



PEOPLE

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Background

Each year, too many Australians are unable to work due to a temporary or permanent injury, illness or disability. Amongst OECD countries, Australia ranks 21 out of 29 for employment rates among people with disabilities relative to the population and evidence shows that for people with a workers' compensation claim, return to work rates have stagnated since 2006.¹

In the year 2015-16, 6.5 million people accessed employer provided leave entitlements for short periods of work incapacity with an additional 786,000 people receiving income support from a commonwealth, state, territory or private source.²

Australia has 10 major income and benefit support systems that provide support for people with illness, injury or disability that completely or partially affects their ability to work. These systems include leave entitlements provided by employers, workers' compensation, life insurance, social security, motor vehicle accident compensation, superannuation, defence, and veterans' compensation.

Individuals enter these systems with a wide range of health conditions ranging from mild illness resulting in a sick leave day to serious acquired disability with life-long consequences for participation in employment.

People find the benefit and income support systems complex and overwhelming, personified by a 'one size fits all' approach that leaves little room for flexibility or empathy. They report a lack of transparency regarding their rights, benefits and processes, significant uncertainty, ineffective communication between stakeholders and a continuous requirement to retell their story. These experiences can contribute to worsening health and delayed recovery for the individual.

People are aware that work provides purpose, self-sufficiency, stability and socialisation. Being off work makes it harder to get work, leads to loneliness, loss of self-confidence, loss of perceived control and loss of social networks.

People are motivated to work and motivation is not a barrier to participation.

There is a strong belief amongst people that employers lack understanding of the work ability of people with a health condition or disability and how to effectively accommodate them.

The Collaborative Partnership to Improve Work Participation

Founded in 2017 and operating until 2023, the Collaborative Partnership to improve work participation was a national system-wide collaboration of organisations working together to improve the health and work participation outcomes of working age Australians. They are: Comcare, the Insurance Council of Australia, the National Disability Insurance Agency, Department of Health and Aged Care, the Australian Council of Trade Unions, the Department of Social Services, Department of Employment and Workplace Relations, EML, the Australasian Faculty of Occupational and Environmental Medicine, the Royal Australian College of Physicians, the National Mental Health Commission and the Transport Accident Commission.

Research of the Collaborative Partnership explored how to better empower people with a health condition or disability to use work as part of their recovery. Along with exploring the attitudes and needs of people with lived experience to determine how they navigated Australia's benefit and income support systems, and their interactions with health providers and employers.

1 Organisation for Economic Co-operation and Development (OECD) (2010), *Sickness, Disability and Work: Breaking the Barriers: A Synthesis of Findings across OECD Countries*, OECD Publishing, Paris.

2 [The Cross Sector Project](#)

Research undertaken on people

The Collaborative 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. Research projects include:

Employee Awareness and Empowerment Project

This project was undertaken to address an important gap in evidence on empowerment strategies for people with a health condition or disability to use work as part of their recovery. The project explored the attitudes and needs of people with lived experience to determine how they navigated Australia's benefit and income support systems, and their interactions with health providers and employers.

Led by EML, the Employee Awareness project involved a rapid literature review, Citizen Panel and interviews with a total of 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; making changes in the workplace or the way that work is done to allow all people the opportunity to work according to their capacity, was the most well received intervention.

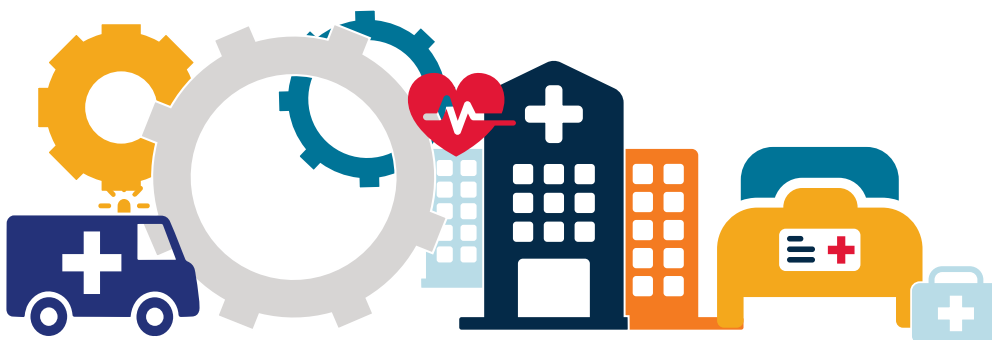
For the full report refer to [page 11](#).

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.

For the full report refer to [page 11](#).



What was learnt about people

Employees are motivated to work – their motivation is not a barrier to participation, and they are aware that work provides purpose, self-sufficiency, stability and socialisation.

Employees find the benefit and income support systems complex and overwhelming – reporting a lack of transparency regarding their rights, benefits and processes, significant uncertainty and ineffective communication between stakeholders that is problematic as people transition between systems, with a continuous requirement to retell their story. Personified by a 'one size fits all' approach that leaves little room for flexibility or empathy.

Employees believe that employers lack an understanding of work ability – of people with a health condition or disability and how to effectively accommodate them.

People's interactions with the systems

- 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.
- 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.
- 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.

Interactions with systems are highly individualised and non-linear. People start with the first system they come across and then, once that is financially exhausted, they began to look for an alternative source of income.

Movement between systems is best described as using a pinball analogy, where people bounce, rebound and utilise multiple systems simultaneously. There are no clear 'pathways' of transition. It appears that movement between systems may also be based on social factors such as the cost of health care, the individual's specific needs and their family and economic situation.

System eligibility

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.

The 9 factors affecting system eligibility:

- Jurisdiction
- Mechanism of injury/illness
- Employer
- Nature of injury/illness
- Partner status
- Personal income
- Family income
- Age
- Leave entitlements.

Work participation

- Individuals want to work and are trying to find work- they do not care if it is not good work, they just want to work.
- People who have experienced long term unemployment have the potential to return to work.
- A sense of disappointment best reflects the experience of people in their interactions with workplaces and systems.
- We know that being off work makes it harder to get work, leads to loneliness, loss of self-confidence, loss of perceived control and loss of social networks.
- 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.
- Employers play an important role in improving work participation rates for people with a health condition or disability yet may not have the resources, capability or willingness to provide good work.

What employees told us about employers

- Most employers under-estimate the ability of employees with a health condition or disability.
- Employers provide insufficient support or work accommodation beyond temporary reduction of hours or lighter duties.
- Use recruitment methods that are not inclusive to applicants with disability.
- The right jobs exist but very few employers are willing to accommodate people with health conditions or disabilities.

‘Employers play such a pivotal role in people trying to stay at work.’

Supports

Participants consistently reported a lack of support when not receiving advice on what pathway to take and guidance during the application process. Individuals felt they need to advocate for themselves within the systems.

In addition, income support 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 we have labelled as a 'hard landing'. The lack of support a person receives as they exit a system increases the likelihood of extending the time the individual remains off work. Without adequate support and guidance, injured workers may not be able to identify the most suitable career choices available to them and navigate a pathway to achieve their desired outcome. Receiving support when an individual prepares to exit a system is beneficial for better short-term health, social and economic outcomes.

Types of supports:

- Family members are the most useful support when entering income protection OR Centrelink.
- Lawyers are the most useful support when entering Motor Vehicle Accident OR Total Permanent Disability.
- Employers are the most useful support when entering Workers Compensation (for one fifth of participants).
- Informal supports are the most common source of support.

Challenges individuals face with systems

Transitioning between systems

- Lack of support
- Difficulty with paperwork
- Difficulty adjusting to changes in life circumstances
- Lack of communication
- Occurs when people are not operating at full physical and mental capacity.

Within a system

- Unaware of available options
- Difficulties with job providers
- Difficulties returning to work
- Inability to plan for the future
- Physical burden
- Psychological burden
- Reliance on informal supports
- A need to self-advocate.

The financial impact

- 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 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.

Unintended harm of the systems

There is an 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.

The administrative requirements to move into and remain within a system results in recurrent challenges of time and energy. We know that 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.

People feel they need to be 'twice as sick to get half the help.'



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 program

- 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. More information is available in the systems stakeholder pack.

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 a '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.



Research Reports

Employee Awareness and Empowerment

[Full report](#)

[Snapshot report](#)

Measuring the movement of people between systems

[Full report](#)

[Snapshot report](#)

Supporting people moving between systems

[Snapshot report](#)

Employer mobilisation project

[Snapshot report](#)



