Returning to work is an important part of recovery from illness or injury. Work is the most effective means of improving and maintaining the wellbeing of individuals including their families and communities. Remaining at work where possible, or getting back to work, is a crucial part of an injured worker's rehabilitation. It reduces the human and financial impact on workers, their families and workplaces.

The key to achieving an early and successful return to work (RTW) or maintenance at work of an injured worker lies in the employer's willingness, ability and commitment to timely rehabilitation and by providing duties within the capacities of the injured worker.

This requires a constructive and creative approach with commitment from senior managers and line managers. Worker perceptions of organisational support, the nature of the job, the individual's experience in the workplace, the response of professionals such as general practitioners, family and friends all influence the success of return to work outcome.

**SOME KEY FACTS**

- Long-term worklessness is one of the greatest known risks to public health—equivalent to smoking 10 packets of cigarettes a day.¹

- The longer the absence from the workplace, the less likely that people will get back to work and stay at work over the longer term. This has huge cost implications, not only for a worker and their family, but also their employer, in lost skills and increased premiums.

¹ According to Professor Sir Mansel Aylward
Too many injured workers are staying off work for longer than expected. The length of time ill and injured public sector workers are away from their work shows a worsening trend.

In many cases employer interventions come too late. Average time for premium paying employers to respond with rehabilitation intervention under the Safety, Rehabilitation and Compensation Act 1988 (SRC Act) is 24 weeks from date of injury.

Better outcomes are achieved if workplaces recognise and respond to early warning signs of ill health, before a worker goes off work or needs to submit a workers’ compensation claim. See Comcare’s guide Early Intervention to support psychological health and wellbeing [link](http://www.comcare.gov.au/forms__and__publications/publications/injury_management/?a=41352).

Under the SRC Act, the Section 41 Guidelines have been issued by Comcare to assist rehabilitation authorities to implement effective rehabilitation for their employees. See [link](http://www.comcare.gov.au/__data/assets/pdf_file/0014/110822/Guidelines_for_Rehabilitation_Authorities_2012.pdf).

Workplace rehabilitation management systems are a requirement under the Section 41 Guidelines. Effective systems and the right support at the line manager level, can optimise the early response and organisational support available for an injured worker and minimise unnecessary time off work.

**REHABILITATION PERFORMANCE CHECK UP**

Measuring outcomes helps drive rehabilitation performance in the organisation and can:

- inform leaders of how the organisation is tracking against planned targets
- create key performance indicators (KPIs) that are relevant to your business
- hold managers to account and influence behaviour
- measure effectiveness of interventions
- provide a history of where you have come from (trends); and
- alert decision makers on when adjustments may need to be made to the system.

Rehabilitation performance should be viewed in the context of absentee rates, grievances, turnover, WHS performance and employee engagement. The APSC tools for workforce data can be used alongside rehabilitation and RTW performance as key indicators of organisational health.

Your Comcare Customer Information System (CIS) report numbers are listed against useful reports below:

**HOW WELL ARE WE RESPONDING TO WORKPLACE INJURY OR ILLNESS?**

- Average time from date of injury to first rehabilitation assessment (CIS Report 13).
- Percentage of workers with ten days or more incapacity determined with a RTW plan in place (CIS Report 10). APS average for 2013–14 currently 77 per cent.

**ARE WE GETTING PEOPLE BACK TO WORK?**

- Claims continuance rates at 5, 30 and 60 days incapacity (CIS Report 5).
- RTW outcome—Percentage of closed RTW plans with RTW achieved (CIS Report 10). APS average for 2013–14 currently 73 per cent with RTW achieved.
HOW ARE OUR REHABILITATION SERVICE PROVIDERS PERFORMING?
> Average cost of rehabilitation per case (CIS Report 40)—APS average currently $2211.28 per case.
> Percentage of workers who remain in employment 13 and 26 weeks following RTW plan closure (CIS Report 37).

REHABILITATION PLANNING AND MANAGERS SUPPORT FOR REHABILITATION OUTCOMES?
> Percentage of cases where RTW has not been achieved (CIS Report 10). APS average for 2013–14 currently 27 per cent.
> Percentage of cases where RTW has been achieved (CIS Report 10). APS average for 2013–14 currently 73 per cent.

DO WE HAVE A CONTINUOUS SYSTEMS APPROACH TO REHABILITATION MANAGEMENT?
> The rehabilitation management system is tested through audit and is consistent with Regulatory Performance Standards.

Note: If you do not have access to CIS, contact Comcare's CIS Administrator on 1300 366 979 or email agency.updates@comcare.gov.au.