

THE COLLABORATIVE PARTNERSHIP TO IMPROVE WORK PARTICIPATION

Legacy Report 2017–2023



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Foreword

The Collaborative Partnership to improve work participation (the Partnership) came about as the many schemes and services who provide income support and other benefits to people with work disability in Australia recognised that working in isolation from other parts of the system of systems was not achieving the desired result of improved employment for people with temporary or permanent physical or mental health conditions.

Schemes and services in workers compensation, motor accident insurance, life insurance, veterans' affairs, employment services, disability services and superannuation were realising their interconnectedness, and the potential to improve health and social outcomes through better services alignment and collaborative effort with employers and health care providers. Furthermore, externally, demand was growing for services which delivered better client experience and results. A sense of urgency was building and reflected in the establishment of the Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry.

The Collaborative Partnership, an unincorporated joint venture, was launched in March 2017 at the annual conference of the Insurance Council of Australia (ICA) by its Inaugural Chair, Jennifer Taylor, the then CEO of Comcare. It was an unincorporated joint venture between partners who comprised, along with Comcare and ICA, the Department of Employment and Workplace Relations, the Department of Social Services, the National Disability Insurance Agency, the Department of Health and Aged Care, EML, the Australasian Faculty of Occupational and Environmental Medicine, and the Australian Council of Trade Unions. Funding during its six years of operation totalled \$1,599,829 in cash contributions and \$3,087,243 equivalent in kind.

The Partnership worked through two formal strategies, guided by an enduring set of objectives, which were drawn from consultations across the ten systems identified as providing services for work disability. The objective were:

1. Increase cross sector alignment of service provision
2. Improve employer capability to use work as a part of recovery
3. Raise employee awareness: promote work as a part of recovery
4. Nationally consistent approaches to general practitioner support.

The focus of the Partnership was national, and cross sectoral. Its major achievements are presented in this report.

The first report the Partnership released was a description of the system of systems showing the total amount spent on income support for work disability in 2015/16 was \$37.2 billion, more than the \$34 billion spent on general practice. Interestingly the report observed that there was huge variation between the schemes and services but that case management was a common feature.

Case management was the focus to which the Partnership returned in its final considerations. Case managers exist in all schemes and services across the system of systems and engage with workers, employers and health care providers. This is a significant front-line workforce, currently fragmented and under-developed. The personalised injury sector (workers compensation, motor accident, life insurance), through the Personal Injury Education Foundation, has begun work to lift the professionalisation of this occupation. There is scope to build on this work and develop future case managers to have a whole of system perspective so they can ensure people are in the most appropriate part of the system of systems for their circumstances and facilitate transition across the system if needed. In addition, they could use their purchasing power to improve the quality of employment services, and if armed with knowledge of best practice in work accommodation, better support employers to develop their capability to safely employ people with disability. Finally, they are key players in working with general practitioners and other health care providers on their role in determining work ability and work placement, in liaison with their patients and their workplaces. Case managers are the conductors of the orchestra.



Collaborative Partnerships, such as this, are recognised as having great potential for social impact. Thanks must go to all the partners for their willingness to contribute. This work was guided by the Stanford Model of Collective Impact. Our experience was consistent with this theory and its five requirements for success.

- Our mutual objectives stood the test of time
- Investment in a backbone organisation to support the collaboration, provided by Comcare, was essential
- Our activities were or had the potential to be mutually reinforcing.
- Partners, whilst appreciating the establishment of an evidence base consider we were slow to translate the research into change in our system of systems
- Our communication across the Partnership however was good, but we could have done more to engage with the 200+ organisations we attracted to this initiative
- We were unable to develop a shared measurement framework – in hindsight the Partnerships expectation of outcomes was unrealistic, however our formative qualitative evaluation was useful.

We leave a legacy from a productive government, private, not-for-profit partnership aiming to tackle a wicked problem; not only in terms of the first map of the system of systems providing income support for work disability, new policy on the role of general practitioners in relation to insurers and employers, a typology of employment services and evidence to show the types of support required by employers to lift their capability in this area; but also a record of what worked in our collaboration and what we would do differently if doing this again.

We hope others will pick up the baton, and we offer this work to them, and wish them well.

Professor Niki Ellis
Comcare's Work for Health Advisor



Executive Summary

The Collaborative Partnership set out with a bold vision for the future, where Australians with a physical or mental health injury, illness or disability have a greater opportunity to work so that they, communities and businesses enjoy the health and economic benefits that work brings..

Founded in 2017 and operating until 2023, the Partnership brought together a diverse network of government, private and not-for-profit organisations from sectors of the income support systems that do not typically work together. The Collaborative Partnership Members recognised the significant problem Australia is facing in the number of people with a health condition or disability unable to find work, remain in work or return to work. The Partnership represents organisations across workers' compensation, motor accident compensation, disability support, employment, insurance and beyond.

Since 2017 all programs and projects delivered through the Partnership have been geared towards improving social, health and economic outcomes for people with a health condition or disability through improved work participation, systems change, building capability among employers and workplaces, clarifying the role of the General Practitioner (GP) and raising awareness about the health benefits of good work.

Knowing all of this, the Partnership committed to a **vision** of – *An Australia where people with a health condition or disability have a greater opportunity to work*. The Partnership's **mission** was to find new ways and fresh approaches to increase work participation for people with a health condition or disability – whether their circumstances meant they needed to find a job, needed support to stay in a job, or support to get back to work.

The Partnership's collective experience and expertise across government, industry, not-for-profit and academic sectors has created a significant evidence base of Australia's 10 income and benefit supports systems, how they operate and the experience of people accessing them. It has also provided significant insights into the role of General Practitioners in supporting work participation, the behaviours of employers in recruiting and retaining those experiencing ill health and disability and the movement of people between Australia's 10 income and benefit support systems.

It was the intention of the Partnership that the learnings be utilised across government, private and not-for-profit organisations operating in Australia – that the evidence collected in the 6 years of operation are acted upon or leveraged. It is proposed that the recommendations are considered by policy makers, decision makers and those responsible for operating Australia's systems of income and benefit support for Australian's experiencing ill health or disability to ensure long term outcomes are significantly improved.



Purpose of this report

This report provides an overview of the Collaborative Partnership, why it existed, who was involved and what it achieved. The report provides the key learnings from the extensive research and work undertaken by the Partnership and its members. It also reflects on what the Collaborative Partnership has taught us, operating under a Collective Impact Model¹ working towards trying to solve a wicked problem and opportunities for the future.

History of the Collaborative Partnership

What is the Collaborative Partnership to Improve Work Participation

The Partnership is a national, cross-sector coalition that aimed to improve the work and health outcomes for working age Australians with a temporary or permanent injury, illness or disability. The Partnership formed in 2017 and operated until 30 June 2023 to move beyond siloed responses and unrelated programs to address common issues impacting the various systems.

The problem we tried to solve and why we came together

In Australia, several systems provide benefit, income or compensation support to people with a health condition or disability that impacts their ability to work or opportunity for employment. The systems are complex and disparate and have highly variable services, policies and processes used to determine access and deliver support.² The systems are regulated by a mix of state, territory, and federal authorities with administration and case management involving a range of public, private and not-for-profit organisations (Collie, et al. 2017).

In Australia, employment for people with a disability remains relatively low compared to other OECD countries. Australia ranks 21 out of 29 for employment rates among people with disabilities relative to the population amongst OECD countries. Furthermore, return to work rates after a work-related injury for people with a workers' compensation claim have stagnated since 2006.

The Partnership came together with the recognition that a cross-sector effort is required to improve the long-term economic, health and social outcomes arising from improving work participation for people with a health condition or disability.

The Stanford Model of Collective Impact (CI Model)

The Partnership was guided by the Stanford Model of Collective Impact (CI Model) developed by Kania and Kramer. The CI Model provides a structured approach for bringing organisations and sectors together to achieve large scale social change.

The CI Model recognises that collaboration between government, not-for-profit, philanthropic and private sectors to address complex or 'wicked' problems can be more effective than individual sectors using 'isolated impact'. Complex problems are defined as having multiple causes, several stakeholders involved in the issues and where solutions may not be straightforward. At its core, the CI Model facilitates coordinated actions towards a common goal. Cabaj and Weaver describe the CI Model as refining existing knowledge on collaborative approaches, long practiced in public health and other fields, with practical considerations to guide collaboration. The CI Model is characterised by five conditions of success described in Table 1.

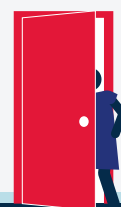
1 Kania, J. & Kramer, M. (2011) Collective impact. Stanford Social Innovation Review. Retrieved from: http://www.ssireview.org/articles/entry/collective_impact

2 Collie, Iles & Di Donato, 2017



Common agenda	According to Kania and Kramer (2011), a shared understanding of the problem and agreement on the goals and approach of the collective impact is essential for success. The common agenda is not about identifying the solutions to the problems, this emerges in the process after agreeing to the agenda (Kania & Kramer, 2013). The common agenda is supported by a non-rigid strategic framework (Hanleybrown, Kania & Kramer, 2012) that helps to clarify mutually reinforcing activities and the shared measurement system.
Shared measurement system	Collective impact is a data-driven model (AIFS, 2017). A shared measurement system enables all efforts to be measured against the same success indicators (Kania & Kramer, 2011). This encourages accountability across participants and enables trends or patterns to emerge that can shape future actions (Kania & Kramer, 2011).
Mutually reinforcing activities	Participants of a collective impact must lead activities for which they are best suited to or most qualified for in coordination with others (Kania & Kramer, 2011). Social problems have multiple and interconnected causes that must be addressed in coordination with others (Kania & Kramer, 2011).
Continuous communication	Collective impact requires participants to build trust over time, to see that their interests are treated equally to others, and decision are evidence based and objective. This requires a common language, shared measurement system, and regular, formal meetings between senior, CEO level leaders (Kania & Kramer, 2011).
Backbone support organisation	One of the biggest challenges for any collaborative effort is adequate resourcing to support collaboration. The backbone support organisation is dedicated and skilled to manage and support the collaboration. The backbone organisation uses features of adaptive leadership to focus attention on the problem, create a sense of urgency, negotiate and influence stakeholders, and highlight the opportunities and challenges (Kania & Kramer, 2011). The backbone support role may also include project management and data management. The identification of a backbone organisation is a key strength of the CI Model (Cabaj & Weaver, 2016).

Table 1: Kania and Kramer's (2011) five conditions for successful collective impact.



Review of the Collaborative Partnership

A qualitative assessment of the value of the Partnership by its Partners was undertaken by The Shannon Company in December 2019 with a particular focus on the challenges including future funding, potential for new Partners, and shared measures. This assessment informed an unpublished case study describing the Partnership's first few years, written in 2020. The case study compared the Stanford model to other theories of collective impact, and adopted the phrasing of collective impact, outlined below:

- Preconditions – influential champion, adequate funding, sense of urgency.
- Phase I – Initiate action – case for change, governance structure, champions.
- Phase II – Organise for impact – common goals, shared measures, implement backbone, align activities of different organisations, adopt a shared measurement system.
- Phase III – Sustain action and impact – progress priority areas in co-ordinated way, collect data, seek to continuously learn and take actions to remain on track for common goals.

The review of work on the initial strategy, as reported in the case study, found:

- The Chair of the Partnership, who was also the CEO of the backbone organisation, and the expert advisor appointed to work with the backbone organisation, had provided effective championing.
- The Partners reported that 'society is questioning the behaviour of government and organisations and that people's expectations are moving beyond mere compliance', creating a sense of urgency, reflected in the establishment of the Royal Commission into banking, superannuation and financial services.
- Later, the Partnership was to become a point of reference in the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, with Commissioners seeking information about the work of the Partnership from agencies called before them and enquiring of Commonwealth agencies about their level of understanding of the work of the Partnership.
- Participants reported that the determination of an appropriate governance structure had been time consuming and slower than expected. However, the non-incorporated joint venture structure, funded by cash and in-kind contributions, with pooled funds being held and managed by the backbone organisation, was initially deemed appropriate. It provided confidence that funds given over to the Partnership would be managed in keeping with public service standards.
- Partners observed that recruitment to the Partnership required 'a sustained effort over several years', and that there were differences in motivation to join.
- Some Partners saw direct alignment with the aims of the Partnership and their organisation, while others saw benefits in access to new networks.
- It had been a major achievement to get the partner consortium working to a common vision, given partners were from organisations that don't typically work together.
- The backbone support provided was critical to the progress made.

The case study found that communication within the Partnership was good, however broader communication across the network of 200+ organisations interested in the work of the Partnership was challenging.



Partners and networks

The Collaborative Partnership connected organisations across diverse sectors to form a unique alliance.

Government partners included:

- Department of Employment and Workplace Relations (formally known as Department of Education, Skills and Employment)
- Department of Social Services
- National Disability Insurance Agency
- Comcare
- Attorney General's Department
- Department of Health and Aged Care

Non-public partners included:

- Insurance Council of Australia (ICA)
- EML
- The Australasian Faculty of Occupational and Environmental Medicine (AFOEM)
- The Australian Council of Trade Unions (ACTU)
- Transport Accident Commission (TAC)

The Collaborative Partnership also had two expert advisors:

- Lucy Brogden from the National Mental Health Commission (until 2022)
- Professor Niki Ellis, Comcare's Work for Health Advisor



Strategies 2017 – 2023

The Partnership implemented two formal strategies over the six years of operation. The first strategy was developed following extensive consultation across public, private and not-for-profit sectors in which the opportunity and interest in cross-sector collaboration to improve work participation was explored. The information gathered through the consultative process along with the evidence base of the health benefits of good work informed the initial strategy. All strategies were based on systems-thinking, data and participatory practice.

Strategy 2017 – 2020

Five priority areas were proposed and endorsed by the Health Benefits of Good Work Advisory Group and approved by Minister for Employment, Senator Michaelia Cash. The five priority areas were subsequently endorsed by the Collaborative Partnership Committee.

Five priority areas

1. Cross-sectors – working across sectors to align services to support people with a temporary or permanent physical or mental health condition, impacting ability to work, to participate in work.
2. Employer mobilisation – mobilising employers to improve their capacity to provide employment opportunities for people with a temporary or permanent physical or mental health condition impacting their ability to work.
3. Employee awareness – improving employee understanding of the health benefits of good work and promoting their role in using work as part of their recovery.
4. Rehabilitation services – improving the quality and consistency of rehabilitation service provision, in particular for psychological injury.
5. GP support – providing support to General Practitioners through nationally consistent approaches for quality service.

Cross-sectors, GP support and employer mobilisation commenced first, with the employee awareness project following thereafter. In October 2019 it was noted that rehabilitation services were undergoing formal reviews across a number of sectors and jurisdictions and therefore the Partnership maintained a watching brief over these reviews to understand if and when there was a suitable time to commence priority area four – rehabilitation services.



Strategy 2020 – 2022

Key learnings and findings from the earlier five priority areas informed the next strategy which focused on action-research and implementation of trials through five pillars of work. The five pillars concentrated on schemes and systems, GPs and other providers, employers and workplaces.

Five Pillars:

Pillar One: Measuring the movement of people between systems.

Pillar Two: Designing and trialling transition support service for people moving between systems.

Pillar Three: Designing and delivering tools to build employer capability to recruit and retain people with a health condition or disability.

Pillar Four: Designing and implementing a national awareness program aimed at culture and behaviour change.

Pillar Five: Supporting General Practitioners (GPs) to facilitate work participation.

Over the course of six years, the Partnership built a large evidence base with a focus on systems, employers, GPs and individuals accessing income and benefit support. It identified the main drivers, connections and pathways between Australia's major income and benefit support systems to identify opportunities to improve the experience of people transitioning between systems to enable improved work participation for people with a health condition or disability.

The research helped to understand the behaviours, attitudes and intentions of employers in Australia and worked with GPs and relevant stakeholder to improve care coordination between the clinical environment, systems and workplaces.

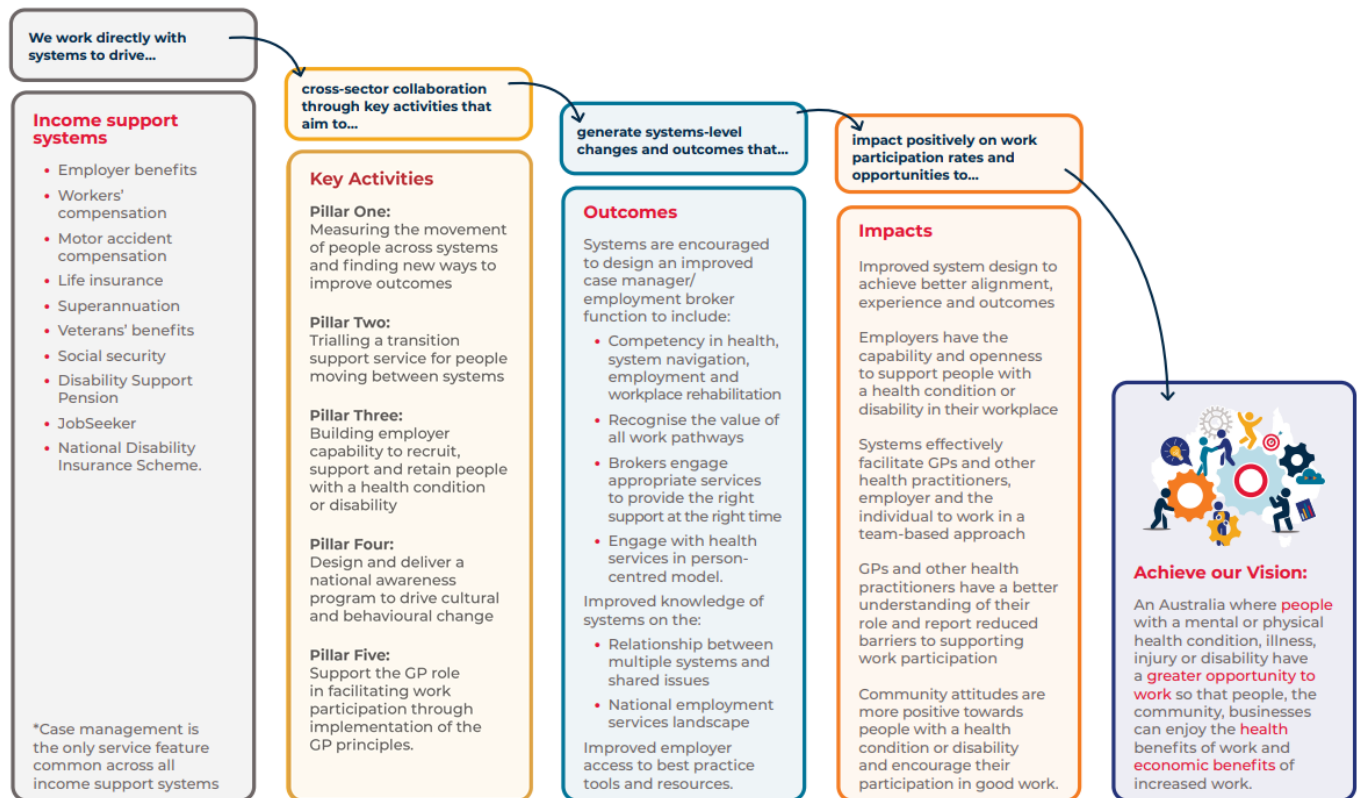
Strategy 2022 – 2023

In the final 12 months of the Partnership, focus was turned to promoting the evidence base and bringing awareness to the learning and insights to a broad network. This included presenting at national conferences across multiple sectors and industries and developing communication packs related to each stakeholder group. The Partnership continued to work with the University of Melbourne and the Australian Government Actuary to find effective ways to utilise the Income Support Transition Data Model while advocating for the alignment of Australia's income and benefit support systems. The Partnership also continued to work with RACGP in promoting the GP Principles with the inclusion of the Principles in the RACGP Curriculum and Syllabus for Australian General Practice 2022.



A pathway to change

The Partnership developed a *pathway to change* to connect activities to the vision, which allowed for reflection on the Partnership aims and work and to describe how it could lead to the outcomes and impacts it wanted to achieve. The [pathway to change](#) defined the target groups the Partnership worked with both directly and indirectly. It also highlighted the most important levers for change as the 10 systems in the work disability support system and the case managers that exist in each of the systems.



Graphic 1: Collaborative Partnership Pathway to Change



Research and Learnings

The Partnership undertook extensive research to understand Australia's ten major systems of income support, how individuals access these systems and the role of the employer and GP in supporting individuals experiencing periods of temporary or permanent work incapacity due to ill health, disability or injury. Key learnings are summarised below.

Systems

Research undertaken on Systems

Australia has ten major systems of income support that are complex and fragmented in their approach to supporting people with an illness, injury or disability that completely or partially affects their ability to work.³ Research of the Partnership has looked at the main drivers, complex behaviours, connections and pathways between Australia's 10 major income and benefit support systems.

The research has identified opportunities to improve the experience of people entering into and transitioning between systems to achieve better work and health outcomes for individuals.

Cross-Sector Systems Project

One of the first projects of the Partnership was the Cross-Sector Systems project. The project was led by the Department of Social Services with the purpose of examining Australia's ten major income support systems.

The project looked at how people move through the systems, how the systems interact and identified opportunities to improve people's experience through these systems. It delivered the first conceptual national map of the major income support systems, identifying and estimating the likely flow of people between these systems. The development of this map meant that for the first time we knew that 30-50% of people that made a life insurance total permanent disability claim had previously been in contact with workers' compensation or motor vehicle compensation systems during the same episode of work incapacity. It also told us that a key pathway of movement is from superannuation into social welfare. Even more significant was that across the ten major systems, including life and superannuation, case management was the only common feature. [Access the full project report here](https://www.comcare.gov.au/_data/assets/pdf_file/0018/173115/cross-sector-project-report.pdf).

Measuring the movement of people between systems

Following the Cross-Sector Systems project, the Partnership undertook further research to measure the movement of people between systems. This project took a deeper dive to better understand how and why people transition between systems and what this experience is like for them – including the impact it has on their health and work outcomes.

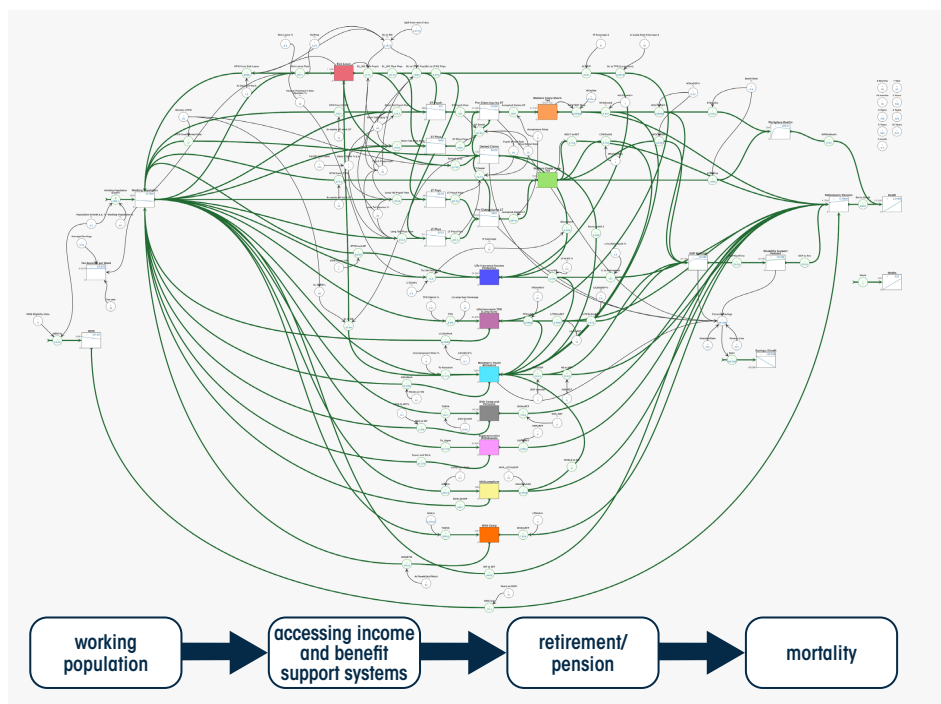
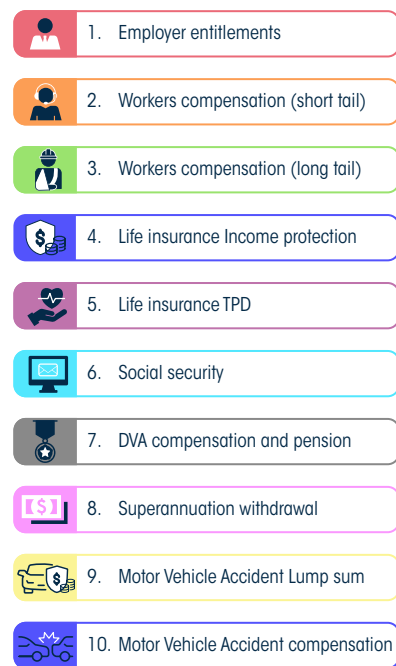
The project engaged Monash University to undertake a study of over 790 people who were accessing income and benefit support, with a focus on Centrelink and Life Insurance to understand their experience.

The University of Melbourne and Monash University developed a system dynamics data model for income and benefit support. The model allowed partners to visualise and better understand the complex behaviours, relationships and transitions between the ten benefit and income support systems. This was the first time this insight was available for service providers and policy makers. [Access the full project report here](https://www.comcare.gov.au/_data/assets/pdf_file/0018/173115/cross-sector-project-report.pdf).

³ https://www.comcare.gov.au/_data/assets/pdf_file/0018/173115/cross-sector-project-report.pdf



The data model



Graphic 2: System Dynamics Data Model.

The model provides a visual of the pathways, interactions, movement and outcomes of people between the systems. It provides a current real world understanding of how Australia's income and benefit support systems function as a whole and how a decision made in one system impacts the other systems and the effect this has on the economy, communities, individuals and their families.

Supporting people moving between systems

Leveraging the research that indicated that people are most vulnerable as they transition from one system to another system, the Partnership trialled a Transition Support Service for people exiting the workers' compensation sector to another system of income support.

The 12-month pilot was led by EML and involved 50 participants all of which were exiting the Victorian Workers Compensation scheme, had a capacity to work, were of working age, job detached and living in Victoria. The majority had experienced three years within the scheme and been exposed to significant claims management and occupational rehabilitation support at the time of entering the program.

The Transition Support Program was provided by a Transition Support Specialist who was an allied health professional. The program took a whole of life perspective supporting individuals to address challenges that would ultimately support them to become employable. These needs included homelessness, dependency issues, mental and general health and family and community connectivity.

The project highlighted that people want support as they exit a system. They especially need help to connect with essential health and community services and with achieving their employment goals.

[Access the full project report here.](#)



What was learnt about Systems

Systems:

The early research of the Partnership (cross sector system research) examined 10 systems operating in Australia that provide benefit and income support for Australians.

- The 10 systems include:
 - Employer provided Entitlements
 - Workers' Compensation (Short tail)
 - Workers' Compensation (Long-Tail)
 - MVA Compensation (Lump Sum)
 - MVA Compensation (Statutory benefits)
 - Life Insurance (Total Permanent Disability)
 - Life Insurance (Income Protection)
 - Social Security
 - DVA Compensation and Pensions
 - Superannuation withdrawals
- The 10 systems are connected, and people interact with different systems concurrently or back and forth.
- Legislative requirements, eligibility criteria and policies mean that system flow is fragmented, and people often have to retell their stories.
- The relationship between systems and how people flow through systems is nonlinear and highly individualised.
- Case management is the one service common to all systems.
- Each system has a unique set of rules and processes for determining who is eligible to access income support, the level of support provided, and the duration for which support will be provided.
- Parts of the system are out of step with best practice approaches to customer-centric servicing and streamlined operating processes.
- Certain parts of the systems are operating on fundamentally different paradigms and it means they have different strengths and weaknesses.
- A single transition between systems can take months, is highly stressful and often involves long periods of no income.
- There is unintended harm arising from engagement with the systems of income support. As people progress through the systems, the physical and psychological burden they experience increases while their capacity to cope with system and administrative requirements decreases.
- Systems do not adequately support participants to develop the skills and social connections that enable a successful transition to health, life and employment following their exit, experiencing what has been labelled as a 'hard landing'.
- Once a person is no longer eligible in one system, a significant percentage will move to another system and often 'fall through the cracks' during the transition process.
- The lack of support a person receives as they exit a system increases the likelihood of extending the time the individual remains off work.



People and systems:

- People flow between multiple systems and access multiple benefits but are very often reliant on their own financial resources such as superannuation and annual leave. This is particularly relevant where waiting periods apply from one system to another.
- There is no defining characteristics to indicate if a person is more likely to travel in a particular direction or engage with a particular pattern of income support.
- People start with the first system they come across and then, once that is financially exhausted, they begin to look for an alternative source of income.
- People are unaware of what income support system they should apply for and what they may be entitled to.
- People find there is a lack of support and guidance to what pathway to take and the application process.
- While waiting to receive benefits people often experience periods of no income and financial distress.
- When receiving no income, people rely on personal savings, family members, selling assets or they go without.
- People feel they need to be “twice as sick to get half the help”.



Opportunities

Through the Collaborative Partnership's research, a number of opportunities to improve the experience for individuals accessing income support systems has been identified.

Transitioning from one system to another

	Be flexible with timing	Participants indicated the best timing for the service was in the final stages of workers' compensation wage replacement. As part of service delivery. It should be identified if the proposed timing of the service suits the individual's circumstances.
	Listen to the participant's story	Transition Specialists should have the opportunity to listen to the participants' story. All participants reported that they appreciated having someone to talk to, who would listen and follow them up to check in on progress.
	Provide practical support	Participants described a desire for practical help, such as assistance with Centrelink applications and help to find a suitable employment.
	Support for the Transition Specialist	Transition Specialists should receive support and opportunities to debrief to ensure they can conduct the role without elevated risk to their own health. Transition Specific communication training should be provided.
	Financial counselling	Participants indicated financial counselling as a service that would be helpful in the lead up to transition.
	Local knowledge	Transition Specialists should be equipped with local knowledge where possible.
	Tailor the service	Participants described a wide variety of challenges they were dealing with the lead up to transition. Providing services tailored to participants' needs rather than offering all participants the same services maximise benefits for participants.
	Data	Future programs should involve routine data collection to effectively monitor participant outcomes. For evaluation purposes an appropriate comparison group should be recruited to maximize the confidence in the demonstrated effects of the service.

Table 2: Opportunities for transition support programs.

The collaborative partnership has substantially contributed to the evidence base for improving work participation.

[Find out more in our reports and studies.](#)



Improving the experience







	Education and Awareness Public awareness on the different income supports available and better education on how to access them as soon as health impacts a person's ability to work
	Common use of language Common language across all systems to better support individuals to understand their entitlements and complete the required documentation
	Administrative handover between systems Individuals are provided their personal file of relevant information upon exiting the system
	System design Systems to streamline application processes to reduce physical and psychological burden. More frequent touch points with individuals are required to communicate the progress of the application
	Future planning Systems to provide better education and upfront planning to assist individuals to identify where their best outcome is likely to be
	Extend case management function Individuals would benefit from case managers having a more holistic view of the various systems of income support and how they operate. Ensuring individuals are accessing the most appropriate service of income support available to them

Table 3: Opportunities to improve the experience.



Employers

Research undertaken on Employers

The Partnership sought to understand employer behaviours, attitudes and intentions towards recruiting, supporting and accommodating people experiencing temporary or permanent physical or psychological health conditions and disability.

Employer Mobilisation

Led by the Commonwealth Department of Education, Skills and Employment, the Partnership commissioned a survey of close to 2,500 employers from both private and public sector to examine attitudes, barriers and enablers to improving employer capacity to provide work opportunities for people with health conditions or disability. The project also undertook 35 in-depth interviews to gain rich insight into employer's experiences, confidence and capacity to support people with a health condition or disability. The project involved two phases: quantitative and qualitative research and an evidence review of empowerment interventions. [Access the full project report here.](#)

National Scan and Analysis of Employment Services

The Partnership conducted a national scan and analysis into how Australia's major benefit and income support systems use and engage with the policies and programs of services that support people with a health condition or disability to participate in good work. The project was undertaken by Swinburne University and provided insights into the complex space of employment services and the large number of supports and services available to employers. [Access the full project report here.](#)

What was learnt about Employers

- Employers and organisations have different understandings and expectations about work 'incapacity' across systems.
- Employers that are resistant to the idea of recruiting people with a health condition or disability focus on the condition and imagine ways in which it will cause them issues.
- Past experience in hiring people with a health condition or disability drives a greater openness to recruiting people experiencing similar conditions in the future.
- Financial incentives for employers are not likely to be effective in achieving behaviour change, employers need and want practical support to employ and maintain people with a health condition or disability in the workplace.
- Culture and social norms provide the over-arching context and motivation that makes individual interventions effective.
- Over 160 employment services operate across sectors with most having touch points with employers.
- Not all employers are aware of the health benefits of good work and how to support work participation.
- 41% of employers struggle to see how supporting people with a temporary or permanent physical or mental illness/injury should be their focus.
- 50% are not confident in their businesses ability to support people with a physical or psychological disability or health condition.
- 53% believe their workplace culture is not supportive of people with a physical or psychological disability or health condition.
- Only 1 in 5 could identify the benefits of employing someone with a health condition or disability.
- Employers have limited awareness of the benefits to the workplace.
- Employers are only prepared to employ someone with a disability or health condition where there are supports to help them with this.



Opportunities

Research undertaken by the Partnership highlighted the best opportunities in shifting employer behaviours and attitudes.

Adopt a test and learn mindset	Adopt a test and learn mindset as a key step in transitioning from ambition to action, combining curiosity with adaptability. "It is critical that failures are recognised as inevitable and essential learning opportunities".
Communicating experience fuels momentum	Creating awareness in the organisation of work being done can build momentum confidence and sense of permission to do more. Employers that are categorised as Flexibility Leaders, who lead by example in this space can provide practical examples of success and help other organisations understand the attitudinal and behavioural steps to build workplace participation.
Managers are the key to success	Managers have the power to enable or block meaningful change depending on their mindset, experience and/or skillset.
Establish shared language and vision	Strong cultures are typically built on shared values or by subscribing to an investment mindset versus a compliance mindset.
Education and reframing a strengths-based culture	Reframing the deficit mindset, which sees disability and health conditions as a burden or limitation.
Top down leadership combined with permission to act	Success requires the overt endorsement of senior management. Creating a sense of ownership and responsibility beyond management can take engagement to another level.
Develop strong policies and procedures	Go beyond the legislated requirements for return to work or standard work and health safety procedures.
Adaptive nature	Willingness to accommodate and adapt to the unique needs of colleagues.
Organised and prepared	Seize the opportunity to recruit staff that offer a good fit for the organisation, skills to complete the required tasks and the right attitude.
Optimise risk	Have strategic flexibility in structuring work to make the most of employees' different abilities and find roles where the health condition can become an advantage.



See the person as a whole	Consider all employees as a package of characteristics. Don't focus on the health condition or disability to make assumptions about abilities and productivities.
Manage quality of life	A focus on total work health of employees. Provide facilities and opportunities to ensure employees can lead a happy, healthy life both at and outside of work. An investment approach to personnel wellbeing. A positive psychosocial work environment.
Build experience	Past experiences in hiring and supporting staff members with serious conditions and disability drives a greater openness to recruiting people experiencing similar conditions in the future. Actual experiences help to break down the barriers of conscious or unconscious biases that so often accompany employer perspectives on health conditions and disability.

Table 4: Opportunities to shift employer behaviours and attitudes as derived from research of the Collaborative Partnership.⁴

General Practitioners (GPs)

Research undertaken on GPs

A key focus of the Collaborative Partnership was supporting the role of the GP in facilitating work participation for people with a health condition or disability. The GP is critical in supporting long term health and social outcomes of individuals and their families and is well placed in supporting a person living with a health condition or disability to enter into, recover at or return to work.

Supporting GPs to facilitate work participation

Led by the Australasian Faculty of Occupational and Environmental Medicine (AFOEM), the Partnership delivered Australia's first national Principles on the role of the GP in supporting work participation.⁵ (the Principles) were developed through extensive stakeholder consultation with GPs, health professionals, the disability sector, unions, employers, benefit and income support providers and academics. The Principles provide clarity around roles and expectations of all stakeholders involved in supporting work engagement, recovery at and return to good work. [Access the GP Principles here.](#)

Implementing the Principles on the role of the GP in supporting work participation

A national series of workshops were held between March to June 2021 with employers, industry, medical practitioners, the ACTU, people with lived experience to help design the best ways to practically and meaningfully implement the Principles on the role of the GP in supporting work participation.

The report provides a summary of key findings and recommendations and is a starting point for GPs, other relevant professionals and stakeholders to work better together so that Australians are not disadvantaged due to a health condition or disability that may impact their ability to work.

The Principles are officially recognised as a Supported Position Statement by the (RACGP) and embedded in the Core Skills Curriculum. The Principles are endorsed by the Heads of Workers Compensation Authority (HWCA). [Access the full project report here.](#)

⁴ https://www.comcare.gov.au/_data/assets/pdf_file/0010/296614/employer-mobilisation-research-overview.pdf

⁵ The Collaborative Partnership to improve work participation. (2020). *Principles on the role of the GP in supporting work participation*. Canberra, Australia: Comcare.



What was learnt about General Practitioners

- The principles of work participation and supporting a person to enter into, recover at or return to work does not change, regardless of the injury or disability, or what system the individual is accessing.
- Building and maintaining trust with GPs across all systems is a key priority. The issue of trust is prevalent across various systems. Communication breakdowns between systems, employers and GPs continue to diminish any trust between stakeholders on what each other's goals, motivations and needs are.
- GPs provide a patient advocacy role that supports the need to empower people with an illness, injury or disability to participate in good work through greater individual choice and control.
- GPs have limited understanding of how the systems work and their role in these systems.
- Systems lack an adequate feedback loop to GPs leading to the black box effect.
- There is a need to leverage the full potential of the case manager role which operates in all systems of income support.
- GPs perform an important coordination role which requires information from other treating practitioners and relevant stakeholders.
- There is a need for more effective shared responsibilities and a team-based approach to care coordination, patient management and specialist input to support the role of the GP.
- GPs are ideally placed to promote the health benefits of good work.

Opportunities

- The need for engagement between systems, employers and GPs needs to occur early and be based on mutual trust.
- Strengthening the role of case managers and employment brokers to provide a coordinated service and support for GPs.
- Stronger awareness of the Principles and the health benefits of good work.
- Recognition that not all GPs are interested or proficient in management of work participation and may benefit from further education and training.
- A focus on appropriate GP remuneration for managing complex work participation cases – further clarity and a review of the fees and system design is required to ensure removal of disincentives for long consultations.



People

Research undertaken on People

Employee Awareness Project

The Partnership sought to understand the experience of individuals accessing Australia's income and benefit support systems and explored how to better empower people with a health condition or disability to use work as part of their recovery.

Led by EML, the Employee Awareness project involved a rapid literature review, Citizen Panel and interviews with 23 participants for a first-hand account of lived experience of a health condition or disability that impacts an individual's ability to work, and in-depth interviews with 10 professionals working in related sectors, systems and industries.

The rapid literature review identified interventions that may empower people to use work as part of their recovery. Work accommodation refers to making changes in the workplace or the way that work is done to allow people the opportunity to work according to their capacity – and was the most well received intervention. [Access the full project report here.](#)

Measuring the movement of people between systems

Monash University surveyed 790 individuals to understand how and why people transition between Australia's income support systems and interviewed 10 people with a variety of experiences of income support to understand the impact this has on their health and work outcomes.

The research focused on the transition of people between systems, identifying that interactions with systems are highly individualised and non-linear, with the transition between systems difficult and often occurring when people are unlikely to be operating at full physical and mental capacity. The factors and characteristics that influence health and work outcomes for individuals transitioning between systems were identified. [Access the full project report here.](#)

What was learnt about people

- Most people are unaware of what income and benefit support they may be entitled to and the supports available to them.
- People start with the first system they come across and then once that is financially exhausted, they begin to look for an alternative source of income.
- Individuals want to work and are trying to find work- they do not even care if it is not good work, they just want to work.
- People interact with different systems concurrently or back and forth until 'landing' in their current system of income support.
- There are no defining characteristics to indicate if a person is more likely to travel in a particular direction or engage with a particular pattern of income support.
- A sense of disappointment best reflects the experience of people in their interactions with workplaces and systems.
- Although there is potential to empower individuals to play a greater role in their work participation this is unlikely to be effective without addressing system level and cultural barriers to work.



- Individuals face considerable challenges of time and energy when trying to navigate the administrative requirements when moving into an income and benefit support system or trying to remain within a system.
- Paid employment is the most common income source in the month prior to accessing income and benefit support.
- Being unable to work due to ill health is the most common reason for moving to an income support system.
- People often have to retell their stories due to legislative requirements, eligibility criteria and policies that make system flow fragmented.
- People are most vulnerable as they transition between systems.
- A single transition between systems can take months, is highly stressful and often involves long periods of no income.
- People commonly experience difficulty adjusting to changed life circumstances, lack of supports, difficulty with paperwork and an ongoing lack of communication when transitioning between systems.

Opportunities

Education and Awareness

- Public awareness on the different income supports available and better education on how to access them as soon as health impacts a person's ability to work.
- Community awareness to normalise ill health and disability is needed.
- Shifting beliefs and attitudes towards the value of good work and inclusion.
- Better across-community health literacy is critical for empowerment.

Common use of language

- Common language across all systems to better support individuals to understand their entitlements and complete the required documentation.

Efficient transitions for people between systems

- Potential for individuals to be provided with their personal file of relevant information upon exiting the system as a form of administrative handover between systems.
- There is an opportunity for the systems to focus on more efficient and effective transitions of people between systems through providing case managers with a more holistic view of the various systems of income support and how they operate to ensure individuals are accessing the most appropriate service of income support available to them.

Improve system design

- Systems to streamline application processes to reduce physical and psychological burden. More frequent touch points with individuals are required to communicate the progress of the application.
- Opportunities to make the greatest impact are in the upstream systems that are closer to the onset of health conditions and exit from work. Upstream systems commonly include employer entitlements and workers compensation whilst downstream systems include social security.



Person centric design

- Australia's focus on mental health, general wellbeing, chronic health and the effective management of complex claims is driving demand for individually based, person centric case management support outside of claims management services.
- Interventions can be used to empower employees to use work as part of their recovery including mentorship, education and goal-setting approaches. These interventions require enabling mechanisms to be in place by relevant systems and providers.

Future planning

- Systems to provide better education and upfront planning to assist individuals to identify where their best outcome is likely to be.

Extend case management function

- Individuals would benefit from case managers having a more holistic view of the various systems of income support and how they operate. Ensuring individuals are accessing the most appropriate service of income support available to them.

Earlier intervention

- There is an opportunity to provide earlier intervention both within individual systems and further 'upstream' including primary, secondary and tertiary prevention interventions.
- An intervention improving the health and well-being of workers while they are in work will reduce the number of workers who become ill and have long periods of work incapacity, reducing the flow into downstream systems and reducing the overall burden of work incapacity in society.
- Provide individuals with support to engage in good work to minimise the movement from upstream to downstream systems.

Transition support programs

- There is a long-term opportunity for systems to incorporate the skill set and/or function of a Transition Support Specialist within current insurance income support claims model or benefit structures to improve participant outcomes and reduce 'downstream' system impacts of people moving between different income support systems.

Improve employer capability, capacity and openness

- Employers need better support to help people stay at and return to work and to reduce the flow of people into downstream systems.
- Practicing 'strategic human resource flexibility' that goes beyond flexibility of working hours, into flexibility of role descriptions and scope throughout the employee's engagement with the company.



The cessation of the Collaborative Partnership

"Coming together is a beginning, staying together is progress, and working together is success" Henry Ford, 1863–1947

The Collaborative Partnership has achieved much success over the last six years. The cross-sector collaboration between multiple public, private and not-for-profit organisations has provided an opportunity to work collaboratively to explore solutions to system-wide problems. It has allowed for greater understanding of how the systems work, to share data and better practice and to use the evidence to improve systems design to achieve stronger alignment, outcomes and experiences. It has also confirmed what some systems thought they knew but didn't have the evidence to demonstrate.

What contributes to an effective public-private partnership in Australia is having influential champions with a mix of government and non-government networks. It requires enormous stamina from champions to continue having conversations about the problem Australia is facing from an economical, moral, social viewpoint and how real and effective change cannot be achieved in silos. Every system and every leader, has a role to play to ensure that no Australian living with a health condition or disability is left behind.

Over its course, the Partnership had twelve organisations and approximately twenty-four industry leaders supporting its efforts. Comcare as the backbone agency has had two CEO's and six executive sponsors leading the work. Comcare has led the role of Chair and Secretariat for the duration of the Partnership, dedicating two full-time senior staff to deliver on the work. As the backbone agency, Comcare contributed significant strategic thought leadership along with supporting the infrastructure and maintaining momentum.

Cross-sector partnerships are time-consuming to build and manage and depend on the willingness of organisations to align with the nature of the problem and be motivated to solve it. Wicked problems like the ones the Partnership focused on are never entirely resolved because they are intertwined with social, economic and political issues that are always changing.

Where to from here?

From 30 June 2023, the Collaborative Partnership ceased operating under a Collective Impact model and moved to a Round Table format. This allowed for a more inclusive and broader reach of audience of industry leaders and stakeholders ready, willing and able to share information, ideas and work together to break down barriers in our systems and culture to enable more Australians to engage in good work.

Acknowledgments:

The Collaborative Partnership is a coalition of organisations working together to improve the health and work participation of working age Australians.

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