EMPLOYEE AWARENESS AND EMPOWERMENT RESEARCH

Understanding how to better empower people with injuries, illness, or disability to participate in work.

December 2019

- Too many Australians are unable to work due to a temporary or permanent injury, illness or disability.
- Among OECD countries, Australia ranks 21 out of 29 for employment rates among people with disabilities relative to the population and evidence shows that for people with a workers' compensation claim, return to work rates have stagnated since 2006.
- Led by EML and informed by a stakeholder Advisory Group, this project commissioned a study to provide employees with the information they need to support their recovery; and to improve work participation by empowering people to participate in their recovery and management of their health condition or disability to commence, stay or return to work.
- This study addresses an important gap in evidence on empowerment strategies for people with a health condition or disability to use work as part of their recovery.

This study involved a rapid literature review, Citizen Panel and interviews with a total of 23 participants for a first-hand account of lived experience of a health condition or disability that impacts an individual's ability to work, and in-depth interviews with 10 professionals working in related sectors, systems and industries. Fieldwork was conducted between April-June 2019.

This research report was prepared by The Shannon Company and BehaviourWorks Australia of Monash University.

For more information and the full research report visit www.comcare.gov.au/collaborativepartnership

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KEY FINDINGS—AT A GLANCE

The **Employee** Awareness and **Empowerment** Research explored the attitudes and needs of people with a temporary or permanent injury, illness or disability and their experience navigating various benefit and income support systems in Australia. This study identifies evidence-based interventions that could empower individuals to secure employment, stay at, or return to work.

Empowerment refers to the process by which people gain control over the factors and decisions that shape their lives (World Health Organization, 2009)

In this study, 'employee' refers to people with a temporary or permanent, physical or psychological injury, illness or disability.

STUDY PARTICIPANTS WERE RECRUITED ACROSS VARIOUS SYSTEMS

22%
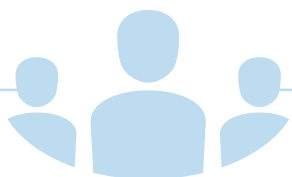Motor Accident

30%
Disability Support Pension (DSP)

22%
Superannuation

17%
Disability Employment Services (DES)

9%
Workers Compensation

WHAT EMPLOYEES TOLD US ABOUT THE BENEFIT AND INCOME SUPPORT SYSTEMS

- Complex, overwhelming, frustrating
- Inflexible and unempathetic
- Lack transparency around decisions and processes
- Contribute to feelings of uncertainty
- Lack cohesion and adequate communication between systems as people move between systems
- Contribute to worsening health, greater reliance on the system and secondary conditions

"You need to make yourself look twice as bad in order to get half the help you need."
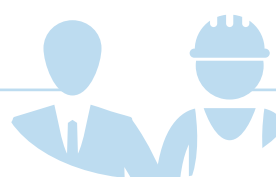
WHAT EMPLOYEES AND STAKEHOLDERS TOLD US ABOUT EMPLOYERS

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

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

Too many Australians are unable to work due to a temporary or permanent injury, illness or disability. In 2015/2016 an estimated 786,000 people who were unable to work due to ill health, injury or disability received income support from a commonwealth, state, territory or private source." (The Cross-Sector Report, Monash University, 2017)

KEY FINDINGS—PATHWAYS TO EMPOWERMENT

The rapid literature review identified interventions that may empower people to use work as part of their recovery. The chart below summarises what was found through evidence and compares it to employee and stakeholder views and perspectives. The chart also identifies two interventions raised by employees and stakeholders.

EMPOWERMENT INTERVENTIONS

Intervention	Evidence	Employees	Stakeholders
Work accommodation: making changes in the workplace or the way that work is done to allow all people the opportunity to work according to their capacity	✓	✓	✓
Support: making job-seeking and return to work easier for those with a health condition or disability	✓	✗	✓
Mentorship: providing ongoing guidance, instruction, and encouragement from a mentor with experience to promote competence and employment participation	?	✓✓	✓
Goal setting: staging rehabilitation or job-seeking in order to preserve and enhance motivation	?	✓	✓
Person-centred planning: delivering support and services that are tailored around the individual and their unique needs	?	✓	✓
Problem-solving: developing interventions that incorporate teaching problem-solving skills	?	?	?
Strength-based interventions: increasing empowerment by focusing on the individual's personal and inter-personal strengths	?	?	?
Education: helping individuals to understand their condition and navigate issues that restrict their ability to work	✗	✓	✓
Cultural change: creating universal awareness and belief amongst employers, employees and health professionals that working is a proven aid to recovery and emotional wellbeing		✓	✓
System change: aligning benefit and income support systems to be in step with best practice customer-centric servicing approaches and streamlined operating processes		✓	✓

BEST OPPORTUNITIES FOR EMPOWERMENT

Employees and stakeholders favoured interventions that present the best opportunities to empower people with health conditions or disabilities to use work as part of their recovery.

- **Dependent self empowerment**—actions individuals can take once the appropriate mechanisms have been established. Key examples include *Mentorship, Education, Goal setting, System facilitation*
- **Dependent empowerment**—things individuals cannot action themselves without broader changes and multi-dimensional approaches. Key examples include *Work accommodation, Culture change, System change*