

Background

This document outlines a set of six better practice recommendations for establishing or supporting an existing early intervention (EI) program. Each recommendation is based on available research and the findings from Comcare's EI pilot conducted in 2019-2020.



What is early intervention?

Early intervention is action taken by employers to minimise the impact and duration of emerging symptoms of ill health and/or actual injury or illness. It aims to achieve this through the provision of early and appropriate clinical and self-management treatment and support to employees to treat their symptoms, injury or illness and mitigate the development of a chronic or secondary condition. A worker's involvement in an early intervention program does not impact on their ability to lodge a workers compensation claim. View Comcare's information on [how to lodge a claim](#).

EI programs should communicate clear entry and exit criteria. For example, an EI program may be open to any employee who sustains an injury/illness at work or develops symptoms that impact their ability to work, regardless of the cause. Reasons a worker may use early intervention could include a sprain or strain, seeking support for anxiety or depression, or for an injury caused by tripping over a power cord.

Programs may exclude support services for the following:

- Common illnesses such as colds, gastro etc.
- Chronic or pre-existing conditions (e.g. an employee with chronic cardiac disease is likely to be in the regular care of a treating health practitioner)
- Conditions for which the employee is already receiving treatment (e.g. post-surgery recovery)
- Injuries that are acute and severe in nature and require emergency assistance or hospitalisation.

A worker's participation in an EI program is voluntary, and they may withdraw from the program at any time. Workers can choose to nominate a preferred treating health practitioner. All workers have the right to representation from HSR, a union delegate or person of their choosing.

[Comcare's Early Intervention Service Pilot factsheet](#) outlines the pilot in more detail, including the most common injury types workers reported.

Under the Safety, Rehabilitation and Compensation Act 1988, workers' compensation is a statutory right. Any early intervention program should not be structured in a way that hinders or prevents a worker's right to lodge a claim at any time.



What if early intervention isn't working?

If a worker presents to the EI service with a work-related injury that requires urgent care or hospitalisation or if the injury does not progress towards recovery they are supported to submit a workers' compensation claim. Employers should develop a process for transition to a claim for workers who require further treatment, care or support to recover at and return to work.



Why is early intervention important?

Early intervention is critical to helping your workers with an injury or illness recover at and/or return to work. It has been shown to significantly reduce the impact and duration of emerging symptoms of ill health, injury or illness, prevent secondary or chronic conditions and reduce injury/illness related absenteeism¹. Evidence also suggests that focused early intervention programs help drive a positive workplace health and safety culture².

1. Hoefsmit N., Houkes I., Nijhuis FJ. Intervention characteristics that facilitate return to work after sickness absence: A systematic literature review. *Journal of Occupational Rehabilitation* 2012 Dec. 22(4). 462-77.
2. Deloitte, Evaluation of Comcare Early Intervention Service Pilot Executive Summary, May 2020

Benefits of early intervention

What are the benefits for workers?



Positive recovery outcomes



Early treatment can increase a worker's ability to remain at work whilst they recover



Early access to treatment resulting in reduced length of time away from work



Reduced likelihood of further absence due to sickness



Increased trust in their employer's ability to support their injury

What are the benefits for you as the employer?



Fostering a productive and supportive work environment



Demonstrating that management is committed to workers' health, safety and wellbeing



Increasing the likelihood of return to work



Reducing the cost of incapacity and, in the long term, premiums



Reducing indirect costs such as lost productivity, recruitment and training costs for replacement staff

Tip: EI programs must take into account individual circumstances and specific workplace requirements e.g. fitness for duty.

Early intervention program recommendations



1 Implement a structured early intervention program

The evaluation of the Early Intervention pilot, supported by published evidence and research, demonstrates that structured early intervention programs support workers to recover at and return to work.

Considerations for a structured delivery model:

- How will your workers access the early intervention service? Initial contact to include collecting informed consent. (e.g. direct contact with provider or initial contact with manager or human resources representative).
- Which services or treatments are available to workers? (e.g. nurse triage, general practice, physiotherapy and psychology services).
- How many appointments are available to workers? (e.g. nurse triage and up to four appointments with a practitioner).
- Timeliness of nurse triage and treatment. How will you ensure workers access the triage service as early as possible? What requirements/service level agreement will be in place regarding access to treatment? (e.g. same day or next business day appointments).
- How is the program funded? Does the employer have agreements in place with health professionals, or does the worker seek reimbursement for their treatment?

Tip: How will you consult with your workers on the introduction of an early intervention program? Health and safety representatives or WHS Committees are a valuable mechanism for consultation.

In Comcare's pilot workers contacted the service provider directly. Injured and unwell workers had access to up to four appointments with a general practitioner, physiotherapist and psychologist. When clinically indicated, additional appointments could be approved by the employer. Workers were not out of pocket, as the health professionals billed employers directly.



2 Offer early intervention for both work and non-work-related injury and illness

Consider offering early intervention supports for workers whose injury, illness or symptoms are impacting on their ability to work – regardless of the cause. The provision of self-management advice or medical or allied health treatment can assist the worker to recover and return to work, drive workplace productivity and a positive safety culture.



Comcare's pilot results showed that over half of all participants sought treatment for work-related conditions.



3 Include a triage service

A nurse or triage service provides injured or unwell workers with fast access to the most appropriate health advice to treat or self-manage their injury or illness (e.g. immediate self-management advice, the next available appointment with a treating health practitioner). Your triage service should be delivered by an appropriately qualified health professional such as nurse, following evidence-based protocols.

Having a triage service allows you to:

- Receive notification about the injury or illness, the recommended treatment pathway and appointment date(s) in a timely manner
- Offer additional advice to the worker to support their recovery and to intervene early (e.g. ergonomic assessment of their workstation, graduated return to work plan)
- Identify workplace health and safety issues, enabling them to be addressed
- Recognise any emerging health, safety or systemic issues.



Comcare's pilot included a nurse triage process to provide faster access to the most appropriate treatment. Workers had the choice of their usual GP care or allied health practitioner or the service provider's network practitioners. 80% of participants accessed treatment within 3 days for physical injuries and 8 days for psychological injuries.



4 Collect data on the program

Capturing early intervention data enables you to accurately monitor and measure your workers' outcomes, experiences, recovery rates and the organisation's return on investment in the program.

Organisations must recognise their employees' right to privacy and ensure that any collection, use or disclosure of their personal information is authorised under and compliant with the relevant privacy legislation.

This information is useful to evaluate the effectiveness of the program, which can support continuous improvement. This data should be used to develop early intervention reporting to add to existing data which should be shared and governed by your organisations' Executive or Senior Management. [Monitoring and evaluation framework for early intervention programs](#).

Data collection may include:

- Participant demographics
- Injury and illness details
- Treatment type and number of appointments
- Program cost
- Recovery and return to work rates, including certification outcomes
- Participant satisfaction and feedback.



The most common mechanisms of injury in Comcare's EI pilot were body stressing (69%), psychological (20%) and falls, trips and slips (4%).



5 Use the data for prevention and monitoring

The valuable data you collect through early intervention programs can be combined with workplace health and safety incident reports, workplace inspection information and other data captured within workplace work health and safety (WHS) systems. It can also be linked to human resource data (e.g. exit interviews, surveys). Organisations must ensure that use of their employees' personal information for prevention and monitoring purposes is authorised under the relevant privacy legislation.

Use the data for monitoring injury types, risks, potential WHS hotspots and health outcomes. Consultation with workers and HSR will help to identify and address emerging trends, hazards and issues and assist in designing and implementing workplace prevention activities, policies, and procedures.

Employers have a duty under the WHS Act to consult their workers and HSRs on data and injury hazard identification to ensure the health and safety of their workers.



6 Steps for successful implementation:

- Develop promotional and communication tools
- Engage with senior stakeholders and HSR representatives
- Evaluate and monitor your program.



Develop promotional and communication tools

It is important to promote and communicate the early intervention service through several methods, including:

- The intranet
- Induction materials
- Flyers, posters in common areas or other advertising materials
- Presentations at staff briefings
- Ensuring the HR team, WHS representatives and people leaders are aware of the program and how to access it
- Discussion at team meetings
- Sharing case studies and positive participant experiences
- Frequently asked questions.

Workers may not consider the program until they need it – therefore regular and ongoing promotion is required to help keep it front of mind.



Tip: Link your early intervention program to your return to work policies and processes. Provide resources or coaching to supervisors on how to support workers returning to work.



Engage with senior stakeholders

Engagement of senior leadership is critical in ensuring your organisation's early intervention program is supported. This drives a safety culture at the executive level and across the business. It also helps ensure the necessary internal mechanisms, such as a dedicated resource to manage the program, are in place to enable the roll-out to be effective for all participants and any providers involved.

Dedicated program resource(s) will ensure:

- The program is promoted and communicated to workers
- Participants are appropriately supported
- Any issues raised can be addressed immediately
- Data is regularly collected
- All feedback is monitored and actioned appropriately to identify elements of your program that can be developed and refined.



Evaluate and monitor your program

Undertake a program review and evaluation at key milestones such as every six, 12 and 18 months. This enables you to compare participant outcomes and allow experiences to emerge. The data and timeframes will result in a more rigorous and accurate analysis of key metrics including recovery rates. This analysis provides useful insights to feedback into the refinement and improvement of your early intervention program.



Other resources

Comcare's [Monitoring and evaluation framework for early intervention programs](#) provides tips and advice on how to measure the outcomes of your program.

Comcare's [Early Intervention Service Pilot factsheet](#) outlines the pilot and results achieved.

Learn more on early intervention in our e-learn module: [Early intervention: An overview for managers and supervisors.](#)