



MONASH
University

Evaluation of the EML Your Future Pilot

Final Report

24 November 2023



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Dear David,

Evaluation of the EML Your Future program; a return to work initiative commissioned by Comcare – Final Report

Taylor Fry and Monash University have been contracted to evaluate the EML pilot of the Your Future program which was commissioned by Comcare to improve return to work outcomes in the Comcare scheme.

This report presents our findings on the pilot program, drawing on information available to 30 June 2023, and follows an interim report which was submitted in November 2022.

We have strong and statistically significant evidence that the Your Future program has had a positive effect on Return To Work outcomes of participants.

This report has been prepared by Ash Evans, Preetham Arvind and Alex Zhu of Taylor Fry and Ross Iles of Monash University.

Yours sincerely,



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Executive Summary

Executive Summary

Comcare has commissioned EML to pilot the Your Future program, which aims to improve return-to-work outcomes for injured workers with primary or secondary psychological injury, and longer-term injured workers. Taylor Fry and Monash University have been contracted to evaluate the program pilot, including:

- **Process implementation** via post completion feedback
- **Participant wellbeing** via participant experience feedback
- **RTW impact** via analysis of claims experience.

Process implementation

Participants identified the strengths of the program being the quality of the facilitator, a level of practical support that had not been made available to them previously under rehabilitation providers, and support with aspects of finding suitable work they had not been engaged in for a long time (e.g. interviews). Several described help with tailoring their resumes for what employers are looking for and understanding what transferrable skills they had when looking for alternative roles.

A number of areas were identified during the pilot that could improve program delivery. A number of these have been reported and recorded by Comcare during the pilot, including improving communication between EML and Comcare, and ensuring measures (such as surveys) are routinely completed as part of the program. Improving reporting will continue to strengthen the ability to evaluate the benefits of continuation of the program.

Participant wellbeing

Almost without exception, participants described the potential benefits of the program in terms of helping to prepare for re-entry into work in a new role either within the public service or in a new field entirely. Achieving 13 positive work outcomes after a relatively short intervention period represents a highly successful program, and represents important improvements for individuals and the Comcare workers compensation scheme.

The proportion of program participants reporting improved scores from program start to completion ranged from just over one quarter (26.1% reported positive change in financial stress) to just over 70% (70.8% reported a positive change in general self-efficacy scores). Generally, these positive changes were maintained at the post completion follow up 6-8 weeks later. However, overall average scores did not change statistically significantly from baseline, at completion of the program or at post program follow up. When examining survey scores for those participants who reported a positive work outcome at the post completion follow up (11 of the 34 who commenced the program), some significant differences were identified. Those achieving a positive work outcome were less financially distressed and had a higher Quality of Life score at program commencement. This information could be used to identify people most likely to benefit from the program. At service completion the work outcome group reported higher self-rated work ability, general health and quality of life scores. A lower reported financial distress was the only difference between groups at post completion follow up.

RTW impact

There is **strong and statistically significant evidence that program participants had better RTW outcomes compared to non-participants**. However, we cannot attribute the positive difference in RTW outcomes between participants and non-participants *entirely* to the program due to the likely presence of selection bias. While we observe this leads to lower payments over the nine months from intervention (~\$6,000 per participant), the larger reduction in costs is likely to be realised beyond the observation window if the participants remain at work. We discuss the limitations of our conclusions within.

B

Analysis

1 Background

1.1 The Your Future program

EML approached Comcare in 2019 with an evidence-based program ‘Your Future’, which aims to change employment outlook for long-term injured workers. The Your Future model aims to change employment outlook for long-term injured workers by providing customised and individualised support for participants. Employment specialists (brokers and coaches) work with employers and candidates to provide in-depth job canvassing, matching and support complemented by career coaching and planning and, for those with more complex needs, a supporting case management function. As of the date of this report, the program has been renamed to ‘Transition Case Management’.

Comcare contracted EML to pilot the Your Future program to investigate its feasibility and efficacy. The program plans were refined and participants identified during 2021. The first participants were contacted in November 2021 and commenced the program in the same month.

The Employment Specialist used in this program – ‘Simon’ – joined EML in 2021 as a Coach working with multiple federal government agencies. Previous roles included leadership positions with a variety of recruitment and employment search and selection businesses. He also had experience starting and running new ventures and served as a Board member for Not-For-Profit organisations for over 6 years. As a result, Simon was familiar with a wide range of industries and previously assisted people from school leavers through to C-level executives to transition into new roles, as well as transition to retirement. This exposure to the business world benefited the role when managing both the employee and employer’s expectations within the Comcare RTW Pilot program. His qualifications include an MBA, Bachelor’s Degree and a Certificate IV in Workplace Training & Assessment, and his innovative approach, empathy and enthusiasm were central to achieving positive outcomes in this program.

Participants may be directed to one of two streams, based on their objectives and discussions with EML. Table 1.1 summarises activities covered under each stream.

Table 1.1 – Overview of Full Service and Fast Track program

Full service	Fast track
<ul style="list-style-type: none">▪ Orientate employee into program and discuss expectations and timeframes.▪ Identify perceived barriers, scope background and skills▪ Conduct a Birkman methodology career assessment and then career action plan▪ Provide tailored coaching aligned to career plan and deliver on the program modules.▪ Start networking and job seeking strategy▪ Carve job opportunities and partner for applications and interview preparation▪ Consult with prospective employer where applicable to expedite and support success▪ Support employee through transition▪ Summarise journey and complete detailed report at closure.▪ Establish reporting requirements for progress updates to Comcare.▪ Close program	<ul style="list-style-type: none">▪ Orientate employee into program and discuss expectations and timeframes.▪ Birkman Methodology Signature Instrument and Debrief Report▪ Participants choose 3 modules relevant to them following some structured coaching by way of the Birkman methodology instrument.<ul style="list-style-type: none">– The module choices can be selected from the library. If there is a topic that has been identified to benefit the participant a tailored coaching session can be delivered in lieu of a module and explore the specific matters to hand for the individual.▪ Cover letter and resume review and update▪ Close out call and case summary to Comcare

The full-service program is expected to take 26 weeks to deliver while the fast track program is delivered over 8 weeks.

1.2 Evaluation purpose

The purpose of evaluating the Your Future program is to:

- Assess **process implementation** via post completion feedback
- Measure **participant wellbeing** via participant experience feedback
- Measure **RTW impact** via analysis of claims experience.

We structure the rest of the report broadly based on the three aforementioned objectives.

Ethics approval was sought from Monash University's Human Research Ethics Committee in order to allow the collection of information from participants – surveys and interviews – and to conduct the evaluation and publish the results. Ethics approval was granted on 15 November 2021.

Full details of the evaluation plan are set out in Your Future Pilot Evaluation framework dated 7 December 2021, and a brief summary is set out below. Appendix A sets out the Key Evaluation Questions.

1.3 Evaluation approach

The evaluation has a mixed methods approach, and was informed by:

- Program data collected by EML and Comcare, setting out demographic and employment details of all claimants approached to participate in the program as well as all those who participated
- Candidate case summaries for 35 participants
- Participant surveys conducted at the commencement of the service (35 of 34 participants – one withdrew after completing an initial survey), at conclusion of the service (24 – 70.6% of those who commenced) and 6-8 weeks post conclusion (14 – 41.2% of those who commenced). See Section 2.4 and Appendix A for further details of surveys administered
- 29 participant interviews conducted after program completion
- Comcare's claims and payments data for program participants provided as at 30 June 2023, as well as Comcare's actuarial analysis and Statistical Case Estimates model.

The expectation was that EML would communicate to Monash when a participant completed the program to allow scheduling of an exit interview between 6-8 weeks post completion of the program. This did not occur for the first five participants enrolled in the program. As a result, the exit interview had to be conducted later than proposed, closer to 12 weeks post completion. An alternative process was put in place to avoid future late exit interviews (which was effective until the end of the pilot).

Completion of the second survey at the end of the program improved between the interim report and this final report, with 70.6% of expected surveys being completed at the end of the program. As is common with post service follow ups, the rate of completion of the final survey was low at just 41% of the expected surveys, despite multiple contacts attempts and reminders to complete the survey. As a result of the low survey completion rate, results must be considered with caution as responder bias is likely to impact the results.

1.4 Evaluation interpretation

We respect the complexity of individuals' circumstances typical for those who have received long-term workers compensation by balancing:

- Quantitative outcome measures (i.e. validated surveys) that aim to provide a more objective assessment of outcomes
- Qualitative outcome measures (i.e. interviews) that describe experiences from individuals' perspectives.

Objective measures provide the evidence base of change by presenting statistical significance – where we have confidence that real change has occurred rather than any change in measures being the result of typical variation seen in claim outcomes. With the limited number of participants, we must observe a large impact on outcomes to assess the change as statistically significant. An inability to assess the change as statistically significant does not imply the program does not work, particularly with the limited number of participants. Rather, we merely failed to prove change on the limited sample, but the result may still be suggestive of an impact on outcomes. Moreover, the large changes needed for statistical significance on a small population may be unrealistic for survey scores from a diverse cohort of participants.

We provide context around statistical tests throughout our evaluation. Specifically, we describe exit interviews which captured participants' experience and perspectives related to the intervention. The aim of these interviews was to acknowledge that evaluation of an individually-focused intervention should contain measures specific to the individual. Also, this process fills in some gaps when some study participants do not complete surveys or questionnaires. In this evaluation, exit interviews represent a more comprehensive data set than the more objective survey measures to a diminishing completion rate over time.

When interpreting this report, consideration should be given to the challenges of achieving positive outcomes in this cohort, the completeness of the data available for consideration, and a balance of the weight given to achieving statistically significant changes in a cohort where positive outcomes are hard to achieve, but represent large benefits for individuals and the systems that support them.

2 Program participants

2.1 Potential participants

Comcare identified two potential cohorts of claims of interest to this program:

- **Cohort 1: ‘New claims’**

These were claims that were less than three years old with a primary or secondary psychological injury. Comcare was seeking to test the hypothesis of whether employment coaching and brokerage service were effective in improving RTW outcomes for claims where there is a breakdown in the relationship between the employee and employer. Following case file reviews, **47 potential claimants** were identified as suitable for Cohort 1.

- **Cohort 2: ‘Older claims’**

The second cohort consisted of claims that were between 3 to 11 years old with any type of injury and from any agency.

Following case file reviews, **79 potential claimants** were identified as suitable for Cohort 2.

2.2 Recruitment

The approach used to recruit individual participants is summarised below:

1. Comcare progressively wrote to employees between 1 November 2021 and 29 August 2022 using a Comcare prepared participant invitation email to explain the RTW pilot and assess their interest in participating in it. A total of 126 employees were invited to participate in the pilot.
2. Comcare followed up with a scripted phone call to gauge interest and consent.
3. Formal written consent was obtained if the employee wished to participate. Consent is required to allow Comcare to share prior claims history for each consenting claimant through a file summary with EML, sharing results from the EML pilot with Comcare and to undertake interviews and surveys for evaluation of the pilot. A total of 37 employees consented to join the program.
4. Comcare worked with the rehabilitation authority and sent the referral to EML.
5. At this point, employees could choose to opt out or EML could deem them unsuitable for the program. Out of 37 employees referred to EML, 34 actually commenced the program, one employee chose to opt out, one was deemed unsuitable by EML and one opted out shortly after commencement who we do not consider as having commenced. The average time between the initial letter to program commencement is one month.
6. EML worked with each participant to agree their program objectives and determine whether a full or fast track service is better suited to each individual employee. 28 employees commenced the full-service program, six employees commenced the Fast Track program, and one employee who joined the program in July undertook a bespoke mid-length program for 18 weeks.
7. 34 employees completed their program.

We summarise the number of participants by cohort and program type in Table 2.1.

Table 2.1 – Summary of program participants by cohort

Program type		Cohort 1	Cohort 2	Total
Total contacted		47	79	126
Full program	Consented	14	16	30
	Participating	13	14	27
Fast track	Consented	4	3	7
	Participating	4	3	7
Total	Consented	18	19	37
	Participating	17	17	34

We observe:

- Cohort 1 had 36% (17 out of 47) of all contacted employees participating in the program whereas Cohort 2 only had 22% (17 out of 79) participating. This difference in participation rate makes intuitive sense because Cohort 1 was comprised primarily of new claims (less than three years old) whose return-to-work prospects are generally better.
- Coincidentally, the number of participants was evenly split between the two cohorts.
- Over 79% of the participants (27 out of 34) were in the full program.

2.3 Profile of Program participants

Table 2.2 shows a summary of participant demographics such as average participant age, female proportion, average years since injury and psychological injury proportion for the two cohorts.

Table 2.2 – Summary of participant demographics

Cohort	Participation status	Number of participants	Average age ¹	Female proportion	Average years since injury	Proportion with psychological injury
Cohort 1	Yes	17	49	65%	1.7	100%
	No	30	51	57%	1.8	93%
	Total	47	50	60%	1.8	96%
Cohort 2	Yes	17	49	53%	6.5	71%
	No	62	51	61%	6.7	63%
	Total	79	50	59%	6.7	65%
Total	Yes	34	49	59%	4.1	85%
	No	92	51	60%	5.1	73%
	Total	126	50	60%	4.9	76%

¹ We use the age of claimant at February 2022

Figure 2.1 and Figure 2.2 show the age distribution of contacted participants and commenced participants respectively.

Figure 2.1 – Distribution of contacted employees age by cohort

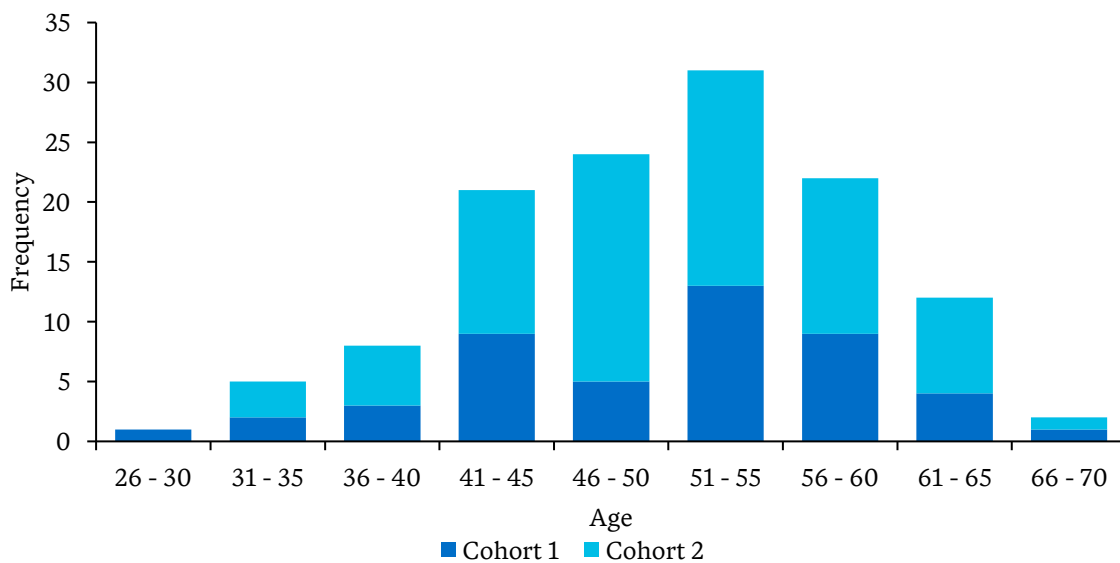
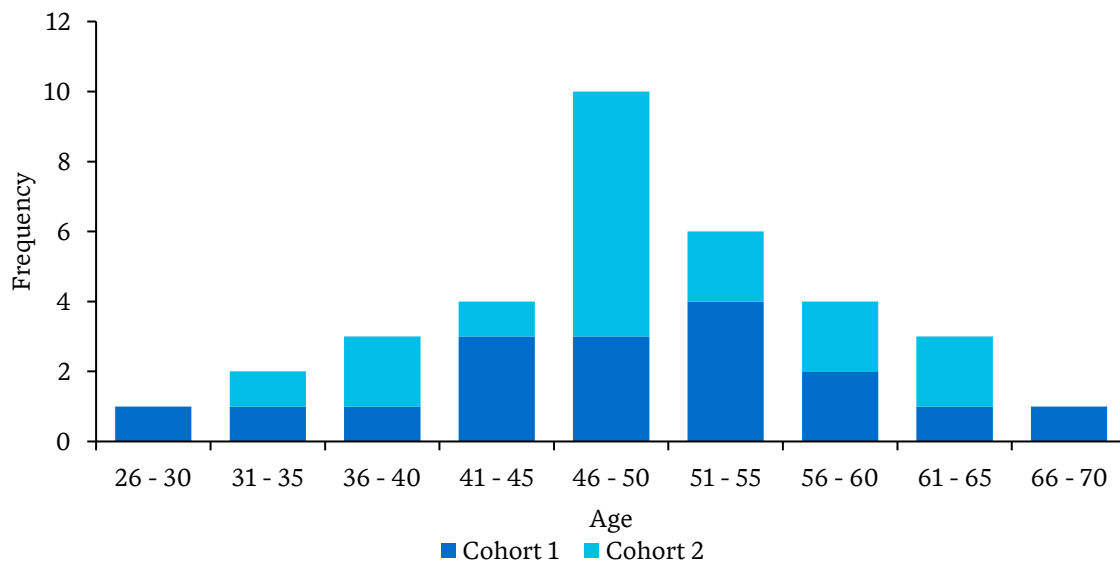


Figure 2.2 – Distribution of participant age by cohort



We observe that:

- The average age of employees contacted for this program was 50 years and approximately 60% were females.
 - We do not see any material difference in the average ages of employees or female proportion between cohorts or by participation status.
 - Although the average age was around 50, we see that participants' and contacted employees' ages were distributed between ages 27 and 66. There were 14 contacted employees and 4 participants who were older than 60 years.
- Some 85% of participants had a psychological injury and the average time since injury for all participants was 4.1 years. We saw a significant difference in average time since injury and

psychological injury proportion between Cohort 1 and 2 but this was expected because the cohort definition was created directly based on injury type and years since injury.

- However, we do not see any material difference in average years since injury and psychological injury proportion by participation status.
- The difference in average years since injury and psychological injury proportion by participation status after combining the two cohorts is due to the different participation rate between the cohorts.

2.4 Understanding the target cohort of participants

Since relatively little is known about the most effective ways to support long term work-injured people to return to work, evaluation of interventions in this space can be challenging. Identifying groups for comparison, particularly before intervention has commenced, helps to work out how well the tested approach may be applied to different samples. For example, the EML Transition Specialist Pilot is a 12-month transition support pilot program, commencing in August 2022, designed to support injured workers exiting the Victorian Workers Compensation Scheme. Comparing the Your Futures program sample group to the EML Transition Specialist Pilot can identify similarities and differences between these groups to help understand who might benefit most from this style of intervention. Comparison with other data sources, such as the National Return to Work Survey helps to establish the level of work disability experienced prior to intervention to understand the impact of programs applied to improve outcomes in this group.

However, these comparisons should not be used to compare the effectiveness of the interventions applied. There are important contextual differences between the Your Futures trial and the Transition Specialist Pilot. For example, financial motivation is often hypothesised to impact engagement in programs aimed to encourage return to work. The Your Futures program was conducted within the Comcare workers' compensation scheme, which does not specify a maximum benefit period for wage replacement and treatment costs, and so the Your Futures program participants may be relatively difficult to return to work. This could be a very important difference to the Victorian workers compensation scheme, where many benefits are time-limited, in terms of motivating people to return to work when their work capacity is limited by health. As a result, comparison groups have been provided as a means to provide greater understanding of the nature of the people engaged in trials of these interventions to understand the levels of disability and other characteristics that are likely to impact the outcomes they experience, not as a means to compare and contrast the effectiveness of the interventions applied.

2.5 Reasons for participation

We explored the reasons for participation in the program in the post completion interviews. In the target cohorts it is just as important to understand reasons for not participating, in order to effectively identify suitable candidates for intervention. Comcare captured a large amount of information related to non-participation, with reasons ranging from negative experiences with workplace rehabilitation providers in the past to preferring to wait for specific decisions or milestones to be reached before participating. The response of potential participants ranged from initial and deeper discussion with program facilitator to not responding to Comcare correspondence at all. The difficulty identifying suitable candidates for the program should be noted, with several participants contacted that were not suitable for the intervention due to their poor health status. Further analysis of the information collected by Comcare should be used to inform further attempts to rollout this program but is outside the scope of this report.

3 Process implementation

3.1 Approach

A total of 29 post service completion interviews were conducted. Interview duration ranged from 5 to 55 minutes. Questions were asked as per the interview schedule (Appendix A.6). Notes were taken during the interview to identify common themes and experiences reported by the participants.

3.2 Results

Of the 29 exit interviews completed, 25 reported a positive experience of the program. Participants were attracted to the program through a desire to try something new and improve their chances of RTW, particularly after a negative experience with workplace rehabilitation providers in the past. Participants commonly praised the skills and dedication of the program facilitator (Simon). We provided a summary of Simon's experience and credentials in Section 1.1, as it was apparent from the interviews that his approach and experience was critical to the outcomes of the program.

Table 3.1 summarises the themes identified in the post service completion interviews.

Table 3.1 – Summary of themes identified in post service completion interviews

Reasons for taking part in the pilot
Desire to RTW/try something new
Reported a poor experience with workplace rehabilitation provider and thought this could be better
It was offered by Comcare so must have some merit/unbiased help
Wanted to improve in confidence related to work matters
There was no pressure/participation was voluntary
Most effective components of the program
The skills of the facilitator (Simon) in general, and in increasing confidence and providing support
Practice interviews, feedback on applications and developing a resume
Flexibility in the program
Being accountable to someone
Use of the Birkman assessment
Description of the program
Qualities of the facilitator (Simon): professional, knowledgeable and open
Resume development, job interview practice, feedback on applications and cover letters
Tailoring of the program to the individual/self paced/responsive to participants
Increased confidence of program participants
Different level of quality compared to workplace rehabilitation providers
Areas for improvement
None identified (most common response)
Ensuring timing matches readiness for RTW
Longer program (common amongst the fast track participants)
Birkman assessment (not effective)
Decrease the intensity
Greater understanding of the public service required

Responses from the participants reporting a negative experience (4 out of 29) were analysed to identify common themes for those reporting a negative experience. Table 3.2 summarises these themes.

Table 3.2 – Summary of themes reported by participants with a negative experience of the program

One described a personality clash with the facilitator, however it seems this person was allocated to a different facilitator than others. Highlights the importance of the skills of the facilitator and their approach to the situation.

Two reported an inflexible program that wasn't able to be tailored to their situation. This is in contrast to the majority of other participants.

One reported a difference in expectations of the service and what was delivered: they were expecting opportunities to be identified for them but reported that everything "I went for I had to source and do the work". Highlights the importance of expectation setting at commencement.

Two reported poor quality of feedback provided on resumes and applications. This is in contrast to most other participants.

Overall those reporting a negative experience seem to have not been ready to consider a return to work. For these four the focus on work-related aspects resulted in a negative response to the program in general. There were several others who were not ready to realistically consider a return to work but reported a positive program experience, an increase in confidence and at least some level of preparedness when they were ready to consider looking for and applying for jobs.

4 Participant wellbeing

4.1 Approach

Several different surveys were used to provide an overview of participant's health, quality of life and self-efficacy at three time points: the commencement of the service, at conclusion of the service and again 6-8 weeks post conclusion. Using validated surveys provides information regarding service impact alongside work-related outcomes and participants' own descriptions of the program. The surveys included:

- Kessler 6 questionnaire: measure of general psychological distress
- Euroqol 5D: measure of health-related quality of life
 - Note this is a copyrighted questionnaire and requires permission to use. Monash secured permission to apply this survey.
 - Two key measures from this survey are reported. The first is a general health score out of 100 (100 being the best health imaginable). The second is a quality-of-life score where 1 indicates the best possible score and 0 indicates death.
- General Self Efficacy Scale: measure of belief in own ability to handle situations to successfully achieve goals.
- Work ability: a single question from the Work Ability Index that measures self-rated work ability.
- Financial wellbeing: a single question to indicate level of financial stress.

Where available comparison information has been provided from the National Return to Work Survey report and the EML Transition Support pilot. The most suitable comparison group in the National RTW Survey was identified as the group currently not working.

Comparison with the EML Transition Support pilot is provided to illustrate the similarities between the populations only. Due to the differences in jurisdictional context and nature of the services being examined, this information should **NOT** be used to compare the effectiveness of the programs being tested. Services to provide support in transition away from workers' compensation benefits are infrequently evaluated, and the comparison is provided as another point of reference for support systems for people with long term workers' compensation claims.

When interpreting this report, consideration should be given to the challenges of achieving positive outcomes in this cohort, the completeness of the data available for consideration, and a balance of the weight given to achieving statistically significant changes in a cohort where positive outcomes are hard to achieve but represent large benefits for individuals and the systems that support them.

We present a proportion of participants reporting improvement as well as those who achieved positive work outcomes after the program. Even where we cannot conclude statistical significance, we examine the scale of improvement for those participants who experienced positive benefits and identify common characteristics of those achieving positive work outcomes.

4.2 Results

Table 4.1 summarises the survey information captured at commencement, conclusion and post-conclusion follow up.

Table 4.1 – Overview of key statistics from the surveys

Survey	Statistic	Service start	Service completion	Post service completion	National RTW survey ^(a)	EML Pilot comparison ^(d)
Total survey completions	Actual completions	35 (100%)	24	14		16
	Expected completions	34 (103%) ^(b)	34 (70.6%)	34 (41.2%)		
Financial distress (0 – not at all 10 – as stressed as can be High stress: 7-10 ^(c))	Mean	6.0	5.9	5.2		6.5
	SD	2.5	2.7	2.8		2.3
	Median	7.0	6.5	5.5		6.5
	Range	1-10	1-10	1-10		2-10
	Proportion high stress	54.3%	50.0%	35.7%	46.7%	71.4%
Psychological distress Low to severe distress	None or low	0	2 (8%)	0		2 (13%)
	Moderate	18 (51%)	8 (33%)	6 (43%)		5 (31%)
	Severe	17 (49%)	14 (58%)	8 (57%)	37.1% ^c	8 (50%)
Work ability 0 – Completely unable 10 – At its best	Mean	4.3	5.0	5.0	4.4	4.6
	SD	2.5	2.6	3.2		2.9
	Median	4.0	5.0	6.0		5.5
	Range	0-10	0-10	0-10		0-9
General self-efficacy Higher score indicates better self-efficacy	Mean	26.7	28.1	28.6		28.1
	SD	5.5	5.3	5.9		6.3
	Median	27.0	28.5	27.5		29.5
	Range	19-38	19-39	20-40		17-39
	Mean	54.9	62.2	66.6		

Survey	Statistic	Service start	Service completion	Post service completion	National RTW survey ^(a)	EML Pilot comparison ^(d)
Health today 100 - best health you can imagine 0 - worst health you can imagine	SD	20.0	19.8	16.6		
	Median	53.5	63.0	68.0		
	Range	19-100	22-100	37-95		
Quality of Life ^(e)	Mean	0.66	0.76	0.70		
	SD	0.21	0.13	0.19		
	Median	0.71	0.78	0.74		
	Range	0.17-1.0	0.46-1.0	0.23-1.0		

Notes:

- (a) Currently not working group from National RTW Survey 2021 Report;
- (b) Greater than 100% due to people exiting the program post completion of the initial survey
- (c) “Probable serious illness” equivalent to high psychological stress category
- (d) Comparison group at 3 months post Transition Support pilot completion (16 participants)
- (e) Quality of life is derived from the EQ5D scale where a score of 1 reflects the best possible health and a score of 0 indicates death. A score closer to 1 indicates better health.

There were no statistically significant changes in average scores across any of the survey measures at any of the three time points. In general participants reported high levels of psychological distress, high levels of financial stress and low general health and quality of life scores.

At post completion follow up, survey scores were similar to those found in the EML Transition Support pilot, with the possible exception of the EML Transition Support group appearing to report higher levels of financial distress. This information is provided to show that groups experiencing long term work disability have corresponding poor health, high levels of distress and low perceived levels of work ability.

Table 4.2 summarises the proportion of participants reporting an improvement in survey scores between service start and service completion and from service start to post completion follow up.

Table 4.2 – Overview of participants reporting improvements in survey measures^(a)

Survey	Service start to service completion	EML Pilot comparison ^(b)	Service start to post completion follow up	EML Pilot comparison ^(c)
Number of participants	24	31	14	13
Financial distress	6 (26.1%)	42%	5 (38.5%) ^(d)	38%
Psychological distress	9 (37.5%)	29%	2 (14.3%)	31%
Moderate	5		1	
Severe	1		1	
Work ability	9 (39.1%)	28%	4 (30.8%) ^(d)	38%
General self-efficacy	17 (70.8%)	58%	10 (71.4%)	38%
Health today	14 (60.9%)		9 (69.2%) ^(d)	
Quality of Life	12 (52.2%)		5 (38.5%) ^(d)	

Notes:

- (a) Improvement refers to an improved score on the outcome measure. Note that this does not necessarily reflect clinically significant change.
- (b) Percentages refer to the commencement and conclusion of the EML Pilot program. Note there were significant differences between intervention programs, compensation jurisdiction and timing of outcome measures. Figures should not be used as a direct comparison of efficacy between programs.
- (c) Percentages refer to the commencement and 3 month follow up after the EML Pilot program conclusion. Note there were significant differences between intervention programs, compensation jurisdiction and timing of outcome measures. Figures should not be used as a direct comparison of efficacy between programs.
- (d) N=13 as data missing for one respondent.

Just over one quarter (26.1%) through to 38.5% reported an improvement in financial distress. There was a larger program impact on psychological distress, with 37.5% reporting an improvement on this measure between service start and completion, however this wasn't maintained through to the post completion follow up for the majority of participants. Improvements in general health and quality of life were reported by over half of participants, with improvement maintained at the post completion follow up. The largest improvement was seen across the general self-efficacy measure, with more than 70% of participants reporting an improvement that was maintained at the post completion follow up. It must be noted that the improvements referred to could have been small and therefore not necessarily clinically important changes.

A key aim of the program was to help participants transition into new work roles. Table 4.3 provides a summary of the outcomes for participants who reported a positive work outcome at the post service follow up.

Table 4.3 – Survey outcomes for those reporting a successful work outcome at post service completion interview

Survey	Statistic	Service start		Service completion		Post service completion	
		Work outcome	No work outcome	Work outcome	No work outcome	Work outcome	No work outcome
Total survey completions	Actual completions	11	24	9	15	5	9
Financial distress	Mean	4.7	6.6	4.9	6.5	2.6	6.7
	SD	2.6	2.2^(a)	3.0	2.3	2.1	2.2^(f)
Psychological distress	None or low	0	0	1 (11.1%)	1 (6.7%)	0	0
	Moderate	8 (72.7%)	15 (62.5%)	2 (22.2%)	6 (40.0%)	2 (40.0%)	4 (44.4%)
	Severe	3 (27.3%)	9 (37.5%)	6 (66.7%)	8 (53.3%)	3 (60.0%)	5 (55.6%)
Work ability	Mean	5.3	3.9	7.0	3.6	6.6	4.0
	SD	3.1	2.0	2.1	1.9^(c)	3.4	2.5
General self-efficacy	Mean	27.2	28.0	28.0	26.9	31.2	27.2
	SD	4.8	7.8	7.8	5.5	6.6	4.9
Health today	Mean	68.5	48.4	76.1	53.8	77	60.9
	SD	20.9	15.8	15.9	17.0^(d)	18.6	11.9
Quality of Life^(e)	Mean	0.77	0.61	0.85	0.71	0.80	0.65
	SD	0.24	0.17^(b)	0.12	0.11^(e)	0.20	0.20

Notes:

- (a) Work outcome group was significantly less financially distressed at the commencement of the program (p=0.037, t=2.177, df=32).
- (b) Work outcome group had a significantly higher Quality of Life score at the commencement of the program (p=0.031, t=2.261, df=32).
- (c) Work outcome group had significantly higher self-rated work ability at the completion of the program (p<0.001, t=3.908, df=21).
- (d) Work outcome group had a significantly higher overall health rating at the completion of the program (p=0.004, t=3.180, df=22).
- (e) Work outcome group had significantly higher Quality of Life score at the completion of the program (p=0.008, t=2.940, df=22).
- (f) Work outcome group was significantly less financially distressed at the post completion follow up (p=0.005, t=3.425, df=12).

Comparison of scores was conducted using independent t-tests. Caution should be taken when interpreting these results given low sample sizes and repeated statistical testing.

A number of statistically significant differences were found when comparing survey scores for people with and without a successful work outcome. When comparing participants at program commencement, those who achieved a work outcome had significantly lower levels of financial stress and a significantly higher quality of life score. This suggests these participants were better placed to make the most of the program, and levels of financial stress and quality of life may be useful indicators of people most likely to achieve work outcomes.

Comparing outcomes at completion of the service, those who achieved a work outcome reported significantly higher work ability, better general health and a higher quality of life score. It is not possible to tell from this level of data whether these improvements led to securing the positive work outcome, or are a result of being in a more positive work situation. In reality is likely a reflection of both, i.e. having higher levels of work ability and health made securing work more likely, and these aspects would be improved once in secure work.

Post service completion the only significant difference identified was a much lower level of financial stress, likely due to the financial benefits of securing a positive work outcome.

5 RTW impact

5.1 Defining return to work

One of the key objectives of this evaluation is to answer whether ‘the RTW pilot program is successful in increasing durable return-to-work outcomes’. For this, we need to first define what a *return-to-work outcome* is and what makes it *durable*.

For the purposes of this evaluation, as advised by Comcare, we say a RTW outcome has been achieved if:

1. Claimant was completely off work at program commencement *and*
2. Claimant should have returned to work partially or fully, or to a work trial within 6 months of commencing the program.

We note that:

- People who were partially or fully at work at commencement were therefore excluded from our analysis.
- The 6-month timeframe is based on EML and Comcare’s expectation that RTW should be achieved within 6 months of commencing the program. For participants in the full-service program, this coincides with completion of the program (i.e. the aim is to achieve RTW during the program). For participants in the 8-week fast track program, RTW is not expected to be achieved within the timeframe of the program, but rather at the end of 6 months.
- For non-participants, for whom we do not have a program commencement date, we start the 6-month RTW window from the counter-factual program commencement date which is assumed to be one month after the introductory letter was emailed.
- Comcare have advised us to include partial return-to-work and work trial placements as successful RTW outcomes. Given the generally low return to work prospects for these claimants, we agree with Comcare’s assessment that partial return-to-work and work trials are successful RTW outcomes.

Similarly, using Comcare’s definition, we say a RTW outcome is durable if a claimant can sustain their employment for at least 3 months from the employment start date.

Given claimants have 6 months to achieve a RTW outcome and need a further 3 months to qualify for a durable RTW outcome, we track the outcomes of participants and non-participants for 9 months from program commencement. We refer to this 9 month period from program commencement as the *measurement period*.

5.2 Identifying return to work

We rely on the following datasets to determine the occurrence and impact of return to work:

- **Excel tracker data:** The excel tracker contains data (as at Jun-23) related to the pilot program (participation status, cohort, program type, program invitation date, program commencement date, etc.) and also return to work information (such as return to work and date quit from work).
- **Actuarial pool data:** The actuarial pool extract (as at Jun-23) contains information on:
 - Claim characteristics (injury date, injury type, etc.)
 - Claimant demographics (age, sex, etc.)
 - Incapacity details (incapacity liability amount, deemed hours, etc.)
 - Payment details (treatment costs, travel costs, etc.).

- **Monthly Statistical Case Estimates outputs:** The Statistical Case Estimate (SCE) model outputs based on data snapshots between Oct-21 to Aug-22 contain projections of several claim characteristics which we use to control for differences in claims mix. Specifically, we require claim level SCE projections for incapacity payments and total payments.
- **Historical continuance rate:** We use *continuance rates* from our latest actuarial liability review (as at Jun-23) which provides expected return to work proportions for psychological injury claims and physical injury claims by duration since injury. We use this to control for differences in claims mix.
- **Findings from manual investigations:** We also rely on findings from individual case reviews from Comcare’s RTW Support team in response to our queries.

Identifying RTW outcomes can be challenging because of operational idiosyncrasies and real-world complexities. For example, one of the key indicators of RTW is cessation of incapacity payments. However, a claimant can be off work and still have no recorded incapacity payments due to:

- Delays in a claimant filing for incapacity payments.
- Claimants being entitled to other avenues of incapacity payments such as sick leave, medical negligence claim pay out, etc.
- Claimants receiving incapacity payments on a different active claim.

We summarise the process used to identify RTW outcomes for participants and non-participants:

- **Participant RTW outcomes**

For participants, partial and full RTW outcomes were identified through a combination of excel tracker data, and analysis on payments and deemed hours to work in the actuarial pool dataset. The two sources of information were reconciled through further manual scrutiny of case notes. Work trial participants were identified manually through review of case notes.

RTW status of the few participants whose 9-month measurement period end was close to the data date (Jun-2023) were manually verified by the RTW Support team because these are particularly susceptible to data delays.

- **Non-participant RTW outcomes**

For non-participants, a manual review of individual case notes is not possible due to the extent of manual labour that would be involved. Therefore, we identify RTW outcomes for them by applying rules, which we can infer from analysing participant data, on actuarial pool data. The rules are as follows:

- If monthly incapacity payments is less than or equal to \$600 then we assume a full return to work
- If monthly incapacity payments is more than \$600 and the deemed monthly weeks is greater than 0, then we assume a partial return to work or a work trial placement.
- Otherwise, the claimant is assumed to not be at work.

5.3 Approach

Typically, we compare the performance of a treatment group (which receives the treatment whose impact is being studied) has with that of a control group (which do not receive the treatment), under some evaluation metrics. In this context, the treatment is the Your Future program, the treatment group is the program participants and the control group is the non-participants.

Importantly, neither the treatment group nor the control groups are randomly selected. The treatment group opted in and the control group opted out. This creates selection bias where those more likely to have positive results may opt into the treatment group, and those less likely to positive results may opt out of the treatment group. This is a limitation of the study, and a good reason to expect the result to be overstated somewhat.

We have mitigated this limitation using **claims mix adjustments**. We use our actuarial analysis to control for known differences in the likely outcome for participants. Specifically, when comparing the RTW proportion, we adjust for differences in claims mix through a measure of RTW probability which provides a baseline measure. This process allows us to control for differences in duration since injury and injury type (psychological or physical) – two key factors that affect RTW likelihood.

After controlling for claims mix differences, we can use appropriate statistical tests to test whether the difference in performance between the two groups is statistically significant.

5.4 Results

Table 5.1 summarises the observed RTW experience.

Table 5.1 – Summary of observed experience

	Participants	Non-participants	Total
Total individuals	34	92	126
Individuals included for evaluation ^(a)	29	60	89
RTW outcomes in 6 months ^(b)	11	7	18
RTW proportion ^(c)	37.9%	11.7%	20.2%
Durable RTW outcomes ^(d)	10	6	16
Average incapacity payments over 9 months ^(b)	\$41,131	\$49,924	\$47,059
Average total payments over 9 months ^(b)	\$55,667	\$66,827	\$63,190

Notes

- (a) Removing claimants who appear to have already returned to work, either partially or fully, at program commencement.
- (b) The 6-month and 9-month cut-offs for RTW outcomes and payments start after the end of commencement month. For example, if a claimant starts on 15-Mar then RTW outcomes and payments are measured over six and nine months respectively from 1-Apr.
- (c) RTW proportion is defined as RTW outcomes in 6 months divided by individuals included for evaluation.
- (d) Durable RTW outcomes measure the RTW outcomes in the first 6 months that sustained for at least 3 months.

We observe:

- There were 29 participants and 60 non-participants in total that were included for our evaluation after excluding claimants that appeared to be either partly or fully at work on commencement.
- We observed 11 participants, and 7 non-participants achieve return-to-work outcomes in the six months since their program commencement.
 - These figures are different to those reported in preceding sections because we use a specific definition of RTW outcome here and also we exclude claimants who were already at work at program commencement.
- This means 37.9% of participants achieved a RTW outcome in 6 months compared to only 11.7% for non-participants.
 - Without adjusting for differences in claim mix, the RTW proportion of participants is 225% higher than that of non-participants, which is strong evidence of a positive impact from the program.
- Out of the people who achieved a RTW outcome, 10 participants and 6 non-participants achieved durable RTW outcomes.
 - The high durability of RTW outcomes for participants is a positive outcome.

- The durability of RTW outcomes is similarly high for non-participants as well.
- The average incapacity payments over the nine-month period for participants and non-participants were \$41,131 and \$49,924 respectively.
 - Without adjusting for differences in claim mix, participant incapacity benefits over 9 months were ~\$9,000 lower than non-participants incapacity benefits.
- The average total payments over the nine-month period for participants and non-participants were \$55,667 and \$66,827 respectively.
 - Without adjusting for differences in claim mix, participant total benefits over 9 months were ~\$11,000 lower than non-participants total benefits.

Table 5.2 builds on Table 5.1, showing:

- **RTW proportion observed:** This is simply the difference in experience as shown in Table 5.1.
- **RTW proportion observed case mix adjusted:** This adjusts for differences in expected RTW proportion by controlling for claim mix between participants and non-participants.
- **P-value:** This shows the result of the statistical tests, with a p-value of less than 5% typically indicating that the participants show a statistically significant improvement over non-participants.

Table 5.2 – Analysis of RTW outcomes

	Participants	Non-participants	Total	Impact
Individuals included for evaluation	29	60	89	
RTW outcomes in 6 months	11	7	18	
RTW proportion observed	37.9%	11.7%	20.2%	+225%
RTW proportion expected <i>claims mix adjusted</i>	13.2%	14.0%	13.7%	
RTW proportion observed <i>claims mix adjusted</i>	39.6%	11.4%	20.6%	+247%
p-value <i>claims mix adjusted</i>				0.2%

We observe:

- The adjusted relative difference in RTW proportion is **+247%**
 - This means that after adjusting for differences in claim mix, the proportion of participants who achieved a RTW outcome within 6 months of program commencement is 247% more than that of non-participants which indicates a strong effect on RTW outcomes from program attendance.
 - The adjusted difference is slightly higher than the unadjusted difference of 225% because we expected slightly lower RTW proportion for participants based on the claim mix.
- This adjusted relative difference result is **statistically significant** at a 5% significance level with a p-value of 0.2%.
 - People who participated in the program were statistically more likely to return to work within 6 months of program commencement.

The results are consistent for Cohort 1 and Cohort 2. We provide cohort level analysis in Appendix B.

Durable return to work – as defined by remaining at work for three months in our observation period – is strong for both participants and non-participants (only one participant left work for each population, see Table 5.1). We cannot make any conclusions about the relative durability of RTW for participants and non-

participants without a longer period of observation. However, there is no evidence suggestive of the participants having less durable RTW than non-participants.

We do not present statistical tests for change in incapacity or total payments in the nine-month window. Table 5.1 showed that the total payments reduced by ~\$11,000 but after controlling for individual claim characteristics (age, duration since injury, pre-injury earnings, etc.) using our SCE model, we expect the total payments for participants to be ~\$6,000 lower than non-participants over the measurement period. However, this reduction materially understates the ultimate cost reductions due to RTW if the participant remains at work. By way of scale, we expected the average future total payments of a non-participant to be in excess of \$400,000 over the person's lifetime.

The results of our analysis, indicate a strong positive result on RTW proportion. Whilst the results from the evaluation are very promising, we caveat the result by acknowledging the selection bias mentioned earlier and the short evaluation timeframe for determining the durability of RTW.

6 Discussion

There is **strong and statistically significant evidence that program participants had better RTW outcomes compared to non-participants**. There is sufficient evidence from participant interviews and surveys that this program has had a positive impact on participant's RTW prospects. However, we cannot attribute the positive difference in RTW outcomes between participants and non-participants *entirely* to the program due to the likely presence of selection bias.

While we observe this leads to lower payments over the nine months from intervention, the larger cost reduction is likely to be realised beyond the observation window if the participants remain at work.

Almost without exception, participants described the potential benefits of the program in terms of helping to prepare for re-entry into work in a new role either within the public service or in a new field entirely. The majority of program participants reported a positive experience of the program, and in particular the skill level of the program facilitator. The main drawback for many in the program was a mismatch between their current level of capacity or level of recovery and the focus of the program. For many the program was too soon in terms of a realistic attempt at finding new work. For those ready to follow through with the program activities, the program was described as greatly increasing their chances of securing a positive outcome.

The benefits of achieving a positive work outcome for people in this cohort represents significant benefits for the individual as well as cost benefits for the scheme. With long periods of work disability, it becomes increasingly more difficult for people to return to work, and achieving a number of positive work outcomes after a relatively short intervention period represents a highly successful program. While the changes on the objective survey measures were modest, the post completion interview data revealed that the skill level of the program facilitator was a key element to the successful outcomes achieved. It seems that it would be important to ensure that any future versions of the program require similarly skilled facilitators to replicate the outcomes observed.

In general, scores on the survey tools applied demonstrated the challenges faced by those experiencing long term work disability when re-entering work. Low scores across work ability and general health were in line with those seen in similar cohorts from other jurisdictions and underline the level of disability that has to be overcome in order to achieve positive work outcomes. On top of learning or applying skills that have not been applied for a long time, there are significant health challenges to overcome. Achieving a successful return to work for people in this circumstance represent an opportunity to improve a range of outcomes alongside reducing financial stress.

A key element to look to improve for future versions of the program piloted are the processes used to identify potential participants in the program. Where there is a close match between the aims of the program and the participant's willingness, readiness and recovery journey the program appears more likely to support the person to achieve a positive work outcome. It would also be of benefit to track survey outcomes longer term than just 6-8 weeks post service completion. It is not known whether the relatively modest changes in survey scores would be maintained longer term, or whether long-term sustained employment would see significant positive changes.



Appendices

Appendix A Survey and data collection tools

A.1 Kessler 6 – 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

A.2 Euroqol 5D

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems with walking around
- I have slight problems with walking around
- I have moderate problems with walking around
- I have severe problems with walking around
- I am unable to walk around

PERSONAL CARE

- I have no problems with washing or dressing myself
- I have light problems with washing or dressing myself
- I have moderate problems with washing or dressing myself
- I have severe problems with washing or dressing myself
- I am unable to wash or dress myself

USUAL ACTIVITIES (*e.g. work, study, housework, family or leisure activities*)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

PAIN / DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

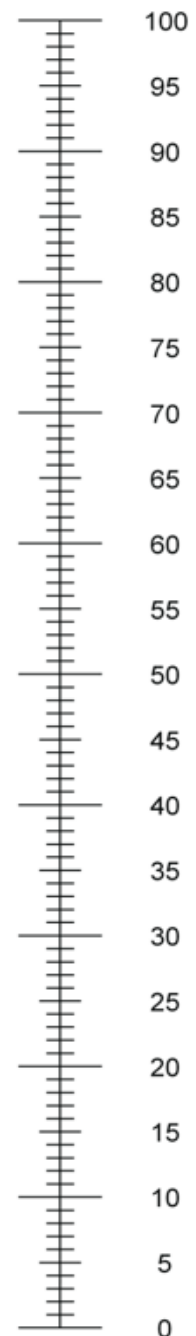
ANXIETY / DEPRESSION

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health
you can imagine



The worst health
you can imagine

A.3 General Self Efficacy Questionnaire

		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.				

A.4 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

A.5 Financial Wellbeing

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

A.6 Post service completion interview schedule

Interview schedule for Comcare RTW Brokerage program

Thank you for taking the time to chat today. First I wanted to check that you had received the explanatory statement – it shows that the research has been approved by the Monash ethics board, and I can give you the project number and more details if you would like. **[Comcare and EML RTW pilot Evaluation, project number 30693]**. Do you have any questions about the research? I'll be typing notes as we go along, so please ignore the tapping away! Are you happy to go ahead?

1. Can you please describe why you decided to take part in the RTW/Your Futures program?
2. Can you please describe your experience of the Your Futures Program?
3. From your perspective, what was the most effective component of the Program?
4. What components of the program do you think could be improved?
5. Please tell me how satisfied you were with the program?
6. It is now close to two months since the program finished. Can you please tell me a little bit about your current work situation?
7. Is there any ongoing support you think that would benefit you?
8. Would you recommend the program to other people who may have been injured in a way that impacts their work? Why/why not?

Thank you for your time today. The last piece of the evaluation is a follow up survey. It is the same survey you completed at the start and end of the program and should take no longer than 10 minutes. It helps us to see how your answers have changed over time. Would you prefer me to send the link via email or text to your phone? I'll aim to remind you in a couple of weeks if you forget to click on the link.

Thanks again.

Appendix B Cohort level RTW impact results

Table B.1 – Analysis of RTW outcomes for Cohort 1

	Participants	Non-participants	Total	Impact
Individuals included for evaluation	15	23	38	
RTW outcomes in 6 months	6	3	9	
RTW proportion observed	40.0%	13.0%	23.7%	207%
RTW proportion expected <i>claims mix adjusted</i>	13.0%	18.6%	16.4%	
RTW proportion observed <i>claims mix adjusted</i>	50.5%	11.5%	26.9%	339%
p-value <i>claims mix adjusted</i>				1.0%

Table B.2 – Analysis of RTW outcomes for Cohort 2

	Participants	Non-participants	Total	Impact
Individuals included for evaluation	14	37	51	
RTW outcomes in 6 months	5	4	9	
RTW proportion observed	35.7%	10.8%	17.6%	230%
RTW proportion expected <i>claims mix adjusted</i>	13.4%	11.2%	11.8%	
RTW proportion observed <i>claims mix adjusted</i>	31.5%	11.4%	16.9%	177%
p-value <i>claims mix adjusted</i>				2.9%



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