010 and published on the RTW Fund website in June 2010.

3.1.4 CASE STUDIES

The AISR has developed a case study methodology to complement the evidence base presented in the RTW Discussion Paper. The methodology incorporates action research, case study investigation and reporting, and stakeholder engagement and capacity development. This combination of research methods is motivated by the need to support the RTW Fund’s purpose to capture lessons learned about RTW from key stakeholders in the RTW process, to link the evaluation to the evidence base, and to build the capacity of RTW stakeholders. Feedback for the methodology was sought and received from WorkCover SA in May 2010.

The case study methodology will focus on five key groups of stakeholders in turn –

1. RTW Coordinators
2. RTW Case Managers
3. RTW Rehabilitation Providers
4. Employers
5. Injured worker.

Case study information and reporting will be structured under these broad headings –

- **Key challenges** that need to be addressed (these will include system-based constraints, policy-based constraints, resource based constraints and so on).
- **Strategies** that have been developed to address these challenges generally, and specifically.
- **The outcomes** (both successful and otherwise) of the application of those strategies. This part of the case study will explore ‘What worked? What did not work? Why?’.
- **Lessons learned** and how these can be transferred across a range of workplaces and industry sectors. This component of the case study will also identify any gaps or needed inputs that could foster ongoing improvement in achieving effective RTW.

At the time of reporting, the AISR had initiated the Case Study of Return to Work Coordinators (RTWCs). A survey was piloted with 50 randomly selected RRTW Coordinators on 8 July 2010 and launched on 13 July 2010. In total 2278 surveys were delivered. To date 447 coordinators have responded (20% of the 2278). This is good for this type of survey at this stage. Already some 40 respondents have indicated they are willing to discuss their experiences, and over 50 have said they would be interested in being involved in RTW Fund projects or collaborations. This is a very positive response. (More information about the case study methodology is available in Appendix A.)

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3.1.5 AISR PROJECT WORKSHOP

One component of the evaluation methodology involves bringing Project participants together in a series of workshops. Workshop 1 was designed and structured to provide –

1. An opportunity for Project participants to meet and share important information.
2. Identification by participants of –
   a) the key drivers or factors that motivated them to develop their project, and that shaped its design
   b) challenges and key issues faced to date
   c) strategies adopted to address those challenges
   d) lessons learned in the process
   e) processes and/or structures that could be put in place at the RTW Fund level, and/or at the project level.

All but one Project sent a representative.

Prior to the Workshop, participants were asked to summarise the key drivers or factors that had motivated them to develop their Project, the challenges and issues faced in implementing their Project and strategies adopted to address these. That summary was emailed to the AISR prior to the Workshop to enable the evaluators to prepare an overview of trends. The summary also provided the structure for Workshop participants to make a brief presentation about their Project. Following Project presentations, discussion focused on the challenges and issues being faced in implementing the Projects and strategies being developed to address these. The final part of the Workshop focused on the lessons being learned about achieving return to work and preliminary findings about changes that could enhance the Return to Work Fund and the wider workers’ compensation system. (A complete Workshop Report, plus a Report containing participants’ evaluation of the Workshop have been provided separately.)

3.1.5.1 OVERVIEW

Workshop participants were generous in sharing their information about both challenges and successes achieved to date, and about strategies for continuous improvement. The Projects were not competitive - many had previously sought each other out to seek help or transfer clients who better fit the requirements of other Projects.

From the evaluators’ perspective, it appeared that all of those participating valued the opportunity provided by the Workshop – and separate evaluation confirmed that this observation was accurate – see Section 3.1.5.2.

3.1.5.2 EVALUATION OF THE WORKSHOP

Five point rating scales were used to assess the degree to which the Workshop had met its stated objectives, and how well it had been structured and delivered. Full reports on the Workshop and on the Evaluation of the Workshop have been provided separately to WorkCover SA. A summary of the ratings applied by Workshop participants to the evaluation survey are provided in Table 3. It can be seen that the Workshop was extremely well received, with ratings ranging from 4.3 to 5.0 (‘5’ being the most positive score possible).
Table 3: Summary of ratings given by Workshop participants

<table>
<thead>
<tr>
<th>Aspect of the Workshop</th>
<th>Mean rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact on Project participants’ understanding of what the other Projects are aiming to do</td>
<td>4.6</td>
</tr>
<tr>
<td>Impact on Project participants’ understanding of the Main Drivers of other Projects</td>
<td>4.3</td>
</tr>
<tr>
<td>How well Key Challenges and Issues being faced by Projects were explored and identified</td>
<td>4.9</td>
</tr>
<tr>
<td>How well Strategies developed by Projects to address Key Challenges &amp; Issues were explored and identified</td>
<td>4.7</td>
</tr>
<tr>
<td>How well Lessons Learned to date by Projects were explored and identified</td>
<td>4.1</td>
</tr>
<tr>
<td>How well Changes needed at the RTW Fund level and Project level were explored and identified</td>
<td>4.1</td>
</tr>
<tr>
<td>How well the Workshop was structured</td>
<td>5.0</td>
</tr>
<tr>
<td>How well the Workshop was delivered (ie opportunity for equal participation, flow &amp; documenting of discussion)</td>
<td>5.0</td>
</tr>
</tbody>
</table>

Additional comments were provided by six participants, and are quoted below. It can be seen that four comments reinforced these ratings and the remaining two relate to the issue of referrals to the Projects.

‘Very useful workshop which was well structured but flexible enough to accommodate issues as they arose.’

‘The workshop was well structured to achieve desired outcomes. All participants were encouraged to participate in discussions. It was of value to meet other participants and gain an understanding of their projects including successes as well as frustrations.’

‘The workshop provided all participants with the opportunity to openly discuss issues without judgement or fear of repercussions. Other projects were able to offer support and possible solutions. The workshop was very well facilitated and the environment created was supportive and conducive to open discussion.’

‘A greater commitment from EML and WorkCover required for all projects to enable progression and outcomes.’

‘Commitment by WorkCover and EML to work together to move projects along and provide referrals. RTW Fund operators have put substantial effort into preparing programs, and have outlayed on infrastructure and personnel, but no referrals.’

‘I found it very inspiring to meet with others who felt the same way as I did. Often when you run a pilot project you work in isolation and can render yourself full of doubt due to an inability to sound off with people doing similar work. Finding that other projects we’re experiencing similar barriers was empowering in terms of devising strategies to address the issues.

Additional comments about AISR’s role in the evaluation of the RTW Fund, were provided by four participants, and are quoted below. Again, these were all very positive, and represent encouraging feedback for the AISR regarding the investment in time and support its evaluators are making to the Projects.

‘The role AISR has played as been incredibly valuable to date.’

‘Very interesting forum – but if learnings are not pursued it would seem to not meet its potential.’

‘Excellent service and support.’

‘This is the best part of the project. The fact that all our data, findings and reports are fed into an overall evaluation of the RTW Fund is exciting. It means that changes might be possible for a fairer and better system for injured workers.’
3.2 OUTPUTS AT THE RTW FUND MANAGEMENT LEVEL

The AISR works with the RTW Fund management in a number of ways to support the ongoing implementation and development of the RTW Fund. Both WorkCover SA and the AISR recognise the importance of regular meetings and ongoing informal communication (particularly with the RTW Fund Project Manager), and details of some key activities undertaken in the first year of the Fund are provided below.

3.2.1 WORKCOVER SA WORKSHOP

On 3 July 2009, WorkCover SA facilitated a workshop for Projects approved in the first round of applications to the RTW Fund. In conjunction with presentations from Brenton Caffin (WorkCover SA) and Anthony Fleetwood (Employers Mutual Ltd, EML), Associate Professor John Spoehr and Dr Ann-Louise Hordacre provided an overview of the evaluation, its purpose and the role of the AISR. The session was attended by 25 representatives from the Projects, RTW Fund Management, Employers Mutual and the AISR. Broad consensus was that it was a valuable opportunity for the Project participants to meet each other. Information was shared about each of the Projects and synergies identified. Attendees were interested in meeting again in the future and expressed openness to sharing both the positive and negative outcomes from their Projects in the future.

3.2.2 PLANNING

On 16 November 2009, WorkCover SA and AISR met to discuss future planning priorities for the RTW Fund in terms of future rounds and long-term direction. This meeting also provided the opportunity for an update on RTW Fund activities including the development of evaluation resources by the AISR (see Section 3.1.1), the call for expressions of interest (EOIs) for the second round of RTW Fund (The Advertiser, 3 and 7 November 2009), and the implementation of an internal coordination group to make decisions about future rounds and formulate recommendations to the Board. AISR and WorkCover SA met formally on 8 February 2010 to discuss the progress of the Fund, key issues to date and the ongoing evaluation.

3.2.3 RTW FUND COORDINATION GROUP

The AISR has been invited twice to present an overview of evaluation activities for the RTW Fund Coordination Group convened by WorkCover SA. The Coordination group consists of WorkCover SA representatives, along with the EML Acting CEO and EML RTW Fund Project Manager. AISR were first invited to present on 12 March 2010. At the most recent meeting of the Group (24 June 2010), AISR provided written responses to a series of questions posed by Group members to the evaluators. Issues explored included –

- The capacities and limitations of Project managers and staff.
- Limitations and advantages of the approaches being taken by the Projects.
- Workers’ compensation scheme processes that act as barriers to RTW, and the impact of these.
- Workplace issues that act as barriers to RTW, and the impact of these.
- Interactions and relationships under the current case management model – and the positive and negative outcomes for RTW of these.
- Acceptance by Projects of the processes and outcomes involved in the interaction between the Projects and the wider Scheme.
3.3 EMPLOYERS MUTUAL LTD

Employers Mutual Ltd (EML) is the sole case management agent for WorkCover SA, employing more than 300 case managers. Consequently, EML has been a key stakeholder in the RTW Fund initiative since its inception in June 2008, participating in ideas generation, planning and contributed to two of the four program steering committees\(^4\) (retraining workforce participation and job matching) set up in February 2009. The steering committees included representatives from the unions, employer groups, vocational rehabilitation provider organisations, the self-insured sector and EML. Steering committees were engaged to develop a strategy for the project stream (or coordinated program of activity) and to short list expressions of interest for first round Projects\(^5\).

From November 2009, EML has been a member of the RTW Fund Coordination Group. EML has expressed interest in the Coordination Group exploring initiatives for RTW Fund Projects working to assist the group of injured workers who are least able to successfully return to work (ie those with limited skills, non-English speaking backgrounds, aged over 55 years, with multiple claims or from regional areas).

To support the RTW Fund and to liaise with active Projects, EML has appointed a full-time project manager, and aims to recruit a project officer. A case manager in each of the four teams that receive detached claims reviews these claims to identify participants for the RTW Fund Projects. Staff employing the usual EML case management model\(^6\) have required additional training due to the RTW Fund including alternative models from other sectors (ie the Disability Employment Services sector as is occurring with the Interwork Project).

The EML RTW Fund Project Manager is responsible for liaison with Projects including establishing Project criteria and determining expectations and timeframes. EML has also contributed to discussions between WorkCover SA and Projects about legislative and policy requirements. The EML Project Manager also communicates internally at EML to ensure case managers are aware of RTW Fund Projects. EML also refers injured workers for participation in RTW Fund Projects, employing the following criteria:

a) The criteria are confirmed with the Project Owner.
b) Claims data are reviewed that capture potential candidates based on criteria.\(^7\)
c) Once a group of candidates is indentified, the files are reviewed, ensuring a sound understanding of medical diagnosis, capacity to return to work and any current rehabilitation activities that may impact on their ability to participate.
d) The short list of potential candidates are contacted (if attached to the pre-injury employer they will also be contacted) to invite them to participate.
e) The candidates who are willing to participate then have their treating doctor (GP, specialist or psychiatric) contacted to gain medical approval.
f) Once medical approval is received, referral letters are generated to the worker, employer (if applicable) and the project owner (as confirmation of their participation).
g) In some circumstances, a new rehabilitation referral is required. It is extremely rare for a claim that meets any project criteria to not have rehabilitation assistance allocated. In many circumstances the current provider will need to be ceased to enable a new referral to be generated to the desired company/person associated with the RTW fund project.

\(^4\) In the original iteration of RTW Fund design, a coordinated program stream was included to oversee Projects engaged in similar activities. As Projects funded during Round 1 all fit within the ‘retraining and workforce participation’ area of activity, WorkCover SA subsequently determined that one steering group would be appointed to oversee all Projects.

\(^5\) Final approvals were made by the WorkCover SA Board

\(^6\) EML case management model incorporates the following five key elements – 1) establish relationships; 2) obtain the facts; 3) critical analysis; 4) strategy; 5) outcome.

\(^7\) Note that due to new IT system introduced by WorkCover SA on 27 April 2010, no claims data was available between 22 April 2010 and 30 June 2010 – this resulted in referrals being delayed during this period.
Once the above has been completed, it is necessary to record that the injured worker has been included in the Project. This is important as each Project has a set number of participants.

At the time of reporting, the AISR evaluators had undertaken one structured interview with the EML RTW Fund Project Manager, and to facilitate our quarterly reporting, the Project Manager has agreed to provide a quarterly report to AISR. The evaluators intend to maintain ongoing liaison with EML through the Project Manager, and this, together with structured interviewing and quarterly reporting, is providing valuable information for the evaluation as a whole. Given the key barrier identified by Projects – insufficient and delayed referrals from EML – it has been critical for the evaluators to assess this issue from the perspective of the Projects and EML. (See Section 5.2.1 for a discussion of this issue.)

It has also been important for the evaluators to understand EML’s operational processes because these affect Project implementation. Equally, it is essential that Projects understand EML operational processes, and initial understanding by all but one Project has meant that the translation from Project planning and design to implementation has not been smooth. This issue is discussed further in Section 5.2.2.

## 4 RTW FUND PROJECTS PROGRESS TO DATE

The following sections provide a brief overview of current RTW Fund Projects, and a summary of reported activity to date. This information is principally drawn from quarterly progress reports provided by each Project. Project key outputs and client numbers are summarised in Boxes 1 to 7.

### 4.1 BSISB: RETRAINING INJURED WORKERS CAREER TRANSITION PROJECT

The Business Services Industry Skills Board (BSISB) was contracted by WorkCover SA on 13 August 2009 to develop and run the Retraining Injured Workers Career Transition Project for the RTW Fund. The Project aims to identify and prepare a cohort of 40 injured workers for retraining and/or up skilling to new careers/positions with either their existing employer, a new employer, as a contractor or self-employed.

In brief, the BSISB Project is designed to:

- Work with employers to identify areas of business skill shortage (current and future);
- Source injured workers from EML;
- Develop and provide training and professional development for a web-based resource to support rehabilitation case managers (RCMs) to identify clients for business services skills training;
- Engage case managers to perform initial career aptitude and job analysis for injured worker;
- Target training of the injured worker with registered training organisations (RTOs) that meet BSISB standards, including the application of the robust learner case management model developed in the BSISB Mature Age Project;
- Assist the transition of injured workers into the workplace (existing or new).

#### 4.1.1 BSISB 1ST QUARTER ACTIVITY

From 13 August to the end of September 2009, BSISB commenced developing their Evaluation Plan, held preliminary meetings with EML and WorkCover SA and prepared draft material for the web resource. All these activities were due for completion before the end of 2009.
4.1.2 BSISB 2ND QUARTER ACTIVITY

BSISB reported minor teething problems in the early stages of the Project (e.g., contract and evaluation plan) as they were the first project approved under the RTW Fund. However, they reported these had no major impact on project progress. BSISB finalised and submitted their Evaluation Plan on 8 December 2009. During this period, they also prepared information kits for employers, rehabilitation case managers, injured workers, industry contributors and mentors, and held a briefing session with EML and rehabilitation providers on 24 November 2009.

BSISB cited frustration during this period with regard to the process for recruitment of injured workers through EML. They felt that the recruitment process had been negatively impacted by the turnover of staff (including case managers and management) at EML, which it was thought led to a lack of continuity and process. With no clients forthcoming by the end of 2009, BSISB informed WorkCover SA that it would advertise for clients via The Messenger and The Advertiser in early January 2010.

4.1.3 BSISB 3RD QUARTER ACTIVITY

Thirty potential clients responded to the recruitment strategies outlined above (Section 4.1.2) during January 2010, with direct advertising reported as the most successful approach. BSISB approved fifteen of these clients for their project. Three of these were deemed ineligible by EML. The proposed cohort was reported as expected to commence in April 2010.

BSISB again reported that the process of EML approval of clients had caused delay to the start date for the first cohort, and expressed continued frustration about their experience working with EML. BSISB indicated that there were problems with the internal communication processes at EML which were exacerbated by high turnover of case managers. They stated that injured workers had similar complaints and that the workers believed this was a barrier to their ability to access retraining and other assistance.

4.1.4 BSISB 4TH QUARTER ACTIVITY

The 4th report of BSISB activity was prepared in May 2010 and included two months of activity. At the time of reporting information had not been provided to AISR for the month of June 2010.

BSISB reported that Project deliverables and timelines were ‘back on track’ - although recruitment remained a challenge and had required the implementation of new strategies. The most successful recruitment method to date was reported to be direct advertising targeting injured workers, although there has been some evidence of a ‘snowball’ effect when rehabilitation providers already have a client on the Project. Recruitment for the second round of participants included advertisements in The Messenger in April 2010, direct contact with rehabilitation providers in May 2010 and an advertisement in the Building Industry Association Journal in June 2010. BSISB had tightened up the information in their advertisements to ensure injured workers fulfil baseline criteria.

BSISB also reported that using a key contact at EML had resolved some of the issues previously reported – the key contact is now responsible for all EML communication with BSISB and for communicating internally at EML with case managers. BSISB reported that the EML project manager has worked cooperatively to overcome issues and to progress the Project. BSISB, WorkCover SA and EML have also successfully negotiated a process for assessment and approval of participants that accommodates the ‘130 weeks rule’ (this includes exemption from this provision by agreement), and a change to the requirement that a client must have been on WorkCover for at least six months prior to commencement with the Project.

BSISB identified a number of other challenges including:

• Difficulty communicating with potential clients (eg some potential clients expressed interest in participating but failed to respond to BSISB attempts to contact them, in other cases contact details were not active).
• Rehabilitation providers giving inaccurate information to potential clients (eg told them they were ineligible) or failing to attend BSISB information session (when they weren’t being paid).
• Potential clients being already engaged on other RTW Fund projects.
• Employers trying to evade their responsibility to injured workers by forcing them to participate in retraining.
• Workers not completing training as they get a new job (however, whilst this may interfere with training, it may also be viewed as a positive result for the Project).

Box 1: BSISB – Summary of Cohort 1

BSISB – COHORT 1
Project contracted to WorkCover 13 August 2009

At the end of May 2010, 14 participants had commenced training with the intention of returning to work in a new role that did not exacerbate their injury.

• The average age of participants was 43 years, they are one-quarter female with almost all (86.6%) speaking English as their first language.
• Back and musculoskeletal injuries were the most common complaints.
• Around two-thirds came from the trades or construction sectors.
• Participants had significant experience in their pre-injury role, with 40% reporting 3 to 10 years and approximately 45% more than 10 years experience.
• Only two participants were currently engaged in work; these were working less than 15 hours per week.
• Over half had no or only basic computer skills at the commencement of training. Workers were provided with introductory courses early in project.
• One student withdrew from the training due to participation in a work placement.

4.2 JF CONSULTING: CHANGE YOUR MIND . . . CHANGE YOUR LIFE

Jane Fielder Consulting (JF Consulting, formerly ProActiv Life Solutions) was contracted by WorkCover SA on 1 October 2009 to provide ‘Change Your Mind… Change Your Life’ coaching to approximately 38 injured workers. Attitudes and beliefs have a strong role to play in the return to work process and for some workers these can be obstacles that are too hard to overcome. The ‘Change Your Mind… Change Your Life’ Project seeks to challenge negative beliefs and attitudes, helping to restore a positive mental approach to the issue of returning to work.

The program is based on several counselling and coaching techniques which aim for a change of client focus from perceived and/or real barriers experienced while on WorkCover SA to a positive framework of success in a return to work program and employment. The project aims to refocus clients - directing them from injury, pain and other issues, to empowerment and self-reliance - and is expected to increase participation rates in returning to work and/or successful participation in other retraining and return to work initiatives.

Injured workers take part in an eight-week holistic personal coaching and/or group training program which aims to assist them to overcome any perceived obstacles in their path to recovery and the ‘fear cycle’ of return to work. JF
Consulting work closely with individual workers to assist them in identifying areas for change and growth in relation to their WorkCover SA experience and employment.

JF Consulting sought and was granted an extension to their contract to be completed 31 March 2011.

4.2.1 JF CONSULTING 1ST QUARTER ACTIVITY

JF Consulting had prepared marketing brochures for WorkCover SA prior to the formal commencement of the Project. Other project activities, including the preparation of the Evaluation Plan and the commencement of referrals, were impacted by slower than expected contract negotiations. This also led to timelines for client recruitment encroaching on the Christmas period. Accordingly, a decision was made not to commence coaching or counselling activities until early 2010. JF Consulting did not identify, at the time of reporting, if these delays will impact on the contractual date for Project completion.

Since the commencement of the Project, changes have been made to the recruitment methodology. The original project plan identified that all referrals would come direct from EML. It was subsequently agreed between JF Consulting, WorkCover SA, EML, ProActiv People Solutions and InterWork, that ProActiv People Solutions would provide between 25 and 30 injured workers, and InterWork would provide the balance (10-15 injured workers). The referral list would be screened by EML to ensure clients under a Section 35 review were not included (as per eligibility requirements for the Project).

4.2.2 JF CONSULTING 2ND QUARTER ACTIVITY

On 19 February 2010 a meeting was held between Jane Fielder, key EML case managers and rehabilitation consultants from ProActiv People Solutions where Jane described the Project and answered questions. Although prior attempts had been made to start recruitment, it was only at this meeting that the first four referrals were provided, with the remaining referrals forwarded within a week. In addition, Interwork had referred one client (resulting in 11 referrals). Exclusion criteria became more explicit during this period excluding clients under Section 35 review, those who were strongly opposed to participation, and those deemed unsuitable by their treating provider.

Referred clients ranged in age from 21 to 56 with an average age of 42 years, and around 60% male clients. Most referred clients had been employed from six months to six years, with an outlier of one client reporting 17 years with his pre-injury employer. Medical restrictions (at different levels) were in place for all clients. Only 20% of clients were still attached to their pre-injury employer at the time of reporting.

Initial assessment of clients began on 15 March 2010. JF Consulting reported that all but one client did not understand why they had been referred, and were agitated or angry about it. As most potential clients were willing to participate once the Project was explained, this was believed to indicate that either those providing a referral did not understand the Project, or did not convey its purpose to the clients.

Four referred clients were subsequently excluded (or deferred) based on personal circumstance arising from the client’s physical or mental health. Remaining clients later indicated that they had been advised by EML case managers that failure to participate in the program would mean they would be in breach - leading to fear of legal ramifications. These issues were raised with EML. JF Consulting was advised that participation for clients in RTW Projects is voluntary, and that EML would investigate the referral process.

JF Consulting also suggested additional refinements to the referral process. They suggest that medical and rehabilitation providers be contacted as part of the referral process, prior to client acceptance into the program, to ensure that appropriate information is shared with the project and a more informed decision regarding client participation can be made. In addition, clients will be contacted by JF Consulting to ensure they understand the project’s goals as well as the benefits and implications of involvement.

The first 8 week program commenced mid-March with seven clients. JF Consulting reported preliminary achievements against performance indicators. These include benefits to some clients in terms of a reduction in the ‘fear cycle’, chronic pain and negative emotional states. These are positive early indicators - additional information will be reported to determine success as the Project progresses.

4.2.3  **JF CONSULTING 3RD QUARTER ACTIVITY**

The first cohort commenced the group program during the previous quarter on 15 March 2010. This was completed on 6 May 2010. JF Consulting identified the challenge in retaining clients once they have expressed an interest in participation. Four of the seven clients eligible for participation in the Project attended most sessions and completed the program (details are shown in Box 2). These clients also reported to JF Consulting that they found the Program beneficial.

Ongoing challenges for recruitment continued to be identified in relation to participants understanding the purpose of the Project, and in relation to medical and rehabilitation providers being aware of the Project and able to appreciate the potential benefits for their patients. Due to difficulties in finding an appropriate group of injured workers for the first cohort, an alternate method of recruitment was trialled to broaden the scope for the second cohort. JF Consulting placed an advertisement in the Messenger Press in early June 2010. This resulted in five enquiries. Four of these were approved by EML for participation in the Project. This method of recruitment was not viewed as successful.

JF Consulting has been responsive and reflexive about the implementation of the Project and the content of the coaching program. They have incorporated stress and general coping information in the training content. They also recognise the limitation of some clients to participate in a group environment. At the time of reporting they were exploring the possibility of employing a rotation method for the group training so they do not have to wait for a large enough number of clients to commence.
The Department of Further Education, Employment, Science and Technology (DFEEST) was contracted by WorkCover SA on 1 October 2009 to provide the Next Step Training and Employment Program. This is a self-directed, self-paced, industry demand-driven program designed for clients of WorkCover SA to provide a minimum of 40 newly injured workers with innovative employment opportunities to facilitate their return to the workforce. It is tailored for each injured worker and includes a combination of skills assessment, targeted training, industry identified need, case management, job seeking, employment placement/brokerage and post-placement support.

Individuals participating in the Project begin their journey back to employment with attendance at a forum to normalise their situation and provide them with an opportunity to discover the new and varied pathways available to them. Each participant is assigned a case manager who works with them one-on-one to prepare an individual employment and training pathway, taking into account relevant external factors (e.g., skills shortage areas) to determine the best options for employment placement.

Success in the program will include the achievement of the identified target outcomes and the creation of a suitable working model that allows flexibility and engages participants and partners. The program will operate actively over a 12 month period in the first instance. DFEEST sought an extension to the active stage of their project to 31 March 2011, with the evaluation component due 30 June 2011.
4.3.1 DFEEST 1st Quarter Activity

Although DFEEST also experienced slower than expected contract negotiations (with the contract signed 30 September 2009), this did not adversely affect the implementation of the Project, which is due for completion March 31st 2011. DFEEST called for Expressions of Interest for four Project components (introductory workshops, employment case management, work preparation project, and individual training providers) in August 2009, subsequently contracting six organisations. DFEEST also facilitated an information session for relevant parties including WorkCover SA, DFEEST providers, EML case managers, and rehabilitation providers (on 30 October 2009). Ten WorkCover SA clients were identified by EML for participation in the first (held on 30 Sept 2009) or second (30 November 2009) workshop. Case management for the first ten clients commenced in December 2009, slightly behind schedule.

DFEEST reported the success of the introductory workshops and positive feedback from participants. However, they also reported delays in client recruitment attributed to program parties not understanding how clients would benefit from involvement.

In addition, DFEEST cited the benefit of having participated in the pilot program in 2008-09. This had resulted in a better understanding of the WorkCover SA system, legislation and relationships with EML and providers. Lessons from the pilot were incorporated in the design of the current Project including:

- information sessions for relevant parties,
- protocols for client replacement,
- one point of contact for the client,
- voluntary participation and
- information for participants.

4.3.2 DFEEST 2nd Quarter Activity

To the end of March 2010, a total of 20 clients had been recruited into the DFEEST Project (this includes the ten clients recruited during the 1st quarter). Clients ranged in age from 33 to 61 years (with an average of 46 years), two-thirds were male. In terms of injuries – one-quarter reported back injuries and another quarter reported either neurological or psychological problems. Other client information was not available at the time of reporting. Individual employment and training plans were in development for all 20 clients.

DFEEST held discussions with EML about the minimum number of clients required to implement the Work Preparation Projects. These minimums make ongoing rolling recruitment of clients inefficient, and so EML agreed to provide the remainder of Project clients by 30 June 2010.

On 24 February 2010, the third introductory workshop was held with 27 attendees and DFEEST again reported excellent feedback. In this instance, females made up 56% of attendees (compared with 32% and 24% at the 2 earlier workshops). The second meeting of the program delivery network was held on 4 March 2010, which again provided the opportunity to share information and resolve issues.

DFEEST reported significant interaction with both EML and Recover (responsible for managing the rehabilitation for clients). After the first round of recruitment it was agreed that the free flow of communication between these parties would be facilitated by discussing the specifics of client history prior to meeting with the client. This has proved to be a successful strategy.
4.3.3 DFEEST 3rd Quarter Activity

At the time this report was submitted, DFEEST was still waiting to receive its full allocation of program participants. Referral delays were in large part due to changes to the WorkCover SA IT system (see Footnote 7). Accordingly, only five injured workers were invited to participate during this period of whom three commenced with the Project.

DFEEST now facilitates quarterly meetings between employment consultants, EML case managers and Recover rehabilitation consultants to aid the flow of information between the parties and ensure an appropriate service is delivered to clients. At the last meeting, discussion centred on the process for retraining approvals, resulting in a clear process being developed for timely approvals. The fourth introductory workshop was held on 16 June 2010, with 13 participants. DFEEST is planning to run an additional two workshops in the next six months to recruit the remaining 17 participants.

Box 3: DFEEST – Summary of clients and progress

DFEEST – SUMMARY

Project contracted to WorkCover SA 1 October 2009

At 30 June 2010:

- 126 people had attended the 4 Workshops held by DFEEST.
- 23 had been referred to case management support for the development of individual employment and training plans.
- 10 participants had commenced individual training programs to reskill or upskill (with five having completed the training).

Data collected about those in case management support* indicate:

- The average age of participants was 42.7 years, they are 30% female with all speaking English well or very well.
- Back and musculoskeletal injuries were the most common complaints.
- Participants had been employed in a variety of jobs including process workers, heavy truck drivers and personal care workers.
- Workers had been injured an average of 469 days prior to commencement with the Project (ranging from 202 to 703 days).
- Participants had significant experience in their pre-injury role, with an average of 6.8 years.
- Only one participant had returned to work.

*Note, data not available for all clients

4.4 Interwork: Pathways to Work

Interwork was contracted by WorkCover SA on 4 November 2009 to provide the Pathways to Work Project which is an outcome focused model, and aims to return 40 injured workers to a safe and meaningful job as soon as practicable with either their pre-injury employer or new employer. This Project builds on Interwork’s successful experience achieving employment outcomes through the Job Network and Disability Employment Services (DES) scheme, and is expected to operate in Adelaide and a number of regional settings. Employment focused ‘whole of life’ action plans aim to increase return to work rates whilst identifying and managing the impact on the injured worker and their

* The whole of life model underpins DES approaches, acknowledging that individuals have a range of needs and the subsequent importance of services being coordinated across different sectors and levels of government
family. Experienced employment consultants emphasise individual abilities, skills, knowledge and career aspirations; identify and address barriers to employment; and target sectors with skills shortages.

The project has 5 identifiable stages;

1. Induction and Pre-employment Assessment
2. Job Search Skills/Employer Expectations
3. Pre-employment Programming
4. Employment Opportunity (including job matching)

*Interwork* targets clients who have been on the *WorkCover SA* system for a considerable time. These clients are expected to be more ‘difficult’ than short term clients as their injuries are initially more debilitating, and they may have become more entrenched within the system.

### 4.4.1 INTERWORK 1ST QUARTER ACTIVITY

As with the other Projects, *Interwork* experienced contractual delays that resulted in a later start date and inability to meet the original timeline for delivery of their Evaluation Plan. However, the Project Evaluation Plan was well underway at the time of reporting and the *Interwork* Employment Consultants had commenced work with ten detached clients from the Adelaide metropolitan region after referrals from EML. The ten clients averaged 484 days from the time of injury to the date when they started on the Project (ranging from 223 days through to 645 days).

Although it was originally anticipated that project activity and clients would be 'integrated' along with other caseloads of existing staff, once commenced it became more practicable to establish a separate RTW Project team. Client handover with EML had progressed smoothly due to close liaison. However, concerns from the contracted vocational rehabilitation provider about the use of innovative approaches with attached clients were identified as needing to be managed.

### 4.4.2 INTERWORK 2ND QUARTER ACTIVITY

*Interwork* reported that criteria for client inclusion and exclusion had become better defined during this period. This followed the referral of 10 attached workers with very limited work capacity when staff attached to *Interwork* expressed concern about their ability to understand and meet the complex legislative requirements for attached workers and pre-injury employers. Consequently *WorkCover SA* and *Interwork* agreed that the DES model was more appropriate for new employer outcomes. Therefore, *Interwork* rejected the 10 attached referrals provided by EML and no new clients were accepted into the Project in this quarter. The new referral criteria were defined as:

- detached workers with a minimum of 8 hour work capacity,
- detached from pre-injury employer and
- residing in the metropolitan area (Mt Gambier clients may be included in the future).

New clients were expected to be referred from EML by mid-April. Progress had been made with clients accepted in the first round. Two clients had been placed as a result of five work experience placements. One of these placements appeared to be at risk of failing. However, the engagement of a Support Worker to provide individual assistance led to major improvement in work performance, and contributed to the employer taking a positive and long term view about the client. However, it needs to be noted that the current workers’ compensation makes no provision for EML funding of a Support Worker position but its success as a strategy resulted in *WorkCover SA* agreeing to fund a Support Worker for another *Interwork* client.
Interwork identified the importance of ‘empowering’ injured workers to actively participate in their own job search early in the process, as there is a tendency for the workers to allow Interwork staff to do the ‘hard work’ of the job search. Interwork staff have also become quicker at identifying appropriate job options and gaining medical approval.

The difficulties experienced in the first quarter in managing the new roles and relationship between EML, Interwork and the vocational rehabilitation provider were reported to have been largely resolved through better understanding and appreciation of each other’s roles and skills. An established and documented communication system had helped in this, as had the early successes and creative work solutions. In addition, Interwork reported the development of a collaborative partnership with JF Consulting, with Jane Fielder working with one unmotivated client at the time of reporting.

Interwork identified three major lessons at the time of reporting:

1. Injured workers exhibit different characteristics to ‘unemployed’ people, although a barrier to participation in the workforce is still ‘just a barrier’ to overcome.
2. In gaining confidence in their own processes, Interwork will be more positive and direct with injured workers from the early stages.
3. Communication, communication, communication.

4.4.3 INTERWORK 3RD QUARTER ACTIVITY

The new WorkCover SA computer system was reported to have impacted on the referral process, with no new referrals received during the quarter. Interwork did acknowledge the 16 referrals received in early July 2010, which were being processed at the time the Interwork report was being prepared. Interwork expects to receive the final referrals in the next couple of months. Interwork had referred one client to JF Consulting, and had been forwarded referrals from them (resulting from JF Consulting’s advertisement in the Messenger Press). However, these candidates were determined not to be eligible for Interwork’s Project.

Some changes have been made to Interwork’s original Project design. Interwork had been unaware of the specific details of the legislative requirements, including the need for RTW Plans, which have now been included. In addition, the Interwork Consultant is now working individually with each candidate, as group referrals had been difficult to achieve.

Interwork have reported progress against their indicators (see Box 4). In addition, the first iteration of the Step-by-Step Guide has been developed, but was under review at the time of reporting to reflect new strategies and approaches. An outcome focussed communication process was developed recognising the business drivers of other stakeholders. Three partnerships have been developed to date. Interwork notes that injured workers expect work to be found for them, and tend not to actively engage in job-seeking.

Interwork reported ongoing and new challenges including a lack of clarity of understanding between key stakeholders, which is being managed by ensuring the communication channels remain open. They also expressed concern about the turnaround time for training approval from EML. In addition, within Interwork, the Project is seen as a drain on resources, as it struggles to break even in the face of unanticipated delays in being able to provide its services.
Box 4: Interwork – Summary of clients and progress

INTERWORK – SUMMARY

Project contracted to WorkCover 4 November 2009

As of early July 2010, a total of 27 referrals had been accepted by the Project. The average age of referred clients is 43 years. They are 40% female, with five born overseas.

Of the 11 clients received prior to June 2010:

- All speak English well or very well, with most educated below year 12 level.
- Back and musculoskeletal injuries were the most common complaints.
- Three were drivers and two gardeners.
- Most had been in their pre-injury role for less than two years.
- Workers had been injured an average of 471 days prior to commencement with the Project (ranging from 223 to 645 days)
- Five work experience placements have been organised resulting in two female participants successfully placed in new jobs.
- Two clients are undertaking training or education.
- Three clients have or are undertaking training or education.

4.5 SA UNIONS: RETRAINING INJURED WORKERS FOR EMPLOYMENT PROJECT

SA Unions was contracted by WorkCover SA on 21 January 2010 to provide the Retraining Injured Workers for Employment Project. This person-centred project has been designed to provide wrap-around services and soft-skill training opportunities (within an overarching and holistic rehabilitation program) for 50 workers from the Manufacturing and the Health and Community Services industries (the two highest workers' compensation claiming sectors in South Australia). This approach is expected to help workers acquire the necessary self-esteem, skills and knowledge to return to meaningful work. The project is expected to run for 15 months and will operate in metropolitan Adelaide and in one regional centre (Whyalla). As at June 2010, SA Unions had sought and been granted an extension to their project which is now due for completion on 1st August 2011.

SA Unions work with injured workers and stakeholder groups and aim to:

1. Increase skills in a group of injured workers enabling them to be employed in suitable duties with existing or new employers;
2. Improve information and support for employers to better meet section 58B obligations through the provision of retraining;
3. Increase understanding by case managers of, and coordination with, the training system, with improved embedding of training activities within the rehabilitation and return to work process;
4. Improve understanding within the rehabilitation industry of, and coordination with, the training system, and the subsequent incorporation of more effective training opportunities; and
5. Improve understanding within the training industry of the workers’ compensation and rehabilitation and return to work systems, and improve access for those in these systems to opportunities and information in the training sector.

Underscoring these explicit aims, the Project seeks to change the way training and employment opportunities for injured workers are perceived. It is hoped that a change to existing culture and practice will lead to sustainable systems.
4.5.1 SA UNIONS 1ST QUARTER ACTIVITY

As with all projects, there were some delays with the initial contracting process, resulting in some deliverable dates requiring review. However, Project staff did commence some project activity early as they were employed by SA Unions in December, and had not reported changes to the Project end date at that stage. The Project is managed and administered by a team of three core staff, who report monthly to a small management group, and a reference group has been established which will meet approximately quarterly. During the first quarter, SA Unions focused activity on stakeholder orientation, the development of their Evaluation Plan and finalising project governance, specifications and documentation. The Project was officially launched by the WorkCover SA Ombudsman on 24 March 2010.

Participants will primarily be recruited from EML, with the Self-Insurers of South Australia (SISA), and relevant unions also asked to provide referrals. At the time of reporting, SISA had been responsible for four potential referrals which were being explored. Unions had provided two referrals, which were not considered appropriate for the Project, and were passed on to DFEEST. The recruitment process with EML was reporting as having been slow and SA Unions reported that they had been asked to define their criteria a number of times. Ten clients were referred from EML on 24 March 2010, with two of these deemed unsuitable as they did not belong to the Community Services or Manufacturing industries. To prevent some of these delays in the future, SA Unions suggested that practical processes for EML referrals be formalised in advance so that collaborating parties clearly know what is expected.

SA Unions reported that the sector was excited and broadly supportive about their Project. They also reported strong stakeholder engagement as evidenced by the enthusiasm around the table at the first reference group meeting. With one exception, other RTW Fund projects have been very supportive and interested in exploring how they can work together with SA Unions. Challenges identified by SA Unions included learning the language and processes associated with WorkCover SA and return to work, and the delicate process of dealing with applicants who are ineligible for the Project.

4.5.2 SA UNIONS 2ND QUARTER ACTIVITY

SA Unions reported that the Project had been slow to gain momentum, with limited referrals being the biggest barrier to the recruitment process at this stage. Changes to the WorkCover SA IT system were reported as having played a significant role in this. In addition, EML case managers had reported resistance from some businesses due to SA Unions’ role in the Project. SA Unions subsequently met with the case managers from the attached and community services teams to further explain the Project.

Participants had originally presented to the Project RTW Facilitator with low self esteem, lack of confidence and low expectations about their ability to return to work. They also reported that their injury had put their close personal relationships under stress (clients are assessed for changes in anxiety, stress and depression levels on a regular basis). Many clients appeared to be apprehensive about the notion of training which was equated to past (and often negative) experiences at school. This is a difficult barrier to overcome, particularly as the language around training is often complex. To address this, SA Unions changed the way they talk about training – rather than discuss the final qualification they focus on the steps or units along the way.

SA Unions reported that their unique approach, which includes visiting participants in their home, gives them additional insight into the necessary requirements for an individualised wrap-around service. Despite efforts to remain in weekly contact with clients, SA Unions reported that most participants had cancelled appointments (some multiple times). They acknowledged the cost in terms of time and effort in following up these clients.

SA Unions has been very proactive building relationships with many key stakeholders and participants in the RTW process, and report that they have had positive learning and feedback as a result of this. They also report that some EML case managers and rehabilitation providers have limited knowledge of the specific training pathways for the
manufacturing and community services industries. However, there was some interest expressed (by the case managers and rehabilitation providers) to explore and use the resources suggested by SA Unions.

Box 5: SA Unions – Summary of clients and progress

SA UNIONS – SUMMARY

*Project contracted to WorkCover 21 January 2010*

At the end of June 2010, 14 participants had been identified with 10 engaged, (an additional 14 referrals were received early July).

- The average age of participants was 42.5 years, they are 57% female, with all speaking English very well.
- Most had post high school qualifications of either a certificate, diploma or associate diploma.
- Back and musculoskeletal injuries were the most common complaints.
- All were from the manufacturing or community services sectors (as per the inclusion criteria).
- They had been in their pre-injury role for an average of 4.3 years.
- Workers had been injured an average of 555 days prior to commencement with the Project (ranging from 347 to 835 days)
- Three attached clients have yet to commit to the Project.

Of the ten engaged clients

- 8 have completed skills assessment with training options to be considered.
- One has developed his resume in consultation with the Manufacturing Industry Skills Advisory Council (MISAC) and now has recognition for prior learning (RPL) at Certificate 11 for Engineering. Two more are scheduled to meet MISAC representative.
- Partial funding has been successfully negotiated for one client to complete a Diploma.
- One client had commenced a placement.

4.6 BUSINESS SA: SMALL BUSINESS PROJECT

The Business SA Small Business Project was contracted by the RTW Fund in early February 2010. This Project was designed to complement the implementation of the Rehabilitation RTW Coordinator role (a position now legislatively mandated for SA business with over 30 employees). Small businesses (ie those with less than 30 employees) are often ill-equipped with the knowledge and skills to facilitate the timely return to work of injured workers. They also lack understanding of the relationship between businesses failing to assist injured workers’ return to work and increased costs of the scheme, with the flow-on effect of increased cost to business. This Project, therefore, seeks to educate and mentor small business owners about the return to work process, the benefit of alternate duties and other support mechanisms.

In this project, Business SA aims to:

1. Develop and populate a database of small employers in South Australia.
2. Identify small businesses using the Business SA database, and disseminate advertising and promotional material to them.
3. Provide free 2 hour information seminars to small businesses which will outline the steps required to reduced the impact of injury in the workplace (these are held in both metropolitan and regional centres).
4. Offer free one-on-one mentoring sessions (2-3 hours) in the workplace to ensure all protocols, policies and procedures are appropriate to facilitate the return to work process.

5. Provide *ad hoc* practical advice, as required, to business participating in the project if an injury occurs.

*Note there are some overlaps in the activities of the Business SA Small Business and Work Hardening Projects.*

### 4.6.1 BUSINESS SA SMALL BUSINESS 1\(^{ST}\) QUARTER ACTIVITY

This Project also experienced some contracting delays, however, Business SA have not indicated that this will impact on the Project timelines. During this quarter Business SA worked with the AISR to finalise its Evaluation Plan which was completed in April 2010. The set-up of the database commenced during this quarter and it was anticipated that approximately 5000 businesses with between 10 and 30 employees would be eligible for the Project. Advertising to these businesses commenced through the newspaper, Business SA website and distribution of flyers.

The first free information sessions were scheduled for April 2010 with additional marketing activity to occur prior to the sessions. Business SA reported some minor delays with the distribution of the flyers, which may have resulted in insufficient time for employers to register and attend the April information sessions. They also reported that data integrity of the contact lists needed to be addressed, with more time allocated to cleansing or checking the data.

Business SA reported early support from EML and rehabilitation providers, and were hopeful that a constructive and mutually beneficial relationship was being established.

### 4.6.2 BUSINESS SA SMALL BUSINESS 2\(^{ND}\) QUARTER ACTIVITY

The Project continued to advertise their information sessions during this period, through both metropolitan and regional newspapers. In order to increase attendance at the sessions, targeted cold-calling of local business was also used.

Business SA reported that many small businesses were not prepared to commit the amount of time (1 to 2 hours plus travel) required to attend the information sessions. However, this did not indicate a lack of interest in the Project as a number booked 1-on-1 sessions with Project staff at their premises. Given the low attendance at the information sessions, Business SA were considering a new targeted approach.

**Box 6: Business SA Small Business – Summary of activity**

**BUSINESS SA SMALL BUSINESS – SUMMARY**

*Project contracted to WorkCover 1 February 2010*

At the end of June 2010:

- The Business SA small business database was setup and tested, minor edits are required.
- The database has been loaded with 9000 businesses.
- 21 businesses attended four metropolitan information sessions
- Six businesses attended two regional information sessions (two regional sessions were deferred, and one had no attendees)
- Three 1-on-1 sessions were held addressing case management, policies and procedures (four more sessions have been booked for July).
4.7 BUSINESS SA: WORK HARDENING PROJECT

The Business SA Work Hardening Project was also contracted by the RTW Fund in early February 2010. The Project addresses the difficulties of locating work placements for injured workers who are unable (in the short or long term) to return to their pre-injury workplace. Fundamental to this Project is the development and establishment of a database of placements, which will be monitored and updated on a regular basis. The database will contain the roles, skills required to perform the roles (eg manual dexterity), whether training is available, and the timeframe for the placement.

The model will be promoted to both EML case managers and rehabilitation providers as a ‘one-stop shop’ to assist in the return to work process: –

- Business SA will populate their database by identifying businesses that are willing and able to provide placements for injured workers.
- Rehabilitation providers can contact Business SA for current placements.
- The database will match injured workers’ capacity and skills with available placements.
- Business SA will confirm the placement is still current with the ‘host employer/s’, and provide contact details to the rehabilitation providers.
- The placement can then be organised by the rehabilitation provider.

*Note there are some overlaps in the activities of the Business SA Small Business and Work Hardening Projects.*

4.7.1 BUSINESS SA WORK HARDENING 1ST QUARTER ACTIVITY

The minor contracting delays experienced by this Project were not expected to impact on most timelines and deliverables. Business SA was finalising the details of its Evaluation Plan for the Project, and expected to complete the Plan in April 2010. Database design commenced in early March and was scheduled for completion by the end of May 2010. It is estimated that approximately 6000 businesses are eligible for this Project.

Flyers were used to promote the benefits of the Project and its placement service to businesses and were supported by newspaper advertising, and promotion through other Business SA events in March 2010. In addition, Business SA made cold calls to targeted employers providing the opportunity to attend free information seminars (which are held in both metropolitan and regional centres). However, interest in, and attendance at, the first round of information sessions was reported as low. Business SA acknowledged a number of factors that may have impacted on low attendance, including timing (proximity to Easter and insufficient advance notice) and conflict with other commitments (ie employers too busy to attend). If low interest continues for the second round of sessions, Business SA recognises the need to revisit their recruitment method. However, Business SA were pleased with two early opportunities presenting for work hardening placements which were identified through the cold calling process.

There are some overlaps with the Business SA Small Business Project including the need to ensure data integrity prior to distributing promotional material. Business SA also acknowledged the positive engagement from EML and rehabilitation providers, and hopes this develops into a constructive long-term relationship.

4.7.2 BUSINESS SA WORK HARDENING 2ND QUARTER ACTIVITY

Advertising for information sessions continued during this period, and cold-calling of targeted businesses commenced in order to increase attendance at sessions. As with the Small Business Project (see Section 4.6.2), employers were not inclined to commit the time required for attendance and travel to the information sessions run for this Project.
Business SA was also exploring changes to their marketing strategy for this Project, and considering targeted media advertising.

Business SA had engaged with key stakeholders, conducting information sessions for EML and rehabilitation providers and liaising with SA Unions. The Project was adjusting its procedures for working with rehabilitation providers with regard to collecting information about injured clients. All referrals of injured workers have been received through rehabilitation providers to date. Work hardening placements have tended to be of short duration, but feedback from both host employers and injured workers has been favourable. As the project has progressed, Business SA notes that injured clients with very specific skills or work requirements have been put forward by rehabilitation providers. It is perceived that the pending Federal election has resulted in a reduction in the availability of placements.

Box 7: Business SA Work Hardening – Summary of activity

<table>
<thead>
<tr>
<th>BUSINESS SA WORK HARDENING – SUMMARY</th>
<th>Project contracted to WorkCover 1 February 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>At the end of June 2010:</td>
<td></td>
</tr>
<tr>
<td>• The Business SA work hardening database was setup and tested, minor edits are required.</td>
<td></td>
</tr>
<tr>
<td>• The database has been loaded with 12,000 businesses.</td>
<td></td>
</tr>
<tr>
<td>• 42 businesses have started the program.</td>
<td></td>
</tr>
<tr>
<td>• Seventeen businesses had attended four metropolitan information sessions.</td>
<td></td>
</tr>
<tr>
<td>• Eight businesses had attended three regional information sessions (two regional sessions were deferred)</td>
<td></td>
</tr>
<tr>
<td>• 18 businesses had registered as host employers</td>
<td></td>
</tr>
<tr>
<td>28 injured clients have been entered as current or pending work hardening placements</td>
<td></td>
</tr>
<tr>
<td>• Most injured clients are 40-44 years, they are 21% female</td>
<td></td>
</tr>
<tr>
<td>• Around half report back injury.</td>
<td></td>
</tr>
<tr>
<td>• Eight placements are currently in place or under negotiation (two employers have agreed to taking additional placements.</td>
<td></td>
</tr>
<tr>
<td>• One client is now in paid employments as a result of the work hardening placement.</td>
<td></td>
</tr>
</tbody>
</table>
Contractual delays in the starting dates and implementation of Round 1 Projects mean that a full year of data has not been collected. Further slippage in timeframes has occurred because of unanticipated delays in the provision of referrals to the Projects. For most Projects, these delays mean that they have been operating for approximately six months, and although this is an Annual Report, the reality of that timeframe needs to be acknowledged, and any findings are preliminary at best.

In this section of the Annual Report, we present our observations and analysis of findings emerging from our structured interviews with individual stakeholders, our ongoing interaction with Projects, our first Workshop with Projects and the combined quarterly reports provided by Projects and EML.

### 5.1 OVERVIEW OF FINDINGS AND ISSUES TO DATE

A common theme in these preliminary findings relates to implementation blockages – an outcome that is common to most major initiatives. An early and widely recognised international research study of implementation⁹, based on detailed analysis of the translation from policy into practice of a major innovative initiative, identified the challenges involved and we refer to this study in our analysis. The authors made this wise observation –

*Failure to implement may result either from overestimation of what can be accomplished or from underestimation of ability to implement* (Pressman & Wildavsky, 1973: 136)

While the RTW Fund can in no way be described as suffering from a failure to implement, it has experienced delays that arise from the convergence of multiple factors, none of which were anticipated during its formulation and planning phase. These are discussed in Section 5.2.

Furthermore, all Projects involve working across the different sectors associated with a return to work – the Workers’ Compensation system and its case management component, the vocational and rehabilitation provider sector, the medical provider sector, employers and injured workers. Cross-sector communication and collaboration presents an array of challenges – all of which have been evident in relation to the RTW Fund. These are discussed in Section 5.2.4.

It has been important to capture the lessons emerging regarding implementation of RTW Fund Projects, and this first Annual Report begins that process.

Individual Project management and staff have demonstrated highly developed skills and knowledge within their own fields or sectors of expertise. These skills and knowledge provide sound foundations for the respective Projects. Not unexpectedly, Project personnel have limited to no previous experience with formal evaluation (including performance indicators, data collection etc), therefore, AISR has had a strong mentoring role (which was anticipated). Projects have been very receptive to learning about data collection and keen to use the new information to demonstrate the success of their approach for injured workers and business.

All of the Projects are taking innovative approaches to achieving effective RTW, reflecting the purpose of the RTW Fund. As a group they are trialling how long term RTW can be achieved through appropriate training, through a strengths-based focus on what injured workers can do (as opposed to what they cannot do), through an individualised or tailored approach, and through an outcomes focused approach (as opposed to a process focused

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⁹ Pressman J & Wildavsky A (1973) *Implementation* – How great expectations in Washington are dashed in Oakland, or why it’s amazing that federal programs work at all, this being a saga of the economic development administration as told by two sympathetic observers who seek to build morals on a foundation of ruined hopes, University of California Press, Berkeley
approach). The evaluators expect significant learning to be accumulated through their individual and collective experience.

However, limited understanding of the boundaries, roles and responsibilities of all RTW and Project stakeholders was evident in the early implementation of the Round 1 Projects, with all but one Project (that being delivered by DFEEST) having insufficient understanding of the workers’ compensation system, its operational processes, and the roles and responsibilities of different stakeholders in that system. DFEEST cited the benefit of having participated in the pilot program in 2008-09. This had resulted in a better understanding of the WorkCover SA system, legislation and relationships with EML and providers. Lessons from the pilot were incorporated in the design of the current Project including: information sessions for relevant parties, protocols for client replacement, one point of contact for the client, voluntary participation and information for participants.

Lack of understanding of mutual roles and responsibilities, and a lack of preparation regarding the interface between Projects’ operations and the operational processes of other stakeholders has been evident in the major implementation block of delayed referrals of clients to Projects. This is discussed in Section 5.2.2.

With time and ongoing interaction, levels of understanding have increased and specific information exchange and communication processes are being designed to support this, with nominated individuals being appointed to facilitate better communication and smoother operation – for example, EML’s appointment of a dedicated RTW Fund Project Manager and allocation of specific Case Managers to specific Projects have been sound strategies. Consequently, many of the implementation challenges that are discussed in Section 5.2 and represented in Figure 6 are diminishing over time.

Another strategy that has been extremely effective has been the bringing together of key stakeholders to address implementation issues and to clarify mutual expectations. For example, in February 2010 a meeting was held between Jane Fielder, key EML case managers and rehabilitation consultants from ProActiv People Solutions where Jane described the Project and answered questions. Although prior attempts had been made to start recruitment, it was only at this meeting that the first four referrals were provided, with the remaining referrals forwarded within a week. In addition, Interwork had referred one client (resulting in 11 referrals).

5.1.1 SUMMARISING THE CONSTRAINTS AND TENSIONS AFFECTING PROJECTS’ PROGRESS

As the discussion in Sections 5.2 and 5.3 illustrates, many Projects face a number of tensions and constraints which have affected their progress. These are summarised in Figure 4.
5.2 IMPLEMENTATION ISSUES

5.2.1 REFERRALS TO THE PROJECTS

The key challenge identified across Projects relates to difficulties experienced in obtaining referrals from EML, which in turn has limited the Projects’ ability to deliver their contracted outcomes within the agreed timeframe and has increased internal Project costs due to resources having been committed with the expectation of providing Project services. These delays have compounded those arising from a slower than expected contracting process.

A number of issues have impacted on the recruitment of injured workers. The following issues have been raised regarding one or more Projects:

- Projects did not present clearly defined criteria to EML.
- Projects have varied their recruitment criteria without providing adequate notification to EML. This has meant that EML have identified clients based on outdated criteria.
Projects lack clarity about the legislative requirements that shape the case management process.

Vocational rehabilitation providers lack knowledge about the specifics of Projects and have been hesitant to put clients forward.

Attached employers have been reluctant to be engaged in Projects.

Direct marketing by Projects to injured workers, without communication and coordination between them, resulted in:

- At least one injured worker being recruited to more than one Project;
- Confusion regarding injured worker eligibility.

Also note that due to new IT system introduced by WorkCover SA on 27 April 2010, no claims data was available between 22 April 2010 and 30 June 2010 – this resulted in referrals being delayed during this period.

While these issues are being addressed through ongoing meetings, Projects are also developing strategies to reduce their reliance on EML referrals. Three Projects are advertising to recruit participants and two Projects are using their own networks to recruit participants, and this includes ‘cold calling’ to encourage involvement. Projects have also begun to support each other with referrals, which acts to reduce the sense by some of competition for referrals which was evident at the beginning of the implementation phase. The AISR Workshop with participants has assisted the process of mutual support and we expect this to gather pace over time.

5.2.2 LACK OF UNDERSTANDING OF MUTUAL ROLES AND RESPONSIBILITIES

Referral delays reflect another key implementation block, namely - a lack of awareness and understanding by different RTW stakeholders of the RTW Funded Projects, and by the Projects of those different stakeholders, their roles and responsibilities and operational processes. The evaluators are able to understand these different perspectives and the referral delay issue is more complex than simple, and depends on addressing multiple factors to be managed. However, its foundation is a matter of stakeholders being informed and able to work collaboratively.

When the RTW Fund was designed, senior executives in WorkCover SA and in EML had collaborated in its planning and each had a clear understanding of their mutual roles and responsibilities. However, by the time Round 1 Projects were implemented, there had been a change in RTW Fund Management in both WorkCover SA and in EML. Within EML there had also been a significant turnover in Case Managers and within WorkCover SA there had been a lag in providing a full time RTW Fund resource person for EML and other stakeholders. Those consulted by the evaluators identify these changes as having worked against clarity of expectations about mutual contributions and responsibilities.

Before Projects had met with EML representatives most were unaware of the processes which EML is required to follow and that EML clients as a group will always be at different stages of a ‘claim journey’. This means that EML cannot simply remove individuals from a partially completed journey and link them to a Project, and that it does not have a large number of individuals at a given point in time who will meet Project eligibility requirements, be willing to participate and able to participate. This was not understood by most Projects at the beginning of the implementation phase.

In the early stages of implementation, some EML Case Managers provided incorrect information to Project participants and/or to medical and rehabilitation providers. For example, one Project required voluntary participation, but workers had presented to them with the belief that their involvement was mandatory. This meant that participants’ hostility or distress about believing they were breaching their responsibilities as claimants by non-participation needed to be addressed before they could gainfully engage with the Project. In addition, EML Case Managers did not always provide adequate information to medical and/or rehabilitation providers about the Projects when they were involved in the decision-making process. An example was given of a doctor asking a participant to withdraw from one of the Projects because its role and purpose was not understood. The participant became
distressed, which fortunately led to the doctor seeking further information about the Project and then providing approval for the person’s participation.

Difficulties in providing information to medical practitioners are acknowledged by the evaluators, but the gap in their understanding of RTW Funded Projects remains a challenge. It is important that their cooperation is not left to chance. Other examples were given of Vocational Rehabilitation Providers (VRPs) questioning the role of Projects in contributing to the rehabilitation process and threatening their professional legitimacy by playing a part in RTW.

5.2.3 LACK OF DEFINITION ABOUT THE INTERFACE BETWEEN PROJECTS AND KEY STAKEHOLDERS IN THE WORKERS COMPENSATION AND RTW SYSTEM

The study of implementation requires understanding that apparently simple sequences of events depend on complex chains of reciprocal interaction. Hence, each part of the chain must be built with the others in view. The separation of policy design from implementation is fatal (Pressman & Wildavsky, 1973, op cit, page xvii).

The workers’ compensation and RTW system brings together a diversity of professional groups, each with their own standards, training and expertise, and each with an understanding of where they fit within the broader system. The roles and responsibilities of each have been endorsed, and as such, bring a degree of legitimacy to those roles and their contribution to the RTW process.

The RTW Fund Projects have been added to this complex mix, and it appears to the evaluators, without sufficient consideration given to how they will interface with other stakeholders, and therefore, to how their contribution to RTW becomes legitimised within the overall system. In particular, the interface between Projects and the rehabilitation sector is being challenged by some Vocational Rehabilitation Providers (VRPs), and the respective interface between Project interventions, the RTW Plan and overall rehabilitation processes has not been clarified prior to implementation of the Fund. This issue has been aggravated by the absence of an Information Strategy designed to inform VRPs and other providers about the purpose of the Projects and the way in which they can contribute to RTW.

This gap is also evident in relation to those Projects that provide coaching, support or training to workers having their interventions recognized in the RTW Plan and by the planning associated with the VRPs’ rehabilitation processes. Some have found the requirements of the RTW Plans are unrealistic in relation to the worker’s capacity in the context of their Projects. The RTW Plans fulfil the role of a legislative compliance tool, but can be a barrier to implementing innovative RTW strategies as designed by the Projects. They were not scoped into RTW Fund planning, but should be undertaken by an accredited VRP, working in collaboration with Projects. A process has not been established for this, but the evaluators believe that it should be.

Recommendation 1

It is recommended that RTW Fund management, in collaboration with vocational rehabilitation providers and EML, design an agreed process that supports the integration of Project interventions with clients with those of the Return to Work Plan. This process should then be trialled with Round 1 Projects prior to being formalised.

Projects are developing their own processes to address these challenges, with three strategies identified as being successful –

I. Development of close working relationships with one VRP (Interwork) or one VRP organisation (DFEEST). These VRPs understand the special requirements of the individual Project and facilitate the development of appropriate RTW Plans that meet the legislative and practical needs of WorkCover SA, EML and the Project.

II. In order to link with the RTW Plan process, the SA Unions Project has developed the strategy of preparing a ‘Proposal’ which is presented to the RTW Plan.
III. The process being used by the DFEEST Project, and which was developed from prior experience running the pilot project for the RTW Fund. This was seen as a model of good practice by other Project participants and involves nine key steps which are illustrated below in Figure 5. The evaluators regard this approach as worthy of wider application.

Figure 5: Good Practice example of Project Process

A referral is received from EML.

The Project then contacts one of three preferred Employment Consultants and informs them about the referral and assigns them as provider for that client.

The Project emails its VRP to inform them who the Employment Consultant is for that client, and asks the VRP to identify the individual provider for that client.

The client is contacted and the process is explained, identifying who will be working with them and why.

A Case Meeting is arranged for the EML Case Manager, the Employment Consultant and VRP to meet. (At this stage, the client is not involved due to past experiences where some clients have provided conflicting information to the different RTW stakeholders, and to ensure that all providers have the same understanding of the case.)

The client joins the meeting. Roles, responsibilities and expectations are clarified with the client and the RTW Plan and an Employment and Training Plan (ETP) are developed. (An ETP has been found to overcome some of the limitations associated with a RTW Plan, particularly in relation to developing training and employment opportunities.)

The VRP organises medical approval for participation in the Project.

The Employment Consultant arranges for the ETP to receive approval from EML.

The ETP and the RTW Plan are reviewed as required and are used to structure the agenda for regular meetings of the employment consultant and client.

In addition, the recommended development of an Information Strategy by WorkCover SA (see Recommendations 2 and 3 in Section 5.2.4) and an accompanying Promotion Strategy (see Recommendation 4 in Section 5.2.4) will also support the communication and collaborative operational processes being designed by Projects and other workers compensation and RTW system stakeholders.

5.2.4 CROSS SECTOR COMMUNICATION AND COLLABORATION AND THE ABSENCE OF FORMALISED PROCESSES TO SUPPORT THIS

As discussed, with increasing interaction between Projects and RTW system stakeholders, levels of understanding are increasing and communication processes are being designed to support effective information exchange and collaboration.
With the wisdom of hindsight, Projects should have been better prepared and informed. The evaluators are recommending two strategies to support informed participation by Projects in subsequent Rounds –

3) The development of an Information Pack that summarises the roles and responsibilities of different stakeholders in the workers’ compensation and RTW system (WorkCover SA, EML and its Case Managers, Return to Work Coordinators, Vocational Rehabilitation Providers and medical providers). The Pack would provide a summary of relevant legislation, outline the RTW process, the operational processes each key stakeholder group is required to follow. The Information Pack would be provided to those seeking funding, enabling Project design to take into account all of this information.

4) The provision of an Information Session to Projects succeeding in obtaining funding from the RTW Fund involving WorkCover SA, EML, representatives for the Return to Work Coordinators, for medical providers and for Vocational Rehabilitation Providers. This would enable interactive information exchange and would provide a foundation for ongoing communication between stakeholders.

Recommendation 2

It is recommended that WorkCover SA, in collaboration with representatives from all key stakeholder groups, develop an Information Pack that summarises the roles and responsibilities of different stakeholders in the workers’ compensation and RTW system (WorkCover SA, EML and its Case Managers, Return to Work Coordinators, Vocational Rehabilitation Providers and medical providers), and provide this to those seeking RTW Fund resources.

Recommendation 3

It is recommended that WorkCover SA, in collaboration with representatives from all key stakeholder groups, provide an interactive Information Session to all future Projects succeeding in obtaining funding from the RTW Fund that brings together representatives from WorkCover SA, EML, Return to Work Coordinators, medical providers and Vocational Rehabilitation Providers, and is delivered in the earliest stage of Project implementation.

In addition, the RTW Fund would benefit from a Promotion Strategy that would be developed by the WorkCover SA RTW Fund Manager and would support the need for enhanced understanding about the Projects and their purpose by injured workers and their families, and by workers’ compensation system stakeholders, while promoting the RTW Fund itself. Several Projects believe that they have reached the stage of achieving positive outcomes for selected individual participants, and that these ‘Good News’ stories will be well received and will encourage workers and other stakeholders to participate in the Projects. Projects have been encouraged by the evaluators to contact the RTW Fund Manager to discuss how these stories could be promoted.

Recommendation 4

It is recommended that a Promotion Strategy be developed as soon as possible by the WorkCover SA RTW Fund Manager in order to increase understanding about the Projects and their purpose, while promoting the Fund itself.
5.3 SUMMARISING THE CHALLENGES FACED AND STRATEGIES DEVELOPED

The Projects have faced a series of challenges in the process of implementation and they, and other key stakeholders in the workers’ compensation and RTW system have been designing strategies to address those challenges. In the process, a number of lessons are being learned about cross-sector and cross-professional collaboration and the communication and operational processes that sustain that collaboration. *Figure 6* summarises these challenges and strategies.

*Figure 6: Challenges faced and Strategies for these*

<table>
<thead>
<tr>
<th>Challenge faced by Projects</th>
<th>Strategy developed to address Challenge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Delays in receiving referrals from EML</strong></td>
<td>➞ Individual meetings between Project staff and EML case managers to enhance mutual understanding and develop specific information exchange processes.</td>
</tr>
<tr>
<td>➞ Case managers providing unsuitable referrals due to not being fully informed about Project needs.</td>
<td>➞ Clarification by Projects of their participant needs.</td>
</tr>
<tr>
<td>➞ Case manager turnover rates exacerbating low levels of understanding by some.</td>
<td>➞ Some Projects provide referrals to each other (eg JFC and Interwork) and have developed strategic partnerships.</td>
</tr>
<tr>
<td>➞ Projects not clarifying or changing the specifications for their referral needs</td>
<td>➞ Some obtain referrals from another organization (eg ProActive People Solutions)</td>
</tr>
<tr>
<td>➞ The appointment by EML of a dedicated RTW Fund Project Manager has made a significant difference.</td>
<td></td>
</tr>
<tr>
<td><strong>Delays in receiving referrals due to changes to WorkCover SA’s IT system</strong></td>
<td>➞ This issue was resolved over time once the IT changes had been completed.</td>
</tr>
<tr>
<td><strong>Limited understanding by stakeholders of each other’s roles, responsibilities and operational processes</strong></td>
<td>➞ Individual meetings between different RTW stakeholders to enhance mutual understanding and develop specific information exchange processes.</td>
</tr>
<tr>
<td>➞ Medical and rehabilitation providers giving inaccurate information to clients, or preventing them from accessing Projects.</td>
<td>➞ Over time, understanding has increased due to ongoing interaction between stakeholders.</td>
</tr>
<tr>
<td>➞ EML Case Managers (initially) not being fully informed about the Projects.</td>
<td></td>
</tr>
<tr>
<td>➞ Projects not understanding the workers’ compensation system and the roles etc of different stakeholders in that system.</td>
<td></td>
</tr>
<tr>
<td><strong>Ineffective communication between different RTW stakeholders</strong></td>
<td>➞ Ensuring that those referring clients have full understanding of RTW Fund purpose &amp; Projects, including that participation is voluntary.</td>
</tr>
<tr>
<td>➞ Clients not understanding why they were referred to Project/believing their participation was mandatory</td>
<td>➞ Development of specific communication processes eg EML Case Managers, Employment Consultants, DFEEST Project personnel and the VRP working with the Project meet quarterly to aid information flow.</td>
</tr>
<tr>
<td>➞ Different stakeholders not understanding each other’s roles and responsibilities.</td>
<td>➞ Design and application of documented communication systems across stakeholders.</td>
</tr>
<tr>
<td>➞ Formal communication processes not being in place to support cross-sector collaboration.</td>
<td></td>
</tr>
<tr>
<td><strong>Difficulties involving Project clients</strong></td>
<td>➞ Ensuring that those referring clients have full understanding of RTW Fund purpose &amp; Projects.</td>
</tr>
<tr>
<td>➞ Difficulties in retaining clients/keeping appointments</td>
<td>➞ Providing a Support Worker to give individual assistance to clients, including transitioning to a new work role.</td>
</tr>
<tr>
<td>➞ Addressing clients with low self esteem and low expectations about ability to return to work</td>
<td>➞ Ensuring that clients’ participation is informed and voluntary.</td>
</tr>
</tbody>
</table>
Although not formally part of the wider workers' compensation and RTW system, Projects are ideally placed to observe that system, while also being affected by its operational policies and processes. They can provide valuable information to support innovation and reform, and at this early stage of their development, have identified the following five issues or challenges to the evaluators:

1) Rigid definitions of what constitutes interventions that lead to return to work (e.g., whether the coaching offered by JFC is defined as training, retraining or coaching). Most Projects have described the workers' compensation system as being strongly 'medical' in orientation but argue that a range of innovative interventions beyond those currently considered within scope for funding through WorkCover SA are possible, and need to be explored. (Consequently, the opportunity to do this through the RTW Fund is valued by all.)

2) Many of the Projects are pursuing a model that is gaining credence in the human services sector, involving a strengths-based approach that focuses on what an individual can do, rather than what they cannot do. Evaluation Workshop participants described the workers' compensation system and its rehabilitative approach as not reflecting this model, as not supporting an individualized or tailored approach to rehabilitation, and as being more process-focused than outcomes-focused. This was seen as limiting the scope of VRPs' interventions in assisting recovery, and therefore, limiting the potential to achieve long-lasting return to work.

3) Projects have identified that many of the workers with whom they are working are intimidated and fearful of the workers' compensation claim system, with much of this being attributed to the behaviour of EML Case Managers. At the same time, they have acknowledged that these Case Managers have high case loads, and are themselves restricted by their need to apply policies and procedures within a somewhat rigid framework. For example, the requirement to reduce claim durations was often seen as producing behaviours that ultimately impede long term and sustainable return to work.

4) The boundaries between the training and vocational rehabilitation sectors appear to be extremely rigid, with little mutual understanding and collaboration. This cross-sector input is described by Projects as facing multiple and systemic challenges, given the traditional design of quite distinct sectors and policy portfolios. At the same time, a number of innovative models addressing the needs of people with multiple or complex issues are being recognized as crossing sector 'silos'. The COAG Reform Agenda is one national example of this recognition. The training focused RTW Fund Projects are providing significant scope to better understand the workers' compensation system and training system interface, and the potential contribution of appropriately designed and target training to achieving sustainable return to work.

5) Although improving with time and increased mutual understanding, the relationships between stakeholders from different sectors (particularly those between EML Case Managers and VRPs) are seen by Projects as not always being effective and requiring significant development.

5.5 A FINAL COMMENT

Despite the delays in implementation, a number of lessons have emerged about the need to –

a) ensure all stakeholders understand each other’s roles, responsibilities and operational processes;
b) develop communication and information strategies in order to support mutual understanding and collaborative, cross-sector, cross-professional work;
c) ensure that participation in Projects by workers’ compensation claimants is informed and voluntary;
d) ensure the interface between Projects and the workers' compensation system is clarified, understood, and therefore, legitimated; and

e) in future, work to anticipate and address implementation issues in funding and Project planning processes.

Finally, it is important to pay equal regard to successes and errors. Based on their intensive implementation-focused research, Pressman and Wildavsky again offer words for reflection –

The individual who fails to learn from experience is forever lost in a chaotic world. He repeats his errors.... Their ability to tests the environment so as to correct error and reinforce truth makes them effective. Inability to learn is fatal. Yet learning is more difficult because so many ... must do it together (1973: 125).
## APPENDIX A. RTW FUND KEY DATES

### Table 4: RTW Fund key dates

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2007</td>
<td>Clayton Review</td>
</tr>
<tr>
<td>2008-09</td>
<td>DFEEST pilot project</td>
</tr>
<tr>
<td>June 2008</td>
<td>RTW Fund implemented by WorkCover SA</td>
</tr>
<tr>
<td>November 2008</td>
<td>Close of call for Expressions of Interest for Round 1 Projects</td>
</tr>
<tr>
<td>July 2009</td>
<td>AISR contracted to provide evaluation services for RTW Fund</td>
</tr>
<tr>
<td>July 2009</td>
<td>Workshop convened by WorkCover SA for Round 1 applicants</td>
</tr>
<tr>
<td>August 2009</td>
<td>AISR deliver <strong>Evaluation Framework</strong> to WorkCoverSA</td>
</tr>
<tr>
<td>August 2009</td>
<td>AISR deliver <strong>Evaluation Work Plan</strong> to WorkCoverSA</td>
</tr>
<tr>
<td>August 2009</td>
<td><strong>Business Services Industry Skills Board (BSISB)</strong> contracted to deliver one Round 1 Project for RTW Fund</td>
</tr>
<tr>
<td>October 2009</td>
<td>First AISR Quarterly Report of the RTW Fund Evaluation</td>
</tr>
<tr>
<td>October 2009</td>
<td>Jane Fielder Consulting (formerly ProActiv Life Solutions) contracted to deliver one Round 1 Project for RTW Fund</td>
</tr>
<tr>
<td>October 2009</td>
<td>Department of Further Education, Employment, Science and Technology (DFEEST) contracted to deliver one Round 1 Project for RTW Fund</td>
</tr>
<tr>
<td>November 2009</td>
<td>Interwork contracted to deliver one Round 1 Project for RTW Fund</td>
</tr>
<tr>
<td>January 2010</td>
<td>Second AISR Quarterly Report of the RTW Fund Evaluation</td>
</tr>
<tr>
<td>February 2010</td>
<td>SA Unions contracted to deliver one Round 1 Project for RTW Fund</td>
</tr>
<tr>
<td>February 2010</td>
<td>Business SA contracted to deliver <strong>two</strong> Round 1 Projects for RTW Fund</td>
</tr>
<tr>
<td>March 2010</td>
<td>AISR Discussion Paper <em>&quot;The Role of the Workplace in Return to Work&quot;</em></td>
</tr>
<tr>
<td>April 2010</td>
<td>Third AISR Quarterly Report of the RTW Fund Evaluation</td>
</tr>
<tr>
<td>June 2010</td>
<td>AISR Workshop for Projects</td>
</tr>
<tr>
<td>June 2010</td>
<td>Close of call for Expressions of Interest for Round 2 Projects</td>
</tr>
<tr>
<td>July 2010</td>
<td>AISR survey of Rehabilitation and Return to Work Coordinators</td>
</tr>
<tr>
<td>July 2010</td>
<td>First AISR Annual Report of the RTW Fund Evaluation</td>
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APPENDIX B. CASE STUDY METHODOLOGY

The case study methodology will focus on five key groups of stakeholders in turn –

- RTW Coordinators
- RTW Case Managers
- RTW Rehabilitation Providers
- Employers
- Injured worker.

The study will include the following steps for each target group:

**Step 1:** Revisit the literature to identify key lessons about the role and importance of coordination and RTW.

**Step 2:** Conduct a brief online survey that explores the key challenges faced and lessons learned by each stakeholder group in their role. Survey participants will also be asked to indicate if they would be willing to participate in an interview that will explore these issues in further detail to develop case studies. They will also be asked if they are interested in involvement in future RTW Fund Projects.

**Step 3:** Conduct site interviews with up to five members of each stakeholder group (drawn from survey respondents). The interviews will explore in detail, issues about key challenges, strategies to address those challenges, and lessons learned about coordination in achieving timely and effective RTW.

**Step 4:** Develop the case study based on site visit and interviews, and prepare a report.

**Step 5:** Present the case study and survey report to WorkCover SA and then to stakeholder group.

The case study and presentation process provides a foundation for ongoing peer learning by the stakeholders, and will illustrate to them the knowledge base they are developing, and the importance of sharing that knowledge base so it can be documented and augmented over time.

The collection of case study information and reporting will be structured under these broad headings –

- **Key challenges** that need to be addressed in RTW coordination (these will include system-based constraints, policy-based constraints, resource based constraints and so on).
- **Strategies** that RTW Coordinators have developed to address these challenges generally, and specifically.
- **The outcomes** (both successful and otherwise) of the application of those strategies. This part of the case study will explore ‘What worked? What did not work? Why?’.
- **Lessons learned** and how these can be transferred across a range of workplaces and industry sectors. This component of the case study will also identify any gaps or needed inputs that could foster ongoing improvement in achieving effective RTW.
# APPENDIX C. EVALUATION MATRIX

<table>
<thead>
<tr>
<th>Focus</th>
<th>Performance Indicators</th>
<th>Sources of information from Monitoring</th>
<th>Sources of information from Evaluation</th>
<th>Data analysis and reporting methods</th>
<th>Responsibility</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>Efficiency</td>
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<td>Is the program achieving the planned outputs?</td>
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<td>Are the program’s resources being used to achieve outputs of the desired quantity and quality?</td>
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<td>Could the use of resources be improved?</td>
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<td>Is the Project/Fund adequately resourced to enable the achievement?</td>
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<td>Effectiveness</td>
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<td>To what extent are the Project/ Fund’s outputs being achieved?</td>
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<td>What factors have affected outcomes (positive &amp; negative)?</td>
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<td>Could the Project/Fund be modified to achieve better outcomes?</td>
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<td>What are the factors most critical to achievement of a successful Project/Fund?</td>
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<tr>
<td>Appropriateness</td>
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<td>Is there a need for the program?</td>
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<td>Do the desired outcomes address identified needs?</td>
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<td>Are the desired outcomes consistent with RTW Fund priorities?</td>
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<td>How well do project processes reflect the needs identified?</td>
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<td>Impact</td>
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<td>What impact has the program made – on individuals? On organisations? On the workers’ compensation system?</td>
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<td>What innovations are evident, and what is their impact?</td>
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<td>What outcomes have been achieved, and what is their collective impact?</td>
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<td>Sustainability</td>
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<td>What are the appropriate options for future funding of this Project/Program?</td>
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<td>How long lasting is the identified impact expected to be?</td>
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