



# A COMBINED APPROACH: OPERATION & EVALUATION REPORT



**The Collaborative Partnership** is a national alliance between the public, private and not-for-profit sectors to improve work participation for people with a temporary or permanent physical or mental health injury, illness or disability. The Partnership works to deliver Australian research and innovative trials that consider the various income and benefit support systems as a whole and drive a more person centric approach in an effort to deliver improved work participation outcomes. The Transition Support Program is an initiative of the Partnership and a key priority to improve work participation for people.

Through previous research undertaken by the Partnership we know that people are most vulnerable as they transition out of one system and into another. **EML** was funded by the Partnership to develop and deliver a 12-month Transition Support pilot to test the delivery of an evidence-based service to support individuals exiting their current income support system, in this instance Victorian Workers Compensation. As part of the project **Monash University** was engaged to undertake an independent evaluation of the pilot.

**The first report contained within this document was developed by EML and provides a summary of the Transition Support pilot and key findings of the service.** The report includes data gathered by the Transition Support Specialist throughout the program and reports on participant outcomes to maintain a whole of person approach to return to work. Data includes the number and type of services accessed, with subjective data captured via a customer satisfaction survey, administered upon completion of the program and completed by 64% of participants.

**The second report is an independent evaluation by Monash University on the Transition Support pilot.** The evaluation incorporates survey data collected by EML at the start and conclusion of the service and participant questionnaires and interviews conducted by Monash University three months post program completion. 41% of program participants took part in the exit interviews. The data collected provides additional insights into participant experiences. The evaluation suggests there may be improvements that can be made to the service and future iterations of the program should endeavour to continue to tailor the services provided to individual need.

Participants of the Transition Support Service had experienced long term poor health prior to program commencement, and it is reasonable to assume that the **Transition Support pilot played a role in the positive results observed.**

Participants identified a number of suggestions for program improvement, some of which exceeded the scope of the program (i.e. provision of financial counselling services by the Transition Specialist).

Despite best efforts to recruit control group participants, the group that was identified was too small to offer a meaningful comparison. Where possible, comparisons to data collected in the National Return to Work Survey have been reported. An evaluation of the program in comparison to a valid control group should be an essential component of future iterations of a Transition Support program.

Encouragingly the Transition Support pilot program and evaluation demonstrated the potential impact of a short-term, tailored service at the conclusion of workers' compensation benefits.

**BOTH EML AND MONASH UNIVERSITY CONCLUDED THAT THE PROGRAM'S POSITIVE RETURN TO WORK OUTCOMES ARE SUPPORTED BY POSITIVE INCREASES IN GENERAL HEALTH, PHYSICAL HEALTH, MENTAL HEALTH AND SELF-EFFICACY FOR SOME PARTICIPANTS.**

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# OPERATIONS REPORT

SEPTEMBER 2021



## SECTION 1: EXECUTIVE SUMMARY

Case Management takes a 'whole of person' perspective and is the only common service provided across all systems. The Case Management model varies but has typically existed in public settings such as the disability, mental health, drug and alcohol, health and child protection sectors but is not consistently a service included within personal injury scheme legislation, benefits structure, or service models. Yet an increased focus across Australia 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 services.

The Collaborative Partnership is a national system-wide collaboration between the public, private and not-for-profit sectors. The vision of the Partnership is: An Australia where people with a physical or mental health injury, illness or disability have a greater opportunity to work. The Partnership operates by identifying systematic challenges and seeks to find solutions through research and pilot programs.

In response to the research findings and through the lens of the Collaborative Partnership's focus on improving systemic issues to support work participation, EML was funded by the Partnership to develop and deliver a 12-month Transition Support pilot. The pilot was set up to test the delivery of an evidence-based service to support individuals exiting their current income support systems, in this instance Victorian Workers Compensation. The pilot went live in August 2020.

The Transition Specialist was responsible for identifying relevant support services to help maintain the individual's basic needs whilst building their confidence to drive self-management and work readiness. 50 participants commenced in the Transition Support program presenting a variety of needs. These included; assistance with feeding their family, both physical and mental health conditions; isolation concerns and career guidance. 90% of participants were provided with resources and support to access community/health services (e.g., food parcels, community mental health). The program linked 6% of participants to an alternate income support system (Centrelink) which involved establishing the eligibility criteria, navigating the online application process and advocating for the participant when required. 26% of participants were supported into paid employment with the Transition Support program working in collaboration with employment service providers.

The program highlights that people who have experienced long term unemployment have the potential to return to work and receiving transition support as they prepare to exit a system is critical.

The Insurance Work and Health Group, Monash University (Monash University) was engaged to undertake an independent evaluation of the Transition pilot.

## SECTION 2: BACKGROUND

Research suggests that 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 Cross Sector Research Project (Monash University, 2019) indicates that there are over 700,000 people receiving income support. Each system has a different benefit level and duration of support provided. 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. The lack of support as a person exits a system increases the likelihood of extending the time the individual remains off work.

The insights shared by stakeholders in the Employee Awareness report (Collaborative Partnership, 2019) suggest that schemes do not adequately support workers in developing the skills and social connections that enable a successful transition to health. This report was informed by 23 people with lived experience using a Citizen Panel and interviews.

These findings are supported by Dr Ross Iles, who conducted a review of international social insurance, welfare, disability, employment and social security schemes on behalf of a joint initiative between the Institute for Safety Compensation and Recovery research (ISCRR) and WorkSafe Victoria, Transport Accident Commission and Monash University. The review identified that only few models provided an adequate combination of individuality, transition support and community participation.

SafeWork Australia (2019) shared the same sentiment in its National Return to Work Strategy 2020 – 2030. The document acknowledges that empowerment and client-centric support are important concepts without which sustainable transitions to health are less common. SafeWork Australia identified three areas of national priority to help workers actively participate in their recovery and return to work:

- Build workers' understanding of the workers' compensation system and return to work, their rights and responsibilities, and their health literacy.
- Gain a deeper understanding of workers' psychological responses to injury to identify ways to assist them in their recovery and return to work.
- Promote best practice tailored, client-centric and coordinated approaches to return to work, underpinned by the principles of good work.

The Insurance Work and Health Group, Monash University (Monash University) was engaged to undertake an independent evaluation of the Transition pilot. EML was required to collect and submit relevant data directly to Monash University in a timely, efficient and accurate manner. The evaluation included; initially seeking ethics approval from Monash University, return to work outcomes and work readiness, improved wellbeing, customer satisfaction and cross sector collaboration. The Evaluation, conducted by Monash University assessed the effects of the transition service on subsequent outcomes, by comparing the results against a control group and/or the general population of income support recipients. Specific pre and post measures compared; self-efficacy and work preparedness, work capacity, employment status, general health measures, psychological and financial distress. Satisfaction measures will examine experience and collect information on transition pathways, inter-system referrals, durations and benefits of service interactions. These findings will contribute to gaining a deeper understanding of workers' psychological responses to injury, their wellbeing needs and effectiveness of different empowerment interventions.

## SECTION 3: INTRODUCTION

This Transition Support Program pilot was designed to support injured workers improve their pathway to employability as they exited the Victorian workers compensation system by creating a 'soft landing'. The objective of the pilot was to improve an injured worker's path to employability (often after 3+ years of workers compensation scheme experience without achieving a return to work) through the delivery, connection to, or coordination of supports such as health, financial, family and community by a qualified care professional (e.g., social worker) enabling individuals to be better prepared to enter employment markets.

Participants in the voluntary Transition Support pilot were injured workers who had previously exited or were preparing to exit the Victorian Workers Compensation scheme. The majority had experienced three years within the scheme and been exposed to significant claims management and occupational rehabilitation support. Participants had a capacity to work, motivated to work, but had been unable to return to work. The main barrier preventing participants returning to work whilst within the workers compensation system, accordingly to participants, was the lack of customised support they received. The Transition Specialist found participants lacked the confidence and tools to access employment opportunities. This element was therefore a key focus of the tailored Transition Support Plans developed for participants and an ongoing theme for the Transition Specialist and participants to explore.

### HYPOTHESIS

Our hypothesis was the Transition Specialist function will lead to better outcomes, for individuals living in Victoria transitioning out of Workers Compensation, ultimately transitioning into work. This hypothesis was supported by research findings, which suggested that the current Workers Compensation system would benefit from:

- Client- centric service
- Reduced complexity
- Centralised transition support
- Collaborating and co-ordinating efforts

The Cross Sector Research Project found that the various organisations within the landscape of income support systems share common objectives:

- Preventing illness and injury affecting work capacity
- Reducing the severity and duration of work incapacity where it occurs
- Improving engagement in good work
- Minimising the costs of work incapacity to society, workers and employers

To achieve these objectives at a national level, the research suggests that effective co-ordination and collaboration across the systems of income support and service provision is required. The Transition Support Pilot aligns with these common objectives.

Further testing of a Transition Support function across a variety of income support systems may assist to determine whether to implement a structured program to people entering or exiting income support systems.

## AIM

The pilot program's aim was to identify opportunities to improve work participation, general health outcomes and the overall transition experience for individuals transitioning out of or between income support systems through provision of a tailored transition support service.

Monash University led the evaluation which included the application of a series of questionnaires assessing general health, psychological distress and self-efficacy. Post conclusion of the service, evaluation included telephone interviews with participants to capture participants' current individual situation (e.g. working or receiving income support from a different system such as Centrelink) and their experience of transition out of workers' compensation benefits. Additionally, the evaluation aimed to compare the results from the Transition Support group to a control group in order to clearly demonstrate the impact of the Transition Support service.

## PROJECT GOVERNANCE

Throughout the 12 months, the program reported to the Collaborative Partnership for the purpose of providing direction, support and required resources. This was overseen by an Advisory Committee which met quarterly and comprised of relevant Collaborative Partnership Leads' Representatives and relevant EML business lines. Status updates were provided monthly to the Advisory Committee, with quarterly updates provided to the Collaborative Partnership Committee and Sub-Committee.

# SECTION 4: SERVICE DELIVERY

## FUNDAMENTAL PROGRAM FEATURES

The experience of delivering the transition support program has identified several fundamental key features and characteristics, outlined below. These features were maintained throughout the program. The transition support program:

- Was delivered by a tertiary qualified professional in social work, nursing, occupational therapy, psychology, or rehabilitation counselling.
- A voluntary service that delivered a holistic model of care to address whole of life needs and engage directly with a broader range of stakeholders, including family, government, and non-government community services.
- Supported individuals to facilitate transition (e.g., through return to work), and those individuals leading up to mandatory scheme exits.
- Worked with existing claims manager and rehabilitation providers (where appropriate)
- Could be structured to create a multi-disciplinary option that integrated employment or vocational services with the case management and clinical support from the Transition Specialist.
- A target cohort of 50 participants of working age with capacity for work and with a temporary or permanent physical and/or mental health conditions.
- Individual 3-month programs. The Transition Support Specialised worked with each individual to identify priority areas for support and develop strategies matched to the requirements of the person's circumstances.
- Partnerships with employment service providers, MatchWorks and Your Future Career and Wellbeing.



## EVOLVING APPROACH

The Transition Specialist proposal was developed between April and July 2020, a time when the Covid-19 pandemic was still unfolding and restrictions fluctuating. The service delivery commenced in Victoria with significant restrictions posed on both employees and employers due to Covid-19. To ensure we maintained the program's integrity and overall aim, our approach evolved to accommodate emergent findings and the significant changing landscape.

### TARGET COHORT

The original cohort of the program consisted of individuals soon to exit the Victorian Scheme as they reached 134 weeks of compensation and whose existing weekly compensation payments were expected to cease within 8 weeks of the referral from EML Vic to the Transition Specialist.

In May 2020, to minimise the impact of COVID-19 and its flow-on consequences (e.g. employment opportunities) on injured workers who were set to have their benefits terminated, the Victorian government introduced the Omnibus Bill. This Bill introduced a range of measures to meet the challenges associated with the pandemic. These measures allowed the creation of emergency regulations to alter or suspend existing laws relating to justice processes, which included significant reforms to support the transition of people from the Victorian WorkCover system back into the workforce. These reforms resulted in the temporary change of notice periods for termination of income support, which were increased from three to nine months, effectively extending the entitlements and income replacement for a further six months. As a result, the pool of available participants was significantly reduced as no individuals were actively transitioning between income support systems while the Omnibus Bill was in effect.

It became apparent that individuals who had a further nine months of income support remaining did not desire to take up the service when offered, which suggested that transition support needs to be offered to individuals close to their income support exit date to maximise participation.

The project team reconsidered alternative cohorts. It was decided to include individuals who already had their entitlements ceased within 12 months prior to the service being offered. These participants were sourced from EML's medical claims portfolio. By broadening the eligibility criteria, we mitigated the risk of low referrals numbers.

### RESOURCES

It was important for us to ensure the professional engaged to support participants had the necessary skills and experience to deliver the transition support services to participants, as it can significantly impact the success of the outcomes.

The original Transition Support Specialist, who was a qualified Social Worker departed the role in March 2021, 8 months into the program. A Rehabilitation Counsellor with a strong Case Management background was then engaged to deliver the Transition Support Specialist role, which provided us an unexpected opportunity to compare the impact of different professional backgrounds in the Transition Specialist role. The benefit of an Allied Health professional was evident when initially engaging the participants and teasing out their key barriers to employment. The skills of the Social Worker when identifying, accessing and navigating community support systems certainly built trust with participants and demonstrated their advocacy role. The change in consultant demonstrated that having case management experience does assist in delivering employment outcomes. The case management background in the workers compensation space seemed to accelerate the trust relationship as they could clearly demonstrate the understanding of the participants position.

Monash University will capture the participants' feedback regarding their experience of the Transition Specialist within the Exit interview.

## SECTION 5: RESULTS

### KEY DELIVERABLES

The program set out to achieve the following key deliverables as captured in column A. Final results against the individual deliverables are listed in column B.

COLUMN A KEY DELIVERABLES	COLUMN B FINAL RESULTS
Increased work participation and reduced dependence on income support services.	<p>26% of participants found paid employment</p> <p>40% of participants engaged in job seeking activities including employment job readiness program such as Your Future Career and Wellbeing and Matchworks.</p> <p>90% of participants were provided with resources and support to access community/health services (e.g., food parcels, community mental health)</p>
A positive and empowering experience through the development of tailored transition plans that acknowledge individual needs.	<p>Of the 32 survey's received from participants;</p> <p>78% reported satisfaction scores of very satisfied or satisfied (n=32)</p> <p>100% of transition plans completed including a minimum of two directed goals per participant.</p> <p>Further analysis of surveys will be conducted by Monash University.</p>
Centralised support and coordination of key services to help the participant navigate through the complexities of the income support systems and build their confidence in managing their recovery.	<p>Tailored and weekly engagement between the participant and Transition Specialist to track progress against the Transition Support Plan.</p> <p>Over 40 different types of services were referred to participants with a goal being to build confidence and independence to support their recovery. These include mental health, employment, physical health, social supports, material aid, family support and financial assistance.</p>
Provision of resources that help build confidence and independence.	<p>100% of participant wellbeing scores have increased by the end of the program (as captured in the participant surveys) which indicates an increase in confidence.</p> <p>64% of participants exited the program with either employment outcomes or improved job readiness. This was assessed by the Transition Support Specialist.</p>
Establish a network of peers to reduce social isolation and promote community integration.	<p>Despite our initial assumptions that participants of the program may benefit from the social interaction and sharing of experience, we did not establish this network of peers. Unfortunately, due to Covid19 public health orders, restriction of movement limited the opportunities for traditional social interactions and linkages. Participants also reported they were reluctant to meet online. Therefore, the network of peers did not eventuate.</p>
Cross sector collaboration	<p>The program developed connections with the Department of Education, Skills and Employment in conjunction with the partnership with MatchWorks, Services Australia (Centrelink), local area health services, GP practices and local community services. This collaboration assisted with addressing employability barriers in a timely and effective manner by reducing referral timeframes and disjointed hand overs.</p>

COLUMN A KEY DELIVERABLES	COLUMN B FINAL RESULTS
Data collection	<p>The Transition Specialist Evaluation was approved by Monash University Human Research Ethics Committee which included data collection and evaluation. The program was voluntary and invited participants to opt in. Each participant received an Explanatory Statement outlining the project and research aspect. The program captured qualitative data via three surveys and an Exit Interview conducted 3 months post program completion by Monash University. The data collected included themes such as; psychological distress, general health measure, self-efficacy scale, work ability, financial stress and source of income.</p> <p>64% of participants completed the final survey.</p> <p>Monash will complete the final Exit Interviews in late November 2021 in line with the proposed three months post program completion timeframe.</p>
Final Evaluation	As at September 2021, Monash University has completed 20% of exit interviews and will submitting their evaluation report in November 2021.

## OUTCOMES

Several participants had a combination of outcomes. The table below captures the most prominent outcome for each participant, with further description of each outcome provided below.

OUTCOME	PERCENTAGE OF PARTICIPANTS (OUT OF 50)
Employment <i>Paid employment (job placement full/part time/increase in hours)</i>	26%
Job readiness <i>Independent job seeking</i>	38%
Access to Community Health <i>Provided community health services</i>	24%
Linked to an alternate income Support System <i>Transitioned from Workers Compensation to Services Australia</i>	6%
Drop Out <i>Commenced the program but did not complete</i>	6%

## EMPLOYMENT

Employment is defined as paid employment (either full or part time) and/or an increase in paid working hours. Encouragingly, and in line with the Collaborative Partnerships intent to improve workforce participation, 26% of participants achieved an employment outcome. The types of jobs participants found included a Disability Worker, Web Designer and delivery driver with Menulog. It should be noted that such outcomes were achieved despite relatively long periods of support within the workers compensation system. We believe these results were achieved by providing a customised and higher level of support to individuals to assist in managing challenges in their lives that restricted their ability to focus their attention on gaining employment. Challenges such as alcoholism and unable to provide food for their families. Once these challenges were addressed, it enabled participants to be more self-sufficient and open to engage in job seeking activities.

These employment outcomes establish this service as a point of difference to long term claims management and traditional rehabilitation services that operate within the workers' compensation system. This system is based on what injured workers are entitled to under relevant legislation, meaning it may not be possible to address broader individual needs that can lead to improving an individual's employability and overall health position.

### CASE STUDY

Amanda is a 53-year-old female who lives in Melbourne and lodged a claim for stress and anxiety as a result of workplace bullying and harassment which was accepted in May 2018.

Since this time, Amanda has been out of work receiving Occupational Rehabilitation Services.

Amanda commenced the Transition Support Program in March 2020. During the initial phone call Amanda advised she had identified a role within a local council. The Transition Support Specialist navigated the complexities of key services and referred Amanda to Your Futures services within 24 hours, a tailored Career Coaching program.

The Your Future consultant had a frank discussion with Amanda about realistic job options and appropriate workplace environments for her.

The Transition Support Specialist continued to work with Amanda in conjunction with her participating in the Your Futures program to explore her anxiety and the impact it had on her employment prospects. As a result Amanda was empowered to develop an agreed, goal-oriented plan.

The Program allowed the Transition Specialist to operate outside of legislative benefit parameters to facilitate the timely and thorough handover to the high quality Your Future service.

Amanda was placed into full time employment two weeks post joining the Transition Support Program.

## JOB READINESS

Through the support from Department of Education, Skills and Employment (DESE), a partnership was established with Matchworks, an employment service provider in Victoria. The partnership ensured a clear referral pathway for participants who met DESE criteria to provide job seeking support. The benefit, according to participants, of the partnership was demonstrated by a reduction in wait times and a warm hand over to ensure a streamlined introduction to job seeking services.

There continues to be a gap for participants who don't meet the jobactive /DES eligibility criteria. The partnership established through this pilot with both Match Works and YFCW demonstrated the benefit of an employment service provider and the transition support program working in collaboration. Fortnightly meetings were held between the groups to discuss participants' progress and how they could be addressed.

Three participants were referred to the Matchworks JVEN (Jobs Victoria Employment Network) program. These participants would not have received employment services if it weren't for the Transition Specialist's referral due to the eligibility criteria for jobactive or Disability Employment Services (DES) employment services. These three participants would not have been able to access the services if it wasn't for the Transition Support Specialist advocating on the participants behalf to enable entry. Pleasingly one participant was placed in employment.

Your Future Career and Wellbeing (YFCW), EML's inhouse employment service model, was another employment support program which received three participants from the Transition Support Program. The service provided participants' career coaching and employer brokerage to find meaningful employment, who otherwise would not have received an employment service, due to eligibility restraints. As the two programs worked concurrently, one participant was placed in employment.

### CASE STUDY

Amin is a 31-year-old male who suffered an injury whilst working in a fast-food shop in rural Victoria. Amin is an asylum seeker and is desperately seeking new employment.

Due to Amin's current visa, he is ineligible for most government support services including standard employment programs. It was established in the Transition Specialist's initial meeting that Amin's main goal was to be linked in with employment support in order to then find stable employment.

Amin currently receives support from Bapcare providing accommodation and practical support for asylum seekers. Due to Amin having no source of income Bapcare obtains material aid and food vouchers for him.

In order to further support Amin, the Transition Specialist was able to liaise with Amin's Bapcare case manager to provide a coordinated approach. Through a central referral pathway to Matchworks employment services (specifically established for the Transition Support Pilot), Amin was assessed for eligibility and accepted into an employment program funded through the Jobs Victoria Employment network (JVEN).

Amin now has a care coordinator through JVEN and is receiving support to make his resume job-ready, being coached on interview skills and exploring potential courses to upskill Amin in his chosen area of employment. JVEN have connections with employers across a range of different organizations and will use these networks to find future employment for Amin.

Without the Transition Support program Amin would not have had access to employment services to support him in his goal to returning to paid work.

## ACCESS TO COMMUNITY & HEALTH SERVICES

As we anticipated, the injured workers were all in need of some type of supports to enable them to improve their employability pathway. Approximately 43 different types of services were utilised by the participants with 94% of the cohort requiring support to access health and community services.

As an example, we had multiple participants in the challenging position of being unable to provide food for their families. The Transition Support Specialist worked closely with them to address this immediate need by coordinating Food Parcels and assisted the participants to navigate Services Australia to meet the immediate need of providing an income. The Transition Support Specialist ensured the treating medical practitioners were engaged to deliver the ongoing required treatment.

The types of Community and Health Services that were identified and subsequently accessed by participants through the Transition Support program are listed below:

SERVICE AREA	LIST OF SERVICES
Emergency Services	Ambulance
Mental Health	Beyond Blue Mensline Australia Kids Helpline Headspace Aps- Headspace, Mindfulness, Calm Men's Shed General Practitioner- Mental Health Care Plan Suicide Call Back Service Black dog institute The Anxiety Recovery Centre Victoria (ARCVic)
Physical Health	Domestic Violence Services Bendigo Alcoholics Anonymous Wyndham City Council- Yoga and Pilates Healthy eating guide Healthy Cooking Classes
Employment	Matchworks (JVEN) Your Future Career and Wellbeing APM Back to work course Upskilling business Victoria Jobs hub- Department of Education Skills and Employment TAFE (Homes glen & BoxHill) City of Case- Volunteer interpreter positions

SERVICE AREA	LIST OF SERVICES
Financial Support	Centrelink ATO Covid-19 Disaster Payment Money Smart Legal Aid Financial Counselling Australia Moneycare (Salvation Army)
Community	Homelessness Support Services Housing Services Common Equity Housing Limited St Vincent de Paul Gateway Christian Church Australian Red Cross Food Bank Anglicare City of Melton- Heat Foundation Bendigo Neighborhood House (Cinema Night/ Walking Group) Mackie Road Neighborhood House (Walking Group) Community Gardens Australia (Uniting Place)

## CASE STUDY

Margaret was diagnosed with PTSD on 26 April 2018 following an armed robbery during her course of work in a Jewelry store.

Margaret has been off work since April 2018 and has been completing job seeking activities with an Occupational Rehabilitation Provider since December 2018. The Transition Support Specialist developed a tailored transition plan that captured Margaret's primary goal of becoming a Real Estate Agent. This included setting goals around her study routine while completing a Victorian Agents Representative Course. Margaret's ongoing mental health issues manifesting through a general hesitancy to progress to returning to work for fear of a reoccurrence of her previous work history.

To ensure Margaret's employment options were front of mind, a range of job seeking courses and local agencies contact details were supplied and discussed at each appointment. Margaret ceased the program after 5 months as it was mutually agreed she had been provided with the right amount of support and resources to transition to self-management and job readiness.

## INCOME SUPPORT SYSTEMS

The most common income support system that the participants accessed was payments and services provided through Australian Government Services Australia. Within Services Australia, participants received income from Centrelink, New Start and the Disability Support Pension. The Transition Specialist assisted participants clarify their eligibility for the system, navigate the application process and often played an advocacy role when liaising with Services Australia. No participants indicated they would be applying to receive income from a life insurance policy.

## DID NOT COMPLETE THE PROGRAM

Three participants did not complete the program. Two of these chose to disengage from the program and one participant had weekly workers compensation payments reinstated following spinal surgery approval. For this participant the program was no longer suitable.

# SECTION 6: PARTICIPANT EXPERIENCES

## WELLBEING / EXPERIENCE

The wellbeing survey was administered at the commencement of the transition program, upon completion and three months post transition. The scores were then compared to determine whether the participant's overall wellbeing improved since the start of the program, and if so, whether this improvement was sustained at least three months post transition. Monash University administered the wellbeing survey, in addition to the exit interview conducted three months post transition. Their evaluation report will include these results.

The specific wellbeing components of the survey were captured via the Kessler 6 (Psychological Distress Measure), the SF12 (general health measure) and the General Self-efficacy scale.

## PARTICIPANT SATISFACTION SURVEY

The participant was requested to complete a customer satisfaction survey upon completion of the program, which measured the level of satisfaction with the service, which includes quality, communication and knowledge of the Transition Specialist Program. 64% of participants have completed the survey. Of this group, 78% of participants reported being 'Very Satisfied' or 'Satisfied' with the program. From the results we can confidently assume participants felt they received opportunities to improve their work participation, improved general health outcomes and a positive overall transition experience out of the workers compensation system.



## SECTION 7: WHAT DOES THIS PROGRAM OFFER THAT OTHERS DON'T

The Transition Support service is delivered within a traditional case management framework, by a qualified allied health professional and operates in a holistic model not constrained by legislation. The program has a significant focus on assisting individuals to become more employable as they exit the workers' compensation scheme. It is these key elements that are believed to be the enabler of the programs results.

- The Transition Support Program operates in a holistic model of care not constrained by legislation. The program takes a whole of life perspective supporting individuals to address challenges that will ultimately support them to become employable. These needs include homelessness, dependency issues, mental and general health and family and community connectivity resulting where appropriate to linking individuals with employment services. This program gives the Transition Support Specialist the authority and ability to address issues not typically covered by the workers' compensation scheme, for example addressing the barriers of isolation by introducing a participant to a local Men's Shed. In this particular case, it was evident that the participant was unable to focus on seeking employment whilst they were disconnected from the community.
- The program was designed to identify the specific barriers to employment which were identified by the Transition Support Specialist through trust building and creating a safe environment for the participant to share their story. Most participants had experienced over 3 years within the Workers Compensation system and therefore reported a lack of trust towards the system. To build the participants trust, the specialist spent a significant amount of time with each participant to listen and carefully identify the relevant services required. It was then the specialist's role to be a strong advocate of the participant when liaising with treating practitioners, community services and income support systems to ensure a seamless engagement of services.
- The Employee Awareness report identified that the success of the approach relies heavily on the capability of the key contact. Monash University confirmed that the success of services often hinges on the capability of the people involved, including communication skills, knowledge of the broader social service environment and the diverse services available. The Allied Health qualifications of the Transition Support Specialist goes some way to ensure the quality of these conversations. The specialist's assessment skills and ability to analyse the participant based on biopsychosocial models enabled the barriers of employment to be addressed.

## SECTION 8: RETURN ON INVESTMENT

This section provides an initial indicative cost benefit analysis of the Transition Support Program. The estimates presented below are based on preliminary analysis of limited data and are a potential scenario rather than a best estimate. It is recommended that a more detailed analysis and actuarial evaluation be undertaken prior to a wider roll out.

The research focus was qualitative given the number of participants, but it has led us to contemplate further discovery on the cost to scale, the downstream value for the Commonwealth and how it could benefit governments in the context of the support they are giving vulnerable citizens. Specifically, it can be assumed that where a participant is able to gain employment through the program they will be less likely to take actions that result in further workers' compensation costs (e.g. appeal previously made decisions or commence Common Law proceedings) and less likely to seek financial assistance from other government agencies (e.g. Commonwealth government provided disability benefits and/or unemployment assistance).

Using the Victorian Workers Compensation jurisdiction as an example, from recent experience it would be reasonable to expect that per financial year approximately 1,500 long-term injured workers will have their income replacement benefits ceased and will exit the workers' compensation system (excluding exits due to reaching retirement age). If these 1,500 long-term injured workers were able to participate in the Transition Support Program, there is the potential for savings of approximately \$12m from reduced expenditure on Commonwealth government benefits. These potential savings have been estimated using the following assumptions:

- approximately 50% of the injured workers exit workers' compensation coverage without any certified capacity to work and approximately 50% exit with certified capacity for alternative or modified duties
- 60% of injured workers who exit without any certified capacity to work will gain access to Commonwealth government benefits (e.g. disability support pension) and will receive benefits for 4 years on average at a rate of approximately \$23k/year
- 20% of injured workers who exit with certified capacity for alternative or modified duties will gain access to Commonwealth government benefits (e.g. JobSeeker) and will receive benefits for 2 years on average at a rate of approximately \$16k/year
- 25% of injured workers who participate in the Transition Support Program will make a successful return to work and will not seek to claim any Commonwealth government benefits"

## SECTION 9: THE BROADER OPPORTUNITY

The Transition Support Program has applicability in supporting individuals transitioning into or exiting other income support systems, employment, retirement or to improving life and lifestyle outcomes.

Care Coordination (or Case Management) has typically existed in the disability, mental health, drug and alcohol, health and child protection fields but is not a service generally included within personal injury scheme legislation, benefits structure or service models. Yet an increased focus by regulators across Australia on mental health, general wellbeing, chronic health and the effective management of complex claims is driving demand for individually based, person centric services case management support outside of 'claims management'.

As the Transition Support Program matures, to ensure it retains its case management and clinical integrity we believe it needs to remain separate to a claims function (particularly early on in its evolution). By structuring the Transition Support Program as a standalone service and delivered by a dedicated Transition Support Specialist, we believe it will allow the service to clearly demonstrate its differences. For example, as the Transition Support Program was sitting outside of the Victorian EML business, the governance sat within a different business unit. This created a clear distinction between claims management and the Transition Support Specialist which again assisted the development of the trust relationship between the Transition Support Specialist and participant.

The longer-term opportunity is to incorporate the skill set and/or function within current insurance income support claims model or even benefit structures to improve participant outcomes and reduce 'downstream' system impacts of people moving between different income support schemes.

## SECTION 10: CONCLUSION

The Transition Support Program pilot highlighted that people who have experienced long term unemployment can return to work with appropriate support. The timing and level of support, as they prepare to exit a system, is important to achieving short-term, social and economic outcomes.

The pilot results suggest that insurance (in this case Workers Compensation) schemes lacks the support mechanisms to address the challenges outlined above. Our experience shows that 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. This then poses the risk and cost to other income support schemes such as Centrelink.

Our results stem from working with individuals who have experienced three years within an income support system and been exposed to significant claims management and rehabilitation support. These participants did not find sustained employment during that time.

Encouragingly, 26% of participants with the Transition Support Program achieved an employment outcome and all participants' wellbeing scores increased. These results were achieved by supporting individuals to deal with challenges in their lives that restricted their ability to focus their attention on gaining employment enabling them to be self-sufficient to seek employment themselves or supported to access employment services. Nearly all participants required supports to enable them to improve their employability pathway. Over 40 services (food parcels, family support, financial assistance, physical and mental health, counselling) were utilised by the participants with 90% of participants requiring support to access health and community services.

The twelve-month pilot has provided an understanding of the impact this industry-first Transition Support program is having on participants' work readiness and wellbeing. It's a unique insight into the experience of people exiting income replacement schemes, and how by connecting them to services, networks and support can improve their health and wellbeing.



**MONASH**  
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Collaborative  
**Partnership**  
*to improve work participation*

# EVALUATION REPORT

**EML**   
Mutual since 1910

MARCH 2022

ROSS ILES



This research report was prepared by Ross Iles of the Healthy Working Lives Research Group (formerly the Insurance Work and Health Group), School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia. For further information relating to this report, please contact Associate Professor Ross Iles at [ross.iles@monash.edu](mailto:ross.iles@monash.edu).

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The author would like to acknowledge the input of Dr Caryn Van Vreden of the Healthy Working Lives Research Group in preparation of this report.

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# EXECUTIVE SUMMARY

## INTRODUCTION

The Collaborative Partnership to improve work participation (the Partnership) is a national alliance between public, private and not-for-profit sectors to improve work participation for people with a temporary or permanent, physical or mental health injury, illness or disability. The research was commissioned by the Collaborative Partnership to improve work participation. EML, one of the Partners proposed the concept and agreed to develop and deliver a 12-month Transition Support pilot to test the delivery of an evidence-based service to support individuals exiting their current income support systems, in this instance Victorian Workers Compensation. The project aimed to identify opportunities to improve work participation, general health outcomes and the overall transition experience for individuals transitioning out of or between income support systems. The pilot went live in August 2020 and ran for a 12-month period.

The Transition Support pilot was provided by a Transition Specialist was intended to be a qualified care professional (e.g. social worker) responsible for applying a client-centred approach to identify the immediate and ongoing needs for people approaching the transition out of workers' compensation. The Transition Specialist, over a period of 6-8 weeks, communicated regularly with the individuals to deliver tailored support, facilitating a range of services including rehabilitation counselling, connection with community supports and planning for future employment. All participants had long-duration (usually close to 130 weeks) workers' compensation claims, and had been identified as having a capacity to work, but as yet had been unable to return to work.

## AIMS

The Healthy Working Lives Research Group at Monash University was engaged to conduct an external evaluation of the Transition Support pilot. The aim of the evaluation was to assess the effects of the Transition Support pilot on outcomes including general health, mental and physical health, self-efficacy and self-rated work capacity, employment status and psychological and financial distress.

## METHODS

EML collected survey data at the start and conclusion of the service. In addition, Monash collected interview and final survey data three months post conclusion of the service. The survey data captured sources of financial support, level of financial distress, psychological distress, self-rated work ability, overall general health, physical health, mental health and general self-efficacy. A semi structured interview was conducted by Monash to capture participants' experience of the service and any changes in circumstances since the conclusion of the service.

It was the intention of the evaluation to compare the results of the Transition Support pilot to a comparable control group. It was expected that a comparable control group could be drawn from long-term workers' compensation recipients who would be willing to complete the short evaluation survey for comparison. However, the requirement for contact to first be made by EML to confirm willingness to participate meant far fewer potential participants were identified than expected. Monash experienced difficulties contacting potential control group participants, despite multiple attempts. As a result insufficient control data was gathered to enable a meaningful comparison. Where possible, comparisons to data collected in the National Return to Work Survey<sup>1</sup> have been reported. The most suitable comparison group in the National RTW Survey was identified as the group currently not working.

<sup>1</sup> Social Research Centre 2021 National Return to Work Survey Report (2022) available at <https://www.safeworkaustralia.gov.au/doc/2021-national-return-work-survey-summary-report>

## RESULTS: SURVEY

A total of 51 participants enrolled in the service and completed the initial survey, 32 of whom completed the survey at completion of the service (63% of those enrolled), with 16 completing the third survey (31% of those enrolled). A total of 21 exit interviews were conducted (41% of those enrolled).

It was possible to compare the pilot sample with the National RTW survey sample of people currently not working on measures of financial distress, psychological distress, self-rated work ability and general health. At commencement, pilot participants were more likely to be financially distressed and less likely to report excellent or very good general health. Pilot participants reported similar likelihood of probable serious mental illness (equivalent to severe psychological distress) and reported similar self-reported work ability to those completing the National RTW Survey who were not currently working.

Between one third and one half of participants completing the survey at each time point experienced improvements in measures of physical health, mental health, general self-efficacy, work ability and financial distress. However, the overall majority of participants reported either no change or a deterioration across the surveys. While there was a “positive” income transition for a small number of participants reflecting a move to wages and salaries being their main income source at each time point, the majority of participants reported no change in their main source of income.

At completion of the program pilot participants were more likely to report high levels of financial distress, were more likely have a serious mental illness and less likely to report excellent or very good health compared to the National RTW Survey not currently working group. Three months after service completion a comparable proportion of the pilot group reported excellent or very good health, but high levels of financial distress and likelihood of serious mental illnesses remained. At all time points the self-rated work ability of the pilot group was similar to that reported by the National RTW Survey not currently working group.

## RESULTS: INTERVIEWS

During the exit interview all participants described a complex experience throughout their workers' compensation claim. A strong theme emerging from the interviews included the importance of the timing of the service, and that the ideal timing was different depending on individuals' circumstances. All participants described significant financial difficulties, which for some focused on difficult choices between paying rent, buying food and paying for medical care. Participants consistently described the Transition Specialist's manner and willingness to listen and understand their situation as a strong positive aspect of the service, and the descriptions of the services provided was in line with that provided in the EML report. Almost all participants expressed a desire to be working, however at least half described being unable to work due to their condition. Participants described previous unsuccessful interactions with employment support, ranging from recommendations for clearly inappropriate roles to a superficial focus on resume writing. While three participants described recently finding paid work, they described this being a result of their own efforts, or by being in the right place at the right time. None described the Transition Support pilot as being a reason behind them finding paid employment. Participants made a range of suggestions to improve the service, including having someone who could provide guidance throughout an application to Centrelink or make applications on their behalf, provide financial counselling and practical support in finding employment.



## IMPLICATIONS

It is suggested that transition support programs are best provided in the lead up to the cessation of benefits, with an opportunity to adjust that timing in response to individual circumstances. Participants described a need for someone to help them with the process of applying to Centrelink and the benefit types that may be available. The data collected suggests the Transition Support pilot had a positive impact for up to half of the participants. The EML report demonstrated a high level of return to work outcomes in this population, and this evaluation supports that. For up to half of the participants, there was an increase in physical health, mental health and self-efficacy. However, up to 30% reported decreases across these measures.

The information gathered in this evaluation suggests there are some people who may benefit from this type of intervention. However, the absence of sufficient control group data means it is not possible to determine the extent to which the observed changes can be attributed to the Transition Support pilot. The best available comparison is with the data collected in the National RTW Survey currently not working group. Across measures of financial distress, psychological distress and general health, the pilot participants reported worse outcomes than the National RTW Survey respondents. Given all pilot participants were long term compensation claimants already experiencing poor health, any positive influence on health outcomes is likely to better prepare this population for the transition away from workers' compensation benefits. Further information is required to determine the magnitude of any benefit, which aspects of the service are most beneficial and when the service should be delivered to increase the likelihood of improved outcomes.

Whilst these findings should be interpreted with caution, the relatively high rate of positive return to work outcomes described in the EML report is supported by positive increases in general health, physical health, mental health and self-efficacy for some participants. While no participants attributed their change in working circumstances to participation in the pilot, it is likely that participation in the program had a positive role in the improvements described.

## RECOMMENDATIONS

The Transition Support pilot demonstrates the potential impact of a short-term, tailored service at the conclusion of workers' compensation benefits. This evaluation suggests there may be improvements made to the program, and the following recommendations are made based on the information collected in this report.

1. Be flexible with the timing of the service;
2. Continue to provide the opportunity for the Transition Specialist to listen to participants' story;
3. Provide practical support, such as assistance with Centrelink application and finding suitable employment;
4. Ensure the Transition Specialist has the support required to conduct the role without elevated risk to their own health;
5. Add financial counselling to the services offered;
6. Ensure local knowledge is applied wherever possible;
7. Continue to tailor the service offering as much as possible; and
8. For evaluation purposes recruit an appropriate comparison group to maximize the confidence in the demonstrated effects of the service.

## RELATIONSHIP TO OTHER PARTNERSHIP PILLARS

Other research undertaken by the Collaborative Partnership on the system of income support systems for work disability in Australia has shown that participants have widely varying experiences and pathways through the system. After encountering a system of income support, there are transition periods between schemes that are associated with frustration and financial distress<sup>2</sup>. This project was a preliminary exploration of the benefits of the provision of transition support as a client left a scheme, in this case workers' compensation. It has shown there is potential to provide support with the aim of achieving a return to work, or connection with other appropriate services, in this case most commonly Centrelink.

2 Iles, Osborne, Warren, Thompson & Collie. (2022). Measuring the movement of people between systems and finding ways to improve work and health outcomes: survey and interview report. Healthy Working Lives Research Group, School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia.



# OVERVIEW OF THE TRANSITION SUPPORT PROGRAM PILOT

The Collaborative Partnership to improve work participation (the Partnership) is a national alliance between public, private and not-for-profit sectors to improve work participation for people with a temporary or permanent, physical or mental health injury, illness or disability.

In response to the research findings and through the lens of the Collaborative Partnership's focus on improving systemic issues to support work participation, the Partnership funded EML to develop and deliver a 12-month Transition Support pilot for injured workers reaching the end of workers' compensation benefits in Victoria. The pilot was set up to test the delivery of a Transition Support Program to support individuals identified as approaching a transition out of one of the schemes in the system of systems which provide income support to people with work disability, specifically workers' compensation. The pilot went live in August 2020 and ran for a 12 month period.

The aim of the Transition Support pilot was to identify opportunities to improve work participation, general health outcomes and the overall transition experience of individuals transitioning out of or between income support systems through provision of a tailored transition support service. The Transition Specialist was intended to be a qualified care professional (e.g. social worker) who would apply a client-centred approach to identify the immediate and ongoing needs for people approaching the transition out of workers' compensation. The Transition Specialist, over a period of 6-8 weeks, communicated regularly with the individual to deliver tailored support, facilitating a range of services from rehabilitation counselling, connection with community supports and planning for future employment.

Participants in the Transition Support pilot were injured workers who had previously exited or were preparing to exit the Victorian Workers' Compensation Scheme. All participants had long-duration (approximately 130 weeks) workers' compensation claims, with the majority having been in the scheme for three years and exposed to ongoing case management and occupational rehabilitation support. Participants were invited to participate in the program and had been identified as having a capacity to work, but as yet had been unable to return to work.

The Healthy Working Lives Research Group (formerly the Insurance Work and Health Group) at Monash University was engaged to conduct an external evaluation of the Transition Support pilot. As part of this evaluation, Monash was involved in designing the evaluation approach and the data gathered throughout the pilot. Ethical approval required to conduct the evaluation was granted by the Monash University Human Research Ethics Committee, reference number 29359. EML was responsible for collection of data throughout the Transition Support pilot, with Monash collecting interview data post completion of the Transition Support pilot. Data for analysis was delivered to Monash by EML.

## OBJECTIVES

The aim of the evaluation was to assess the effects of the Transition Support pilot on outcomes including general health, mental and physical health, self-efficacy and self-rated work capacity, employment status and psychological and financial distress.

# METHODS

## RECRUITMENT AND DATA COLLECTION

Recruitment into the Transition Support pilot group was conducted by EML. EML staff provided the survey to participants at the commencement and conclusion of the service. Contact details for participants were provided to Monash, alongside dates of program completion to allow Monash to conduct the three month exit interview. At conclusion of the interview a member of the research team provided the participant with a link to complete the survey for a third and final time. Up to three contact attempts were made to arrange an interview time with participants. If no response was received after these three phone calls and email attempts, the participant was not contacted further. Upon completion of the interview two reminders to complete the survey were made, once by email and once by sms or phone call.

In order to recruit people for the control group, a list of potential participants who had consented to be contacted were provided to the research team. Each potential participant was contacted by email and phone up to three times to participate. A mutually convenient time was arranged to conduct the interview, and at the conclusion of the interview a link to the survey was sent to the control group participant. Upon completion of the interview two reminders to complete the survey were made, once by email and once by sms or phone call.

Challenges experienced by EML in participant recruitment are described in the EML report Data collection is summarised in Figure 1.

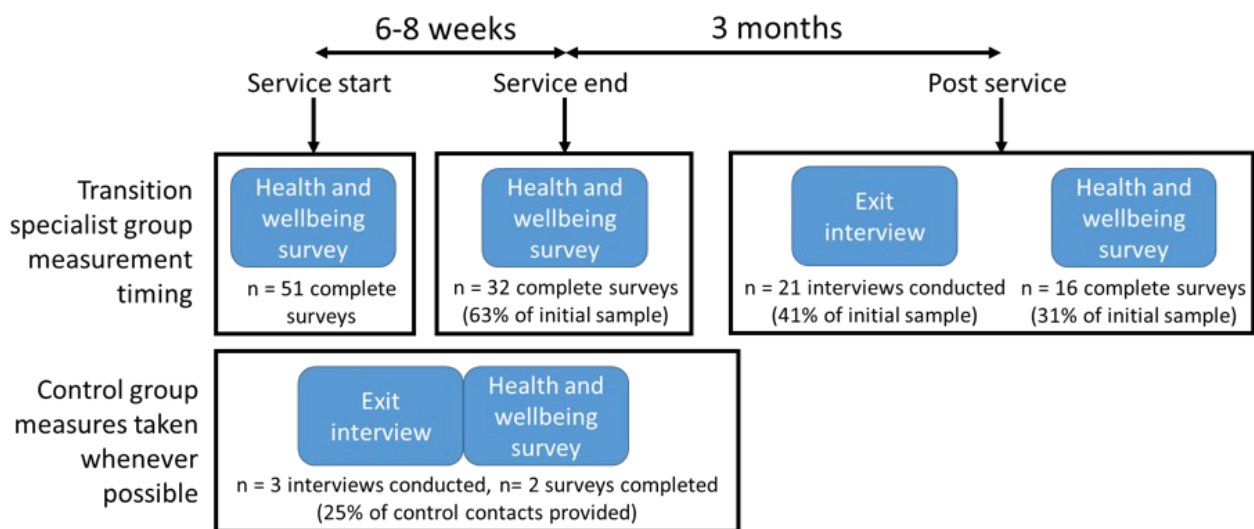


Figure 1: Timing of evaluation data collection

## SURVEY

The survey consisted of a number of validated tools and questions in order to measure the following constructs:

- Sources of financial support: measured with two questions asking respondents to identify all current sources of income and their main source of income.
- Financial distress: measured using the single item question, “What do you feel is the level of your financial stress today, on a scale of 1 to 10 where 1 is not at all stressed and 10 is as stressed as can be?”
- Psychological distress: measured using the Kessler 6 questionnaire, containing six questions about their feelings in the past month. Completing the questionnaire results in a score from 0-24, with a score of 0-4 as none or low psychological distress, a score of 5-12 indicating moderate psychological distress, and a score of 13 or higher indicating a severe level of psychological distress.
- Work ability: measured using the single item question, “How many points would you give your ability to work today? From 0 completely unable to work, to 10 your work ability at its best?”
- General health: measured using the first item of the SF-12 survey, “In general would you say your health is excellent, very good, good, fair or poor?”
- General physical health: measured using the physical health subscale of the SF-12 survey. This consists of six questions from the SF-12 survey, with a higher score indicating better physical health.
- General mental health: measured using the mental health subscale of the SF-12 survey. This consists of six questions from the SF-12 survey, with a higher score indicating better mental health.
- General self-efficacy: measured using the general self-efficacy scale, consisting of 10 questions asking the respondent how true each of the 10 statements are to them.

A copy of the survey can be found in Appendix 1.

## INTERVIEW

A semi-structured interview was conducted by telephone. The interview guide is provided in Appendix 2. The interview was conducted at a mutually convenient time. Notes were made by the interviewer during the interview, which were transcribed upon completion of the interview. A thematic analysis was conducted on the notes taken, identifying common themes appearing across the interviews, and where possible identifying differences between the Transition Support pilot participants and the control group.

## RESULTS

Data for 51 Transition Support pilot participants completing the initial survey was provided to the research team. Of these 51 participants, 32 completed the survey at completion of the service (63% of enrolled participants). The third survey was completed by 16 participants, 31% of enrolled participants. A total of 21 exit interviews were conducted, an interview rate of 41% of enrolled participants. Reasons for exit interviews not being conducted include being unable to contact participant despite multiple phone and email attempts and contact details being received outside the timeframe for conducting the interview.

The contact details of 12 potential control group participants were provided to the research team. Three control group participants were interviewed, with two complete surveys received. The number of control surveys received was too small to enable a meaningful comparison with the Transition Support pilot group. Comparisons are made with the National RTW Survey 2021 respondents who were not currently working.

**TABLE 1: SURVEY DATA**

		SERVICE START	SERVICE COMPLETION	3 MONTHS POST	NATIONAL RTW SURVEY <sup>1</sup>
n completed surveys		51 (100%)	32 (62.7%)	16 (31.4%)	
<b>All sources financial support<sup>2</sup></b>	Workers' compensation	30	12	5	
	Wages and salaries	7	9	8	
	Centrelink Benefits	6	6	1	
	Superannuation	3	1	0	
	Investments	1	0	0	
	Relying on family member	2	2	1	
	TPD insurance	1	1	1	
	No income	5	4	3	
	Other	2	2	0	
<b>Main source financial support</b>	Workers' compensation	31 (60.1%)	11 (34.4%)	5 (31.3%)	
	Wages and salaries	8 (15.7%)	8 (25.0%)	6 (37.5%)	
	Centrelink Benefits	4 (7.8%)	6 (18.8%)	1 (6.3%)	
	Superannuation	2 (3.9%)	0	0	
	Relying on family member	1 (2.0%)	2 (3.9%)	1 (6.3%)	
	No income	4 (7.8%)	4 (12.5%)	3 (18.8%)	
	Other	1 (2.0%)	1 (3.1%)	0	
	<b>Financial distress</b>	Mean (SD)	8.0 (2.1)	7.7 (2.2)	6.5 (2.3)
0 – not at all	Median	8.0	8.0	6.5	
10 – as stressed as can be	Range	0-9	1-10	2-10	
High stress: 7-10 <sup>3</sup>	Proportion high stress	78.4%	90.3%	71.4%	46.7%
<b>Psychological distress Low to severe distress</b>	None or low	5 (9.8%)	1 (3.1%)	2 (12.5%)	
	Moderate	27 (52.9%)	16 (50.0%)	5 (31.3%)	
	Severe	19 (37.3%)	15 (46.9%)	8 (50.0%)	37.1% <sup>4</sup>
<b>Work ability</b>	Mean (SD)	4.2 (2.6)	4.0 (2.8)	4.6 (2.9)	4.4
0 – Completely unable	Median	4.0	3.5	5.5	
10 – At its best	Range	0-9	1-10	0-9	
<b>General Health<sup>5</sup></b>	Excellent	0	0	0	
	Very Good	5 (9.8%)	2 (6.5%)	2 (14.3%)	
	Good	15 (29.4%)	8 (25.8%)	2 (14.3%)	
	Fair	17 (33.3%)	13 (41.9%)	4 (28.6%)	
	Poor	14 (27.5%)	8 (25.8%)	6 (42.9%)	
	Proportion Excellent/very good	9.8%	6.5%	14.3%	15.6%
<b>General physical health</b>	Mean (SD)	10.1 (3.2)	10.3 (3.3)	11.6 (4.0)	
Higher score indicates better health	Median	9.0	9.0	10.5	
	Range	6-19	6-19	6-18	
<b>General mental health</b>	Mean (SD)	12.0 (2.3)	12.2 (2.4)	12.6 (3.2)	
Higher score indicates better health	Median	12.0	12.0	12.0	
	Range	7-16	6-17	6-18	
<b>General self-efficacy</b>	Mean (SD)	25.7 (6.3)	26.2 (5.7)	28.1 (6.3)	
Higher score indicates better self-efficacy	Median	27.0	27.0	29.5	
	Range	10-39	14-37	17-39	

1: Currently not working group from National RTW Survey 2021 Report; 2: Could select more than one; 3: High financial stress definition from National RTW Survey; 4: Probable serious mental illness category from National RTW Survey is the equivalent to severe psychological distress category; 5: Taken from the first item of the SF-12 questionnaire.

Tables 2-4 describe changes in the measures across the different evaluation time points. A reported positive change occurred when the participant's score reflected a better state of health according to the measure. A reported negative change occurred when the participant's score reflected a worse state of health according to the measure. No change reflected the participant having the same score at both points in time. It must be noted that small increases on these measures do not necessarily mean a clinically relevant change occurred, however changes in these measures demonstrate the potential impact of the service for participants. Changes across all time points are summarised in Figure 2.

**TABLE 2: CHANGE FROM SERVICE START TO COMPLETION**

MEASURE	CHANGE FROM START OF SERVICE TO SERVICE COMPLETION (n=31*)		
	REPORTED POSITIVE CHANGE	REPORTED NO CHANGE	REPORTED NEGATIVE CHANGE
Financial distress	13 (42%)	10 (32%)	8 (26%)
Psychological distress	9 (29%)	1 (3%)	21 (68%)
Work ability	9 (28%)	12 (39%)	10 (32%)
General health	8 (26%)	15 (48%)	8 (26%)
General physical health	15 (48%)	6 (19%)	10 (32%)
General mental health	15 (48%)	4 (13%)	12 (39%)
General self-efficacy	18 (58%)	5 (16%)	8 (26%)

\* 31 surveys with complete information across all measures at start and completion of service

**TABLE 3: CHANGE FROM SERVICE COMPLETION TO 3 MONTHS POST SERVICE**

MEASURE	CHANGE FROM SERVICE COMPLETION TO 3 MONTHS POST SERVICE (n=13*)		
	REPORTED POSITIVE CHANGE	REPORTED NO CHANGE	REPORTED NEGATIVE CHANGE
Financial distress	8 (61%)	3 (23%)	2 (15%)
Psychological distress#	4 (33%)	0	8 (67%)
Work ability	5 (38%)	4 (31%)	4 (31%)
General health	2 (15%)	9 (69%)	2 (15%)
General physical health	5 (38%)	3 (23%)	5 (38%)
General mental health	7 (54%)	1 (8%)	5 (38%)
General self-efficacy	5 (38%)	4 (31%)	4 (31%)

\* 13 surveys with complete information across the majority of measures at completion of service and 3 months post service

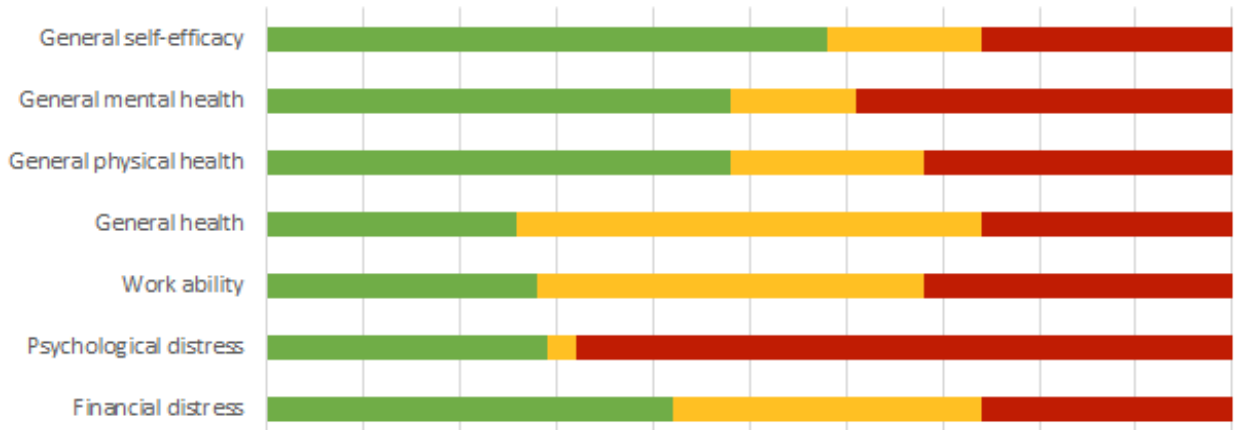
# 12 complete responses for this measure

**TABLE 4: CHANGE FROM SERVICE START TO 3 MONTHS POST SERVICE**

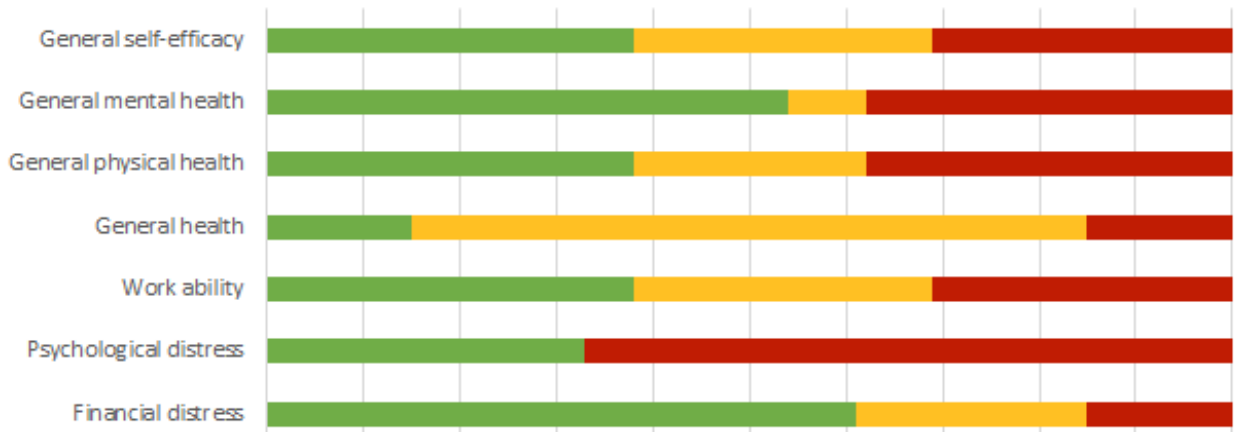
MEASURE	CHANGE FROM START OF SERVICE TO 3 MONTHS POST SERVICE (n=13*)		
	REPORTED POSITIVE CHANGE	REPORTED NO CHANGE	REPORTED NEGATIVE CHANGE
Financial distress	5 (38%)	4 (31%)	4 (31%)
Psychological distress	4 (31%)	4 (31%)	5 (38%)
Work ability	5 (38%)	4 (31%)	4 (31%)
General health	4 (33%)	7 (54%)	2 (15%)
General physical health	5 (38%)	3 (23%)	5 (38%)
General mental health	7 (54%)	1 (8%)	5 (38%)
General self-efficacy	5 (38%)	4 (31%)	4 (31%)

\* 13 surveys with complete information across all measures at completion of service and 3 months post service

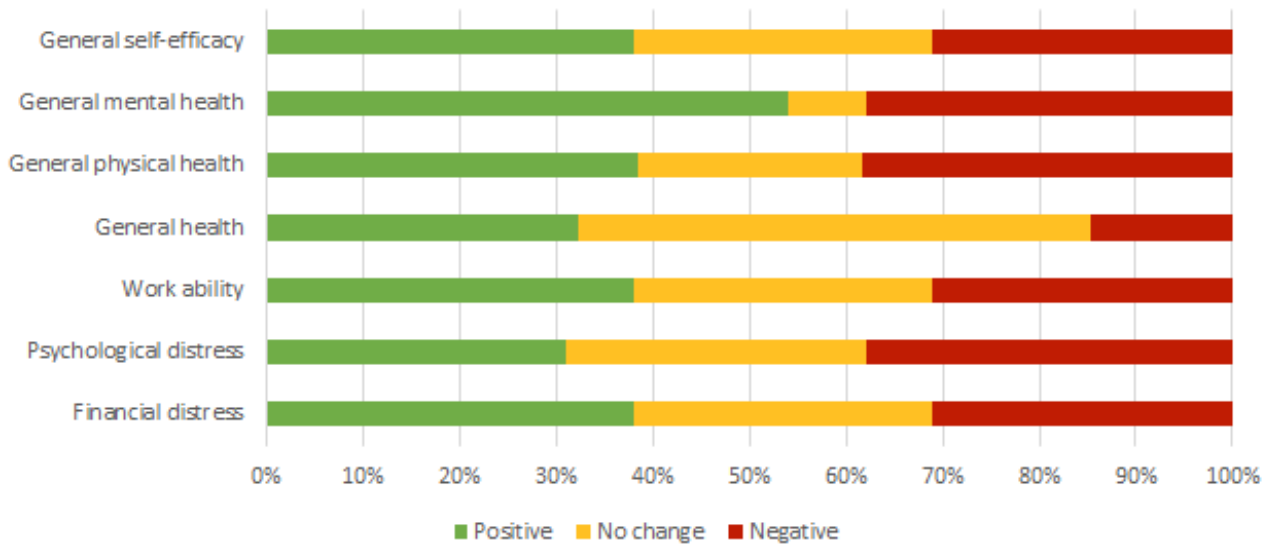
### Service start to service completion



### Service completion to 3 months post service



### Service start to 3 months post service



**Figure 2: Summary of changes in measures across all time points.** While there were some participants reporting a positive change on each outcome at each time point, generally the majority reported either a decline or no change across the measures.

## CHANGE IN MAIN INCOME SOURCE

Changes in the main income source reported by participants across the three time points was examined to indicate how participants transitioned financially. Four categories were determined: 1. Reporting a transition to wages and salaries (e.g. from workers compensation to wages and salaries); 2. Reporting a transition from workers' compensation to other income support (including no income); 3. Reporting a transition away from wages and salaries to income support (e.g. from wages and salaries to workers' compensation); and 4. No change in main income source. These transitions are summarised in Table 5.

**TABLE 5: CHANGES IN MAIN INCOME SOURCE**

	START OF SERVICE TO SERVICE COMPLETION (n=31)	SERVICE COMPLETION TO 3 MONTHS POST SERVICE (n=13)	START OF SERVICE TO 3 MONTHS POST SERVICE (n=14)
Transition TO wages and salaries	3 (9.7%)	2 (15.0%)	4 (28.6%)
Transition FROM workers' compensation TO other income support (including no income)	6 (19.4%)	1 (7.1%)	0
Transition FROM wages and salaries TO other income support (including no income)	1 (3.2%)	3 (21.4%)	3 (21.4%)
No change in main income source	21 (67.7%)	6 (42.9%)	7 (50.0%)

At each time point the majority of participants reported no change in their main source of income. However, at each time point there was a “positive” income transition for a small number of participants reflecting a move to wages and salaries being their main income. The number of participants transitioning away from wages and salaries as the main source of income was similar at each time point.

## EXIT INTERVIEWS

A total of 24 interviews were conducted, with 21 interviewed from the Transition Support pilot group and 3 from the control group. Invariably participants described a complex experience throughout their workers' compensation claim. Experiences commonly included instances of medical treatment deemed to have failed, episodes of surgery, difficult relationships with their employer, legal involvement in order to make a claim or have elements of claim reinstated and difficulty complying with the ongoing requirements of workers' compensation. The most common themes emerging from the interviews are described below.



## **IMPORTANCE OF TIMING**

Several participants described that the timing of the service was not right for them. This was not unexpected for the participants who were recruited after pilot protocol changes in response to the omnibus bill (that is, worker's compensation benefits had already ceased prior to the service). Participants in this situation described the best timing would have been around the time when they were informed of the decision to terminate benefits, or in the build up to that time. However, several of those participants who did receive the service in the lead up to benefits ending reported that there was so much going on for them that they did not feel capable of acting upon the advice they were given. Two described receiving the service when an appeal process was underway, and in the case of a successful appeal that workers' compensation benefits were reinstated. All participants identified timing as an important component of the service, and it would appear that the best timing would be in the lead up to the cessation of benefits (in line with the original intended timing of the pilot), provided there was an opportunity to adjust that timing in response to individual circumstances.

## **FINANCIAL IMPLICATIONS**

All participants described the financial difficulty around workers' compensation benefits coming to an end. Some participants were able to prepare for a period of no income, or use their lump sum payment to prepare financially for the future. Two participants described a very real fear of losing their home, and three described having to move in with family members as they did not have enough income to pay rent. Some described barriers in being able to prepare financially for the future, being unable to apply for Centrelink benefits ahead of time, or their current payments being too low to put away money for when they ceased altogether. Participants described a need for someone to help them with the process of applying to Centrelink and the benefit types that may be available. Participants described the Transition Specialist to be partially helpful in this regard, but was ultimately limited in the extent to which they could help.

## **SERVICES SUPPLIED BY THE TRANSITION SPECIALIST**

Participants mentioned a range of services performed by the Transition Specialist and the positive impact things such as arranging fuel vouchers and food parcels had for them. One described the Transition Specialist advocating for them so they could receive employment services despite not receiving Centrelink benefits, which removed for them the key barrier to finding work. The exit interviews confirmed the range of services the Transition Specialist was able to provide, and indicated these services were tailored to individuals' circumstances.

## **QUALITIES OF THE TRANSITION SPECIALIST**

Participants consistently described the Transition Specialist's manner and willingness to listen and understand their situation as a strong positive aspect. The nature of the role was described as being quite different to anything they had experienced previously under workers' compensation, participants described feeling as though they were being listened to and that the Transition Specialist genuinely wanted to help the person in their unique situation. All participants appreciated having someone to talk to and who followed them up to see how things were progressing. Participants described this as a strength of the service.

## **SUGGESTED IMPROVEMENTS TO THE SERVICE**

Participants made a range of suggestions to improve the service provided. The majority described the timing of the service as an aspect that could improve, however the suitability of timing did vary according to individual circumstances. A common suggestion was the Transition Specialist being someone that could make applications to Centrelink on the person's behalf, or guide them through the actual application process and provide help to navigate the system. Two participants referred to a limited knowledge of services available in their (rural) region, but acknowledged the difficulty of providing that in a trial service. Other suggestions included providing financial counselling, practical support in finding employment, and providing general advice on what options are "out there". These suggestions were offered by participants when asked what services would be useful in the lead up to transition, and as a result some fall outside the intended scope of the Transition Support pilot.

## **PREVIOUS EMPLOYMENT SUPPORT**

Several participants described that there had been previous engagement with employment services as part of their claim. On the whole these were described as "token", and failed to take into account the limitations of their condition. Several described being recommended roles that were clearly beyond their current capacity, and in one case the individual had to appeal penalties applied for not applying for a role not suited to her certified capacity. Three described a process where they described their skills and capacity and then wouldn't hear from the service again, presumably because there were no suitable roles. Others described a focus on resume writing rather than identification of capabilities or opportunities to retrain for future roles. In contrast, three participants described retraining with certain roles in mind, but were unsuccessful in applying for those roles once qualifications were gained because they didn't have experience. The ability to secure work was further negatively impacted by the pandemic.

## **DESIRE TO WORK LIMITED BY CAPACITY TO WORK**

Almost all participants expressed a desire to be working, not just for the financial benefits but for the purpose that employment brings. However, at least half of the participants described that they were simply unable to work as a result of their condition. Several had made multiple attempts to return to work and either faced significant flare ups of their condition, or were "let go" not long afterwards. Four participants described not even being in a position to consider being able to work.

## **HOW EMPLOYMENT WAS FOUND**

No participants described the Transition Support pilot as a reason for finding work. Three described finding work purely by chance, through a friend or by being in the right place at the right time, and a further three took their own steps to negotiate a suitable role with an employer. One found work two days before benefits ceased. Most of those who found work described the services they had previously received to help them find work were inappropriate and suggested roles that were clearly beyond their capacity.

## **INTERVIEWS WITH CONTROL GROUP PARTICIPANTS**

Three interviews were conducted with control group participants. While this number is too small to allow a full comparison with the Transition Support pilot group, similar experiences were described in terms of difficult experiences with the workers' compensation system, financial difficulty associated with the end of benefits and a desire to work but limited capacity to do so. One described the end of workers' compensation as a relief, and through their own drive and determination had started their own business. One stated they would have benefited from help and guidance to apply for benefits through Centrelink.

## IMPLICATIONS

The information gathered in this evaluation suggests there are some people who may benefit from this type of intervention. However, the absence of sufficient control group data means it is not possible to determine the extent to which the observed changes can be attributed to the Transition Support pilot. Comparisons with the National RTW Survey currently not working group suggest the pilot participants were in a generally worse state of health and financial distress than respondents who were currently not working. This is likely a reflection of the length of time within the workers' compensation system and the complex health issues described in the interviews. However, data gathered from the surveys suggest that between a third and half of participants completing the survey at each time point experienced improvements in measures of general health, physical health, mental health, general self-efficacy, work ability and financial distress. However, the overall majority of participants reported either no change or a deterioration across the surveys. This suggests the Transition Support pilot was beneficial for some participants, but not others. Given all participants were long term compensation claimants already experiencing poor health, any positive influence on health outcomes is likely to better prepare this population for the transition away from workers' compensation benefits. Further information is required to determine the level of benefit, what aspects of the service are most beneficial and when the service should be delivered to increase the likelihood of improved outcomes.

These findings must be interpreted with caution. Alongside the absence of meaningful control group data, the low response rate to the second and third surveys decreases the generalisability and confidence in the findings. Nevertheless, the data collected suggests the Transition Support pilot had a positive impact for as many as half of the participants. The EML report demonstrated a high level of return to work outcomes in this population, and this evaluation supports that, for several participants, there was an increase in physical health, mental health and self-efficacy. While no participants attributed their change in working circumstances to participation in the program, it is likely that participation in the program had a positive role in the improvements described. It should be noted that the work outcomes described in this evaluation report are in reference to respondents reporting their main source of income, and could be a reason for an apparently lower rate of positive work outcomes compared to the EML report. Furthermore, this measure was taken three months post service completion, and during the interviews respondents described difficulties maintaining work due to the impact on their health as well as other circumstances. This could also explain the differences in work outcomes between this evaluation report and the EML report.

All interview participants positively described their interactions with the Transition Specialist as someone who listened to them and genuinely tried to understand their situation. At the commencement of the program more than 90% were experiencing moderate or severe psychological distress, and having an understanding person offer help at a difficult time was described by all as beneficial. In general, the levels of psychological distress amongst participants remained high at each survey time point, and should be a key consideration when preparing for the role of the Transition Specialist. Support, such as opportunities to debrief, and specific communication training should be provided to ensure the Transition Specialist is able to provide the support required by participants on an ongoing basis, without elevated risk to their own health and wellbeing.

## STRENGTHS AND LIMITATIONS

A major limitation to this evaluation is the lack of a comparable control group. Despite efforts to recruit suitable control participants, just 12 were identified who were willing to participate, with just 3 being able to take part in an interview or complete the survey. The process of identifying potential control group participants required initial contact from EML to describe the study and invite participation, a requirement of the ethical approval for the evaluation. It is likely that those contacted by EML either did not receive the invitation, did not read the invitation or ignored the invitation due to a lack of interest in participation, particularly since no incentive was offered. As a result, the ability to attribute the changes seen to the Transition Support pilot alone is limited, and remains an ongoing challenge for evaluating interventions in this population. The best available comparison from the National RTW Survey demonstrated a better health profile than those in the pilot, which indicates drawing a control sample that is more closely matched for length of time within workers' compensation would be the best comparison. It should be noted that the population identified for this intervention had experienced long term poor health prior to the introduction to the service, and it is reasonable to assume that the Transition Support pilot played a role in the positive results observed, particularly when the interviews highlighted a number of positive components of the service.

A further limitation is the low completion rates of the survey at the end of the service and then three months later. Future efforts to run the program should embed completion of all measures as part of the service, ensuring a way to monitor participants' outcomes as a matter of routine for the service. Even fewer participants completed the survey three months after completion of the service, despite multiple contact attempts. This introduces bias into the interpretation of the results, in that the outcomes of those who did not complete the follow up surveys are not known. It is possible that only those who benefitted from the service, or viewed it positively, responded to the later surveys and interview time points. This would have the effect of artificially inflating the results, making a positive response to the program appear more likely. However, the positive results reported by EML in the report "Transition Support Program" are supported to some extent in the data collected in this evaluation.

# RECOMMENDATIONS

A number of recommendations have been made throughout this report, and for clarity are summarised together here.

- 1. Aim to be flexible with the timing of the service:** for most participants the best timing for the service was in the final stages of workers' compensation wage replacement. However, for some there was so much going on throughout this phase (such as appeals, conciliation appointments and specialist reviews) that they simply weren't able to act on the advice provided, or were less likely to engage as a decision regarding their future status was pending. As part of service delivery there should be a process that identifies whether the proposed timing of the service suits the individual's circumstances.
- 2. Provide the opportunity to listen to the participant's story:** All participants appreciated having someone to talk to and who followed them up to see how things were progressing. Participants described this as a strength of the service.
- 3. Provide practical support wherever possible:** participants described a desire for practical help, including being able to help with Centrelink applications as well as helping find suitable employment.
- 4. Ensure the Transition Specialist has appropriate support:** opportunities to debrief and specific communication training should be provided to ensure the Transition Specialist is able to provide the support required by participants on an ongoing basis, without elevated risk to their own health and wellbeing.
- 5. Add financial counselling to the services offered:** participants identified that this would be helpful in the lead up to transition.
- 6. Aim to ensure the Transition Specialist is equipped with local knowledge:** Participants from rural areas noted that the Transition Specialist was not familiar with the services on offer in their region. A wider rollout of the service should aim to ensure there is some degree of local knowledge wherever possible.
- 7. Continue to tailor services offered as much as possible:** participants described a wide variety of challenges they were dealing with in the lead up to transition. Tailoring services to participants' needs rather than offering all participants the same services will most likely maximise benefits for participants.
- 8. Evaluation of service impact requires a suitable comparison group:** the wide variety of participants' circumstances make it difficult to attribute the changes seen wholly to the pilot program. A suitable comparison group drawn from a similar population will provide much greater confidence in the true impact of the pilot program.

# CONCLUSION

Whilst these findings should be interpreted with caution, the relatively high rate of positive return to work outcomes described in the EML report is supported by positive increases in general health, physical health, mental health and self-efficacy for some participants. While no participants attributed their change in working circumstances to participation in the pilot, it is likely that participation in the pilot had a positive role in the improvements described.

The Transition Support pilot demonstrates the potential impact of a short-term, tailored service at the conclusion of workers' compensation benefits. This evaluation suggests there may be improvements that can be made to the service. Future iterations of the program should endeavour to further tailor the services provided to individual need. An evaluation of the program in comparison to a valid control group should be an essential component of any future iterations of the Transition Support pilot.

# APPENDIX 1: SURVEY MEASURES

## PSYCHOLOGICAL DISTRESS

The following questions ask about how you have been feeling during the **past 30 days**. For each question, please circle the number that best describes how often you had this feeling.

DURING THE PAST 30 DAYS, ABOUT HOW OFTEN DID YOU FEEL ...	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
a. ...nervous?	1	2	3	4	5
b. ...hopeless	1	2	3	4	5
c. ...restless or fidgety	1	2	3	4	5
d. ...so depressed that nothing could cheer you up?	1	2	3	4	5
e. ...that everything was an effort?	1	2	3	4	5
f. ...worthless?	1	2	3	4	5

## WORK ABILITY

Assuming your work ability 'at its best' has a value of 10 points. How many points would you give your ability to work **today**? From 0 completely unable to work, to 10 your work ability at its best?

0    1    2    3    4    5    6    7    8    9    10

Completely unable to work

At its best

## FINANCIAL STRESS

What do you feel is the level of your financial stress today, on a scale of 1 to 10 where 1 is not at all stressed and 10 is as stressed as can be?

1    2    3    4    5    6    7    8    9    10

Not at all stressed

As stressed as can be

## SOURCES OF FINANCIAL SUPPORT

What are your current sources of income? Choose as many as apply

- Workers' compensation payments
- Wages and salaries
- Profits from own business
- Investments, including interest, rent, dividends, and royalties
- Overseas pensions
- Superannuation
- Annuities
- Centrelink benefits
- Financial support from family members not living in same household
- Other forms of social assistance
- Income protection insurance
- Temporary or Permanent Disability (TPD) insurance
- Other source of income (PLEASE SPECIFY)

## MAIN SOURCE OF INCOME

Which is your **main** source of income? Please select only one

- Workers' compensation payments
- Wages and salaries
- Profits from own business
- Investments, including interest, rent, dividends, and royalties
- Overseas pensions
- Superannuation
- Annuities
- Centrelink benefits
- Financial support from family members not living in same household
- Other forms of social assistance
- Income protection insurance
- Temporary or Permanent Disability (TPD) insurance
- Other source of income (PLEASE SPECIFY)

## GENERAL SELF EFFICACY SCALE

	NOT AT ALL TRUE (1)	HARDLY TRUE (2)	MODERATELY TRUE (3)	EXACTLY TRUE (4)
1 I can always manage to solve difficult problems if I try hard enough.				
2 If someone opposes me, I can find the means and ways to get what I want.				
3 It is easy for me to stick to my aims and accomplish my goals.				
4 I am confident that I could deal efficiently with unexpected events.				
5 Thanks to my resourcefulness, I know how to handle unforeseen situations.				
6 I can solve most problems if I invest the necessary effort.				
7 I can remain calm when facing difficulties because I can rely on my coping abilities.				
8 When I am confronted with a problem, I can usually find several solutions.				
9 If I am in trouble, I can usually think of a solution.				
10 I can usually handle whatever comes my way.				

## GENERAL PHYSICAL AND MENTAL HEALTH (SF-12 SURVEY)

**SF-12 Health Survey** This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. **Answer each question by choosing just one answer.** If you are unsure how to answer a question, please give the best answer you can.:

### 1. In general, would you say your health is:

Excellent (5)  Very good (4)  Good (3)  Fair (2)  Poor (1)

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	YES, LIMITED A LOT	YES, LIMITED A LITTLE	NO, NOT LIMITED AT ALL
2. <b>Moderate activities</b> such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	(1)	(2)	(3)
3. Climbing <b>several</b> flights of stairs.	(1)	(2)	(3)

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	YES	NO
4. Accomplished less than you would like	(1)	(2)
5. Were limited in the kind of work or other activities	(1)	(2)

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	YES	NO
6. <b>Accomplished less</b> than you would like	(1)	(2)
7. Did work or activities <b>less carefully than usual</b>	(1)	(2)

8. During the past 4 weeks, how much did pain interfere with your normal work (including work outside the home and housework)?

Not at all (5)  A little bit (4)  Moderately (3)  Quite a bit (2)  Extremely (1)



These questions are about how you have been feeling during the past 4 weeks.

For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

	ALL OF THE TIME	MOST OF THE TIME	A GOOD BIT OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
9. Have you felt calm and peaceful?	(6)	(5)	(4)	(3)	(2)	(1)
10. Did you have a lot of energy?	(6)	(5)	(4)	(3)	(2)	(1)
11. Have you felt down-hearted and blue?	(1)	(2)	(3)	(4)	(5)	(6)

**12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?**

- All of the time (1)  Most of the time (2)  Some of the time (3)  A little of the time (4)  
 None of the time (5)

## APPENDIX 2: INTERVIEW GUIDES

### INTERVIEW GUIDE – TRANSITION SPECIALIST GROUP

#### INTRODUCTIONS

- Can you give me a 2 minute summary of your pathway through workers' compensation?
  - o When did you stop receiving workers compensation benefits? (Omnibus group)
- When did you spend time with Bethany (the transition specialist)?
  - o Before or after your notification that benefits would cease?
- How would you describe working with Bethany?
  - o Was it beneficial?
  - o What was it that you found most helpful?
  - o Was there anything that didn't work as you would have hoped?
- What would you say would be the best time to work with someone like Bethany?
  - o Before benefits have ceased/immediately after ceasing?
- How would you describe your transition away from workers' compensation benefits?
  - o What would improve that process?
  - o Would working with someone like Bethany help? How?
- What is your main source of income now? (e.g. paid work, unemployment benefits, superannuation)
- In terms of income support, what happened between the end of workers compensation and the income you receive now?
- Was there a period when you received no income?

- What did you do during that period?
  - o E.g. relied on savings?
  - o Working partner?
  - o Sold assets
- How long did that period last?
- In terms of health care, what happened between the end of workers compensation and the income you receive now?
  - o How did you pay for the healthcare you received? (e.g. Medicare, out of own pocket)
  - o How would you rate your health now compared to when workers compensation ended?
- How satisfied with your current situation now compared to when you were receiving workers compensation benefits?
- What was the main challenge for you at the end of workers compensation benefits?
- What would have helped you when you reached the end of workers compensation to reach your life goals?
- If there was a service to help people reaching the end of workers' compensation benefits, what would it look like?

One thing that will help us determine whether a person working in such a role makes a difference to people if you could fill out a questionnaire. I will email it to you immediately after our call. It will take somewhere between 10 and 15 minutes to complete, and it would really help us to work out what makes a difference. Please take the time to fill it out –you can do it on a computer, smartphone or tablet.

## **INTERVIEW GUIDE – CONTROL GROUP**

### **VERBAL CONSENT STATEMENT**

Thank you for your interest in taking part in this research project called Transition Specialist Evaluation, project number 25968. Can I check that you have received and read the Explanatory Statement? Do you have any questions about the research project?

By giving your consent to participate you are allowing Monash to use the information collected in a telephone interview and a survey sent to you for the purposes of this research project only. The information collected could be used in reports, publications and presentations about the project, but you will not be able to be identified by any information contained in those reports. You are free to withdraw your consent at any stage, and your information will be removed from the project. Do you provide your consent to take part in the project?

## INTRODUCTIONS

- Can you give me a 2 minute summary of your pathway through workers' compensation?
  - When did you stop receiving workers compensation benefits?
- What is your main source of income now? (e.g. paid work, unemployment benefits, superannuation)
- In terms of income support, what happened between the end of workers compensation and the income you receive now?
- Was there a period when you received no income?
- What did you do during that period?
  - E.g. relied on savings?
  - Working partner?
  - Sold assets
- How long did that period last?
- In terms of health care, what happened between the end of workers compensation and the income you receive now?
  - How did you pay for the healthcare you received? (e.g. Medicare, out of own pocket)
  - How would you rate your health now compared to when workers compensation ended?
- How satisfied with your current situation now compared to when you were receiving workers compensation benefits?
- What was the main challenge for you at the end of workers compensation benefits?
- How would you describe your transition away from workers' compensation benefits?
- What do you think would have improved your transition?
- If there was a service to help people reaching the end of workers' compensation benefits, what would it look like?

One thing that will help us determine whether a person working in such a role makes a difference to people if you could fill out a questionnaire. I will email it to you immediately after our call. It will take somewhere between 10 and 15 minutes to complete, and it would really help us to work out what makes a difference. Please take the time to fill it out –you can do it on a computer, smartphone or tablet.