COORDINATION WORKS
Understanding Rehabilitation and Return to Work Coordinators in South Australia: A case study report

Kate Barnett
Keri Chiveralls
Ann-Louise Hordacre
John Spoehr

March 2011

Report prepared for:
WorkCover
CONTENTS

1 OVERVIEW OF CRITICAL SUCCESS FACTORS IN RETURN TO WORK .................................................. 1

2 INTRODUCTION .............................................................................................................................................................. 2
   2.1 CONTEXT FOR THE CASE STUDIES .......................................................................................................................... 2
   2.2 CASE STUDY METHOD .................................................................................................................................................. 2

3 CASE STUDIES .................................................................................................................................................................. 4
   CASE STUDY 1: RETURN TO WORK IN THE PUBLIC SECTOR ............................................................... 4
   CASE STUDY 2: RETURN TO WORK IN THE AGED CARE SECTOR .................................................. 6
   CASE STUDY 3: RETURN TO WORK IN THE MINING SECTOR .............................................................. 8
   CASE STUDY 4: RETURN TO WORK IN THE MANUFACTURING SECTOR ........................................ 10

4 LESSONS TO BE LEARNED FROM THE CASE STUDY INTERVIEWS ................................................................. 12
   4.1 THE POWER OF POSITIVE THOUGHT ..................................................................................................................... 12
   4.2 THE IMPACT OF LIFE OUTSIDE OF WORK .............................................................................................................. 12
   4.3 MANAGING WORKPLACE ATTITUDES ..................................................................................................................... 14
      4.3.1 Respecting confidentiality ................................................................................................................................. 15
      4.3.2 A strengths based approach ............................................................................................................................ 15
   4.4 EFFECTIVE RELATIONSHIPS ................................................................................................................................. 16
      4.4.1 Sustaining case management relationships .................................................................................................. 16
      4.4.2 Duty of care versus return to work ................................................................................................................... 16
   4.5 THE RRTWC ROLE .................................................................................................................................................... 17
      4.5.1 Support through training ................................................................................................................................. 17

5 CONCLUSIONS ................................................................................................................................................................. 19

LIST OF TABLES

Table 1: Barriers faced by RRTWCs ................................................................................................................................. 19
Table 2: Critical success factors in return-to-work illustrated by the four case studies .............................................. 20
The success stories depicted in the four case studies presented in this report reinforce the importance of recognised fundamental ingredients for successful return to work. The findings also illustrate the pivotal contribution RRTWCs can make to the RTW process. The critical success factors exemplified in the case studies are summarised below, and related to the two key stakeholders in the workplace – the RRTWC, and the employer - reflecting the interactive effect between them. In addition, all RRTWCs also identified the critical importance of injured worker’s positive attitude and commitment to RTW.

The RRTWC

- The RRTWC’s flexibility in researching alternative RTW placement that builds on the injured worker’s previous experience and skills.
- The RRTWC’s education of management and staff about work accommodation and accepting the worker’s return, about focusing on the worker’s strengths rather than their limitations, and about avoiding repeated injury through inappropriate RTW arrangements.
- The RRTWC ensuring that the recovering worker has appropriate up-skilling opportunities for an alternative work role.
- The RRTWC’s role in shifting the organisation’s mindset away from accepting only full fitness for RTW.
- The RRTWC taking into account the non-workplace environment of the injured worker and the influence of this on the worker’s health and well-being.
- The RRTWC working closely with the injured person’s family and personal networks, acknowledging the important role these play in the RTW process.

The Employer

- An employer who is willing to be flexible in making workplace accommodations and modifications.
- An employing organisation that is pro-active in relation to injury prevention, early intervention and effective management of return to work. This includes having established sound policies and practices that underpin effective management of return to work.
- An employer who promotes injury prevention, ensures effective injury management and early notification of injury, and the application of work conditioning practices.
- An organisational culture which provides health promotion activities for its workforce, and regards this as an investment in workforce health and productivity, rather than a cost.
- An effective working relationship between an employing organisation and local medical practitioners to ensure that medical providers are informed and familiar with the work setting and the implications of this for injury or illness management. This assists a collaborative approach between employer and medical practitioner in developing alternative work duties.
- An employing organisation that has established critical working relationships with other key stakeholders in the RTW process – for example, Occupational Therapists and Vocational Rehabilitation Providers. This enables a team approach that combines the skills and knowledge of different professionals, and relates these specifically to the workplace concerned.
2 INTRODUCTION

2.1 CONTEXT FOR THE CASE STUDIES

The SA Government established the Return to Work (RTW) Fund, which the WorkCover SA Board implemented in June 2008, with $15 million to support initiatives that contribute to the improved return to work of injured workers. This continued the proactive role in addressing South Australia’s return to work challenges that had been adopted by WorkCover SA in initiating a program of research designed to enhance the evidence base about achieving effective return to work.

The RTW Fund objectives are to:

1. Foster innovation to find solutions to known barriers to return to work and enhance the effect of factors that support return to work.
2. Expand retraining options for injured workers.
3. Develop greater workforce participation options.
4. Improve the skills of persons operating in the South Australian workers compensation scheme.
5. Establish workplace initiatives which develop and implement sustainable programs to help those sectors with known difficulties in achieving successful and timely return to work outcomes.
6. Raise awareness and promote the rehabilitation and return to work message.

The Australian Institute for Social Research (AISR) at The University of Adelaide was selected by WorkCover SA to provide the RTW Fund evaluation. The evaluation is designed to develop, implement, collect and analyse both performance (monitoring) data and outcome and impact (evaluative) data to provide an assessment of the efficiency, effectiveness and appropriateness of the Initiative. There are multiple components to the evaluation methodology, including development of an overarching evaluation framework, design of a data collection tool for funded projects and analysis of data outputs, interviews and site visits with funded projects and other key stakeholders, and a survey with accompanying case studies of Rehabilitation and Return to Work Coordinators (RRTWC).

2.2 CASE STUDY METHOD

In July to September 2010, the survey – Understanding Rehabilitation and Return to Work Coordinators – was undertaken with 570 South Australian RRTWCs. The results of the survey form a separate report.\(^1\) In addition to questions about their role and responsibilities, successes and barriers to RTW, respondents were also invited to provide an example of a successful return to work story.\(^2\)

Four respondents who indicated interest in participating in case study interviews were selected for interview. These individuals provided broad representation of the RRTWCs included in our survey on the

---


2 Noting the views presented here are the views of case study respondents only. In this report we are seeking to represent the views of our respondents accurately. We do not seek to comment on, critique, endorse or condone these views or the suggestions contained therein.
basis of: age, gender, industry, sector (public and private), location (rural and metropolitan) and education levels.

Interviews were conducted in a confidential environment at the participant’s place of work (with the exception of our regional participant with whom we conducted a telephone interview).

The main focus of the interviews was to learn lessons from the success stories and identify case study examples which demonstrate strategies that support improved return to work outcomes in South Australia. The interviews focused on barriers and facilitators to return to work and the strategies RRTWCs had developed to overcome these barriers and achieve return to work outcomes.

Case study information was analyses and structured under these broad headings –

- **Key challenges** that are faced by RRTWCs (including system-based constraints, policy-based constraints, resource based constraints and so on).
- **Strategies** that have been developed to address these challenges.
- **The outcomes** (both successful and otherwise) of the application of those strategies- exploring ‘What worked? What did not work? Why?’
- **Lessons learned** and associated Critical Success Factors, and if these can be generalised across a range of workplaces and industry sectors.
CASE STUDY 1: RETURN TO WORK IN THE PUBLIC SECTOR

Profile of the RRTWC

- Location: Adelaide
- Sector: public, government
- Organisation size: over 1000 employees across 30 government departments
- Gender: female
- Age: early 40s
- Education level: Certificate III-IV
- Experience: extensive experience in return to work and previous experience as a vocational rehabilitation provider.

This participant provided two different success stories. The first was the basis for selection as a finalist in the WorkCoverSA Return to Work Awards and involved a 70 year old male groundskeeper, who sustained a shoulder injury when he fell from a height, resulting in a full rotator cuff tear. The injury required surgery, followed by eight months of rehabilitation and a strict physiotherapy and home exercise program. The RRTWC engaged an Occupational Therapist (OT) to perform a work-site assessment report and job analysis which identified suitably modified duties which were outside his substantive role.

However, his employer did not wish to take him back unless he was able to return to full-time hours and duties, believing that it would violate duty of care and put other employees and general members of the public at risk. Despite the positive attitude to return to work on the part of the injured worker, a number of other issues arose, which led to a breakdown in the relationship between him and his employer.

The RRTWC recognised that continuing to push the return of this employee to his pre-injury employer under such circumstances was unlikely to result in a positive outcome. Instead, the RRTWC checked the returning employee’s work history and identified that he would not require any retraining to perform this role.

An appropriate TAFE Institute was then contacted to see if they could employ him for four hours a day. The TAFE took him into a class environment working one-on-one with students, answering questions and assisting them with projects. He eventually graduated to taking classes himself and from there worked up to full-time hours. A case conference was called with the treating surgeon and full clearance for alternative duties was approved with the restriction of exercising caution when performing overhead lifting.

The second success story involved a 57 year old male glazier who sustained a bi-lateral shoulder injury as a result of a fall in his workshop. While the initial injury was to the dominant arm (which required two operations), an overuse injury (full-thickness tear) was sustained in the other arm, which also required surgery. A case conference was held and it was determined that the worker’s injuries would not allow him return to pre-injury duties. His pre-injury employer located a different role for him and an OT was involved to assess the duties.
Both cases involved injured workers in similar industries with related injuries and with equally positive attitudes about returning to work. The first case had an excellent result despite having an employer-employee relationship which was not very accommodating. In the second case, the employer seemed willing to consider any options which would allow the worker to return to work.

**Critical Success Factors**

- The injured worker’s positive attitude and commitment to RTW.
- The RRTWC’s flexibility in researching alternative RTW placement that built on the injured worker’s previous experience and skills.
- An employer who was willing to be flexible in making workplace accommodation and modifications.
CASE STUDY 2: RETURN TO WORK IN THE AGED CARE SECTOR

Profile of the RRTWC

- Location: Regional centre
- Sector: private, aged care
- Organisation size: approximately 225 employees
- Gender: female
- Age: late 40s
- Education level: Diploma/Associate Diploma

This case study involved an Enrolled Nurse (EN) in her mid 50s, who incurred a back injury at work. After the accident it was established that she also had a degenerative back condition, and as such it was not recommended she return to her duties as an EN. This was devastating for the worker, who had been a passionate and committed EN who loved working with older people, and was quite traumatised by the idea of having to work with another organisation or in another work role.

The RRTWC identified that the organisation had a Volunteer Coordinator Lifestyle Officer role which the injured worker was appropriate for, so the position description from their job dictionary was faxed to the treating doctor for approval. While the GP would not approve the Lifestyle Officer component of the role, they commenced with nine hours per week as a Volunteer Coordinator, which eventually developed into her subsuming and adapting the less physically taxing elements of the Lifestyle Coordinator role.

At the time of interview, the injured worker was working around 40 hours per fortnight, which was more than she worked before the injury. It was reported that she had become a valued employee and found considerable job satisfaction in her new role. The Job Description for the role was rewritten to accommodate her injury and she received full clearance from her doctor to perform permanent modified duties.

The RRTWC emphasised that the worker’s positive attitude and commitment to returning to work as one of the main drivers behind this success story. The RRTWC addressed the barrier of the worker’s resistance to moving away from her original worksite by enabling her to be introduced incrementally to parts of the new role at the old worksite, until she felt confident in the role and was ready to move to the new worksite.

A significant barrier that needed to be addressed was the stigma associated with WorkCover claims, which had fostered negative perceptions in the team which the worker was joining. The RRTWC overcame this issue through educating staff, ensuring that they understood they would not need to take on additional work and that this person was well suited to the position. These meetings also provided a mechanism for up-skilling the worker to ensure she had the required computer skills for the role. This was particularly important as the organisation had a prior history of being unwilling to create modified positions for workers and generally functioned with the belief that workers either operated as fully fit for work or would be excluded from the workplace.

The RRTWC played a critical role in educating staff about the importance of focusing on what the rehabilitating employee could do rather than on their limitations, and on what could be done to support them while they adjusted to the new role. The RRTWC also managed to shift the worker’s perception about what was possible in terms of her occupation and capability, leading to a new work role with positive consequences.
Critical Success Factors

☑ The injured worker’s positive attitude and commitment to RTW.
☑ The RRTWC’s education of management and staff about work accommodation and accepting the worker’s return, about focusing on the worker’s strengths rather than their limitations, and about avoiding repeated injury through inappropriate RTW arrangements.
☑ The RRTWC’s ensuring that the worker had up-skilling opportunities.
☑ The RRTWC’s role in shifting the organisation’s mindset away from accepting only full fitness for RTW.
☑ The RRTWC’s role in shifting the worker’s limited perception of possible capabilities and work roles.
☑ The RRTWC’s flexibility in identifying alternative RTW placement and work role.
CASE STUDY 3: RETURN TO WORK IN THE MINING SECTOR

Profile of the RRTWC

- Location: Adelaide
- Sector: private, mining
- Organisation size: approximately 50 employees
- Gender: male
- Age: late 40s
- Education level: University degree
- Experience: extensive experience in RTW in SA and other Australian States

This RRTWC’s employing organisation had an excellent record with return to work. This interview did not focus on a specific case study, but provided information about the way good practice, organisational structure and proactive processes create a supportive environment for RTW.

As a site which relies on an ageing workforce, the company is particularly proactive in relation to injury prevention, early intervention and effective management of return to work. The organisation also has a nation-wide policy and procedures for return to work that flow from the Sydney office to their 35 sites across Australia. It uses a hazard risk rating system to ensure effective injury management and early notification of injury (derived from the New South Wales Department of Primary Industry’s risk management pocket pad). The organisation promotes injury prevention through work conditioning practices. The RRTWC explained that when workers have two or three week absences from work after the Christmas shutdown or other leave periods, the company has a policy of gradual reintroduction to manual handling.

One of the most important aspects of their injury management strategy is the close relationship this organisation has developed with a local medical centre. This strategically sound working relationship means that the work clinic has a copy of the organisation’s job dictionary and its doctors are well aware of the different duties available for planning return to work on alternate or modified duties. Staff from the clinic also have attended the work site on occasions to view their work procedures and operations. Nevertheless, the RRTWC emphasised that their employees still have freedom in terms of choice of doctors (including their own doctor). The organisation’s policy and associated procedures mean that the RRTWC is notified of injury as soon as possible so that they, or the site manager, can accompany people to the work clinic, or the employee’s chosen doctor, if appropriate.

One of the biggest barriers to return to work highlighted by this RRTWC were factors at play in the private lives of workers, for example with regard to issues like weight management and physical and mental fatigue, which are particularly pertinent in an ageing workforce and shift work. The RRTWC commented that despite injuries occurring in the workplace, there is a significant need to understand the role that factors and circumstances external to the workplace play.

In response to these issues, the organisation is hoping to develop a lunchtime seminar series which aims to encourage effective lifestyle management as a means of injury prevention. While for many organisations, the main concern with such initiatives would be the cost to the organisation, this RRTWC argued that such programs are an investment because they can prevent lost time from injuries and increase workplace productivity.
This case study highlights the importance of developing effective organisational policies for the management of return to work, and the importance of strategic working relationships when developing policy and strategies for injury prevention and effective rehabilitation and return to work. It also draws attention to the role of individual employees in achieving return to work and preventing illness and injury, and while this is often considered to lie outside of the influence or the workplace, there can be a role for employers in enabling healthier lifestyles and taking a holistic focus in assessing workforce need.

**Critical Success Factors**

- An employing organisation that is proactive in relation to injury prevention, early intervention and effective management of return to work.
- This includes promotion of injury prevention through the use of a hazard risk rating system to ensure effective injury management and early notification of injury, and the application of work conditioning practices.
- The close and effective working relationship between this organisation and a local medical centre ensures that each understands the other’s work processes and medical providers are familiar with the work setting and how this relates to injury or illness management.
- The RRTWC takes into account the wider environment external to the workplace of the injured worker and the influence of this on the worker’s health and well-being. For this reason, it is valuable to explore the role the workplace can play in promoting healthy lifestyles.
- This perspective is supported by an organisational culture which regards such a focus as being an investment in workforce health and productivity, rather than a cost.
CASE STUDY 4: RETURN TO WORK IN THE MANUFACTURING SECTOR

Profile of the RRTWC

- Location: Northern Adelaide
- Sector: private, manufacturing
- Organisation size: over 200 employees
- Gender: female
- Age: early 40s
- Education level: Diploma/Associate Diploma

The organisation had sound organisational policies in place for managing workplace injury and return to work. This included clear processes for the management and reporting of workplace injury.

An important element of their RTW procedures is the package of documents provided to medical practitioners when workers attend their first meeting, informing them of alternative duties available at the worksite.

The organisation also has an established working relationship with a preferred Occupational Therapist (who helped develop their job dictionary) and with a Vocational Rehabilitation Provider, which enables them to develop joint strategies for RTW.

This success story involved an employee who was injured when a 500kg cabinet crushed their leg, severing muscle tendon and nerves. The injury was reportedly the worst experienced by the organisation in its 30 year history. Given the nature and severity of the injury, the worker was immediately taken by ambulance for emergency surgery. The private injury response company employed by the organisation was contacted without delay. The manager and the HR manager attended the hospital, contacted and notified the family, and waited while the operation was taking place.

The RRTWC visited the family the next day and contacted Employer’s Mutual Limited (EML) to arrange for activities of daily living (ADL) support (eg transport and cleaning) to be provided to assist the family while the claim was being determined. The RRTWC also provided the family with her own private phone number to ensure they had support available when they needed it.

The worker was cleared to return to full pre-injury duties within six months. Effective organisation policy and early intervention from the RRTWC clearly played a strong role in achieving this outcome.

Critical Success Factors

- An employing organisation that has established sound policies and practices that underpin effective management of return to work.
- An employing organisation that has established critical working relationships with other key stakeholders in the RTW process – in this case, an Occupational Therapist and a Vocational Rehabilitation Provider. This enables a team approach that combines the skills and knowledge of different professionals, and relates these specifically to the workplace concerned.
- The organisation’s strategy of ensuring that medical practitioners receive a comprehensive information package that assists a collaborative approach to developing alternative work duties.
- Early intervention and immediate contact with those needed to treat and manage the injury has also been part of the success.
✓ The RRTWC worked closely with the injured person’s family and personal networks, acknowledging the important role these play in the RTW process.
✓ The worker’s own motivation and commitment to recovery and return to work.
4 LESSONS TO BE LEARNED FROM THE CASE STUDY INTERVIEWS

A number of important lessons about timely and effective return to work emerged from the case study interviews. These relate to the roles of case managers and medical providers, and the processes pursued by them. For both EML case managers and medical providers there can be conflicting responsibilities that create barriers to the RTW process. For case managers these can involve a conflict between their accountability to WorkCoverSA requirements and resourcing and the needs of individual claimants. For medical providers the duty of care to their patient may work against WorkCoverSA requirements.

4.1 THE POWER OF POSITIVE THOUGHT

Reflecting findings that have been well established in the research literature and reinforced in the RRTWC survey, those interviewed identified the critical influence on return to work of the attitude of the injured/ill worker. All interviewees identified a positive worker attitude as one of the most significant contributing factors to a successful return to work. This emerged as a critical success factor in three of the four case studies, with the fourth focusing only on organisation level issues in RTW.

‘It’s just getting back on your bike...it’s the positive attitude that you take, but it’s probably worth gold actually.’

Equally, a negative worker attitude was identified as a major barrier to return to work.

‘You can lead a horse to water, but if it doesn’t want to drink it, it’s not going to drink it. In the success stories that I’ve seen, it’s definitely about people’s mindsets; where they want to be and what they want to do.’

Job satisfaction was seen as an important influence on worker attitude to return to work, as was the relationship with the worker’s medical providers because workers were often able to influence their own general practitioners in setting a RTW timeframe.

Among the strategies suggested to address negative employee attitudes were the following:

⇒ engaging an external vocational rehabilitation provider as soon as possible;
⇒ spending the time to build a good relationship with the employee by listening to their concerns and demonstrating support.

4.2 THE IMPACT OF LIFE OUTSIDE OF WORK

Interviewees saw life outside of work as a significant influence on rehabilitation and return to work outcomes. As highlighted in Case Study 3, it is important to consider the impact of a number of lifestyle factors on injured/ill workers’ experience of recovery and return to work and to address these in discussions with the rehabilitating employee. As one interviewee commented:

‘Rehab is holistic. It’s the whole lot. You look at the work outside - I often say to people, look, you’re here for eight hours and we can manage and look after you while you’re here for that eight hours. But the other 16 hours that you’re not here, assuming seven to eight of those are sleeping, there’s another eight hours of leisure time that we can’t manage.’
Interviewees also acknowledged the importance of family, friends and other support networks in assisting injured/ill workers through the recovery process.

‘I’ve worked with a number of people and if their mindset’s right and they’ve got good support networks and good family homes and good morals and values, I think you have a better success than ones that I’ve seen. With one that I’ve got at the moment who doesn’t have any of that network and try as you may, they just don’t want to work - or work here.’

It was also noted that the WorkCoverSA process itself can be very intimidating for workers, and that support networks can help relieve some of this.

‘WorkCover as I said before is very scary for a lot of people. There’s a lot of forms to fill in, it’s not something that they’re used to... so families and friends are very, very important in being a part of that support network.’

Interviewees emphasised the importance of involving personal support structures in the rehabilitation and return to work process. For example, one interviewee detailed a situation where one of their injured workers had been told that among a range of lifestyle and vocational impacts of their injury, they would not be able to play football anymore. The RRTWC realised the significant impact this was having on the worker and liaised with their football coach to identify other ways to maintain involvement.

‘I actually spoke to the coach and the assistant coach and .... they said, “we’ve needed some guidance. We didn’t know what to do”.... Until he got better, they actually engaged him as the runner.... So he still had the contact with the group. He still was part of the club.’

However, the interviewees also acknowledged the negative influence that friends, family and other support structures can have on return to work outcomes. For example, one interviewee commented that sometimes the worker’s family do not provide adequate support because they don’t actually believe or acknowledge the significance of the condition they are dealing with.

‘Families are tricky sometimes, because if they’re not supportive - I’ve seen all different types. I’ve seen the one that thinks you’re not [injured] they can’t see it so they don’t believe it. Then I’ve seen the ones where the partner, whether it be husband or wife or whatever it is, do everything for the one that is injured. So they do play a really important role.

Family and other support networks can also contribute negatively to the rehabilitation process by catastrophising or reinforcing worker anxiety about their condition.

The key lesson emerging from the RRTWCs’ feedback is the importance of providing support, not only to the rehabilitating worker, but to their support structures as well.

⇒ Some organisations employ an Employee Appointed Psychologist (EAP) who is available to support workers and their families through the rehabilitation process.

⇒ The needs of injured/ill workers and their families outside of work can also be met by arranging for an Occupational Therapist or Physiotherapist to perform an Activities of Daily Living (ADL) assessment at their home.
4.3 MANAGING WORKPLACE ATTITUDES

As the research literature indicates, there are a range of factors that form the pieces of the return to work puzzle and the case studies have reflected those findings, identifying the importance of case managers, medical providers, the worker and their personal support sources. The role of the workplace and its culture is another significant component which was also identified in case study interviews. This was evident in Case Study 1, where a supportive workplace culture was one of the most important factors to influence the outcome of their success story. The support from the RRTWC and the worker’s colleagues, from the moment of the accident through to the injured party’s full return to work, were significant contributors.

However, workplace issues were also identified by interviewees as major barriers to return to work. In particular, issues associated with managers, supervisors and other colleagues in the workplace were highlighted as significant. For example, a RRTWC described how in one case:

‘Other staff from his employment were ringing him outside of hours and saying, oh, there’s things going on here that you should be aware of. There’s been a staff meeting saying you’re never coming back. All of this sort of stuff which really upset him.’

Unfortunately, RRTWCs indicated that such issues involving employees stigmatising other workers who are on a WorkCover claim, were fairly common in their experience. For example, one RRTWC described how such stigma was rife in their industry:

‘I start to get a bit upset with that attitude because ... they don’t go out and injure themselves deliberately. Yes, there are ... malingerers that everybody hears about, but that makes up about five percent of my cases. Ninety-five percent of my cases are genuine. Yet, everybody has this - they see WorkCover and their eyes glaze over and it’s like, they must be lying. ... It’s unfair.

Consequently, RRTWCs identified that the management of these relationships was a significant component of their role. As one said -

‘We ... sat those people down and explained that she needed the support and the encouragement at work, she doesn’t need negatives, she needs positives. I said ... “she needs support and encouragement...she’s not a vegetable, she’s got a shoulder injury. It is there, it is real, I’ve seen the scans and everything.” So that helped her as well.’

‘With the worker’s permission, I can go in and actually speak to the little team. They might be in a team of three or four or they might be in a huge, big pool, but I’ve often said I’m happy to go and do that myself and have a chat to those people. Or I leave it to the manager....But it’s always with the worker’s agreement’.

---

3 Noting that, perversely, if a worker had to be ‘detached’, a supportive index workplace may complicate the business of finding a suitable alternative placement that provided a similar level of support.
### 4.3.1 RESPECTING CONFIDENTIALITY

The need to preserve confidentiality can also be an issue when attempting to address unhelpful attitudes of managers, supervisors and other colleagues in relation to return to work. This can present a dilemma for RRTWCs -

*Sometimes the worker says, no, I don’t want anyone to know. Well ... that’s a bit hard then...the colleagues are going, why is she getting a break every half an hour? How come she’s got this microdesk, a new headset and this and that? I might lodge a claim too. That happens.*

Similarly, another RRTWC commented -

*It’s very hard because colleagues want to know what’s happened. “You’ve been away for four weeks, are you okay?” It’s confidential. When you’re returning someone into the workplace, I often say to them, whatever you tell your colleagues is up to you. I’m not telling them. But your manager might have to just explain that you do need to get up every half an hour for a break. We’re not going to go into detail what your injury is or the issues around that, but your colleagues need to be aware that there are some special conditions or certain conditions for a period of time.*

The RRTWCs detailed some of the strategies they had developed in response to a worker’s request for confidentiality including:

- referral of the employee to the EAP for workplace mediation;
- team building exercises;
- team motivation and
- workplace training.

### 4.3.2 A STRENGTHS BASED APPROACH

A strengths-based approach has been identified as an effective rehabilitation strategy in the research literature. Peer support in the workplace was seen as important in the return to work process together with encouraging team mates to focus on what the returning worker can do, rather than what they can’t do. As demonstrated in Case Study 2, efforts on the part of RRTWCs in educating an injured worker’s colleagues about the importance of workplace accommodation to shift workplace culture can be successful in combating stigmas associated with WorkCover claims.

RRTWCs noted that the identification and provision of suitable duties could also be a barrier to return to work when there was a lack of understanding about employer obligations to provide modified duties, or a lack of interest on the part of managers and supervisors to do so. Several gave examples of employers being resistant to this -

*‘They were basically saying, well unless he’s fit to return full-time, I don’t want him back, which goes against everything we know in rehab.’*

The workplace has a critical role to play through actively promoting injury prevention, early intervention and rapid response to injury or illness. Job dictionaries were seen as a useful strategy in facilitating early intervention and response, in particular, when working with medical and other providers in that they assisted in the clarification of suitable alternative duties available at the worksite.
‘I mean we paid for it but it was certainly a really...invaluable tool and I think it’s paid for itself time and time again with further cases down the track. But because we did the whole organisation, we went through every role and developed a job dictionary.’

4.4 EFFECTIVE RELATIONSHIPS

4.4.1 SUSTAINING CASE MANAGEMENT RELATIONSHIPS

Good working relationships between RRTWCs and EML case managers are essential to effective return to work. However, those interviewed expressed concern about the high turnover rate of case managers. These were seen to impede communication processes and negatively impact working relationships.

It is important to note however, that participants also understood the impact on case managers of a heavy workload, and perceived a more manageable case load as a critical factor in improved return to work.

4.4.2 DUTY OF CARE VERSUS RETURN TO WORK

Reflecting the findings of the survey, another major barrier to return to work identified concerned medical providers’ perceived conflict of interest between duty of care to their patients and the requirements of the WorkCover SA system.

Those interviewed perceived a lack of understanding of return to work and the wider WorkCover SA system on the part of medical providers. This was seen to be reflected in a number of ways including the following:

⇒ a lack of specificity in medical certificates with GPs writing ‘pain’ or ‘back pain’ for example, without specifying the cause;
⇒ there was a perception that doctors tended to provide excessive restrictions or absences from work, without due consideration of the long-term impacts of such an approach on patients in the context of return to work. As one participant put it -

‘They need to understand that they actually elongate the process by...saying to the worker, oh you poor thing, you must be so ill. You need six weeks off. Writing them a certificate that says, yes, they’ve got all these restrictions. The worker goes, I must be really bad.’

As with case managers, it was also identified that developing a good relationship with the medical provider can help overcome some of these issues. For example one participant stated:

‘I’ll go and meet with the doctor or meet them at the surgery.... I’ll speak to the doctor about - just show them that we are very supportive, because at times they hear that we’re not, so by just being there, even if it means I just sit outside and then I go in afterwards.’

The strategies put in place by two employing organisations appear to be effective responses to this barrier. One organisation developed a close working relationship with local medical practitioners, and the other provided a comprehensive information package about working conditions in the organisation.
4.5 THE RRTWC ROLE

The RRTWCs interviewed were unanimous in perceiving that the legislative requirement for the RRTWC role was critical to improving return to work outcomes. The provision of a framework within which to work was seen as legitimising the role of coordinating return to work, as well as supporting communication with different stakeholders in the RTW process. They also perceived that this helped reduce the length of time associated with claims, and therefore, reduced the costs involved.

The capacity of RRTWCs to assist injured workers was subject to a number of factors, including how the RRTWC role is defined in relation to other work responsibilities – as insufficient allocation of time for the RRTWC role created significant strain.

‘Because it is over and above my normal workload...when we had lots of cases...I’m not kidding you - I had days when it took up three days a week. So your other role had to be just put aside. So that does put some pressures on people I think... Yes, it puts huge pressure... By the time you deal with - you know you’re sitting down and doing your Return to Work plans, you’re going to the doctors with them. You’re dealing with the different things that happen along the way....’

RRTWCs tended to have multiple roles, often including OHS and HR responsibilities or other roles, such as management or training. The tendency for RRTWCs to ‘wear many different hats’ within their organisation, was supported through the case study interview data. One participant commented -

‘I’ve probably got one or two hats too many.’

Nevertheless, there was a trend for interviewees to feel that the RRTWC role fitted well with HR/OHS roles. They also commented that the role was a good fit for managers or supervisors:

Also of relevance is selecting the appropriate person to undertake the RRTWC role, rather than simply allocating this as another duty.

‘When I went off for my training, my general thoughts were the role was just being chucked at whoever because it had to be done; we had to meet legislation requirements... finance officers or something and knew nothing about injured workers but were getting this title’.

4.5.1 SUPPORT THROUGH TRAINING

The RRTWCs interviewed were all very experienced in their role and while they believed the initial RRTWC training had been helpful, they did not feel the need for additional formal training, although there was some interest in broader professional development.

Survey findings had identified access barriers to training and other professional development for those located in rural and remote areas, but our regional participant commented that WorkCover SA had provided some excellent resources for them which overcame the impediments associated with distance.

‘We get the... network sessions up here in [location] or in the country areas. I have attended several of those and each one of them has been absolutely excellent. We’ve got some really good information out of them and some really good strategies for I guess dealing with different things... it is really difficult for us in the country to get to Adelaide and you know quite often workshops, they’re only for half a day or you have to fly down or you’ve got to stay overnight. You can’t justify...’
that for a two or three hour workshop... But when they bring them out here locally we certainly take full advantage of them.’

One of the metropolitan RRTWCs also commented on the usefulness of the RTW Awards, WorkCover SA conference and similar activities, in contributing to the professional development, networking and knowledge base of RRTWCs.

One strategy suggested to address resistance in the workplace was the provision of training for employees, managers and supervisors. For example, one interviewee described how they sent the production managers from each of their different production areas to free training that was provided by EML.

‘That was really, really good for them because we did have barriers and issues and they’re trying to run production, they’re talking numbers, they’re talking output. They didn’t particularly want someone in there that was going to slow that process down, so gave them a really good understanding from where we were coming from... why we want to get people back to work, because it’s better for them to be here.’

The interviewee explained that, combined with some reinforcement and support from them, the training created a real turn around in their workplace culture and their organisation’s attitude towards rehabilitation and return to work. Another RRTWC commented -

‘If I had a wish list... if I had a bucket of money and I could throw it anywhere I wanted to, I would be getting managers and supervisors and team leaders to go through half the training we’ve had that says – this is the philosophy. This is the culture. This is what you need to be doing in your workplace. You can’t wait for an injury to occur and then go, oh, what am I going to do with that person now? You should have some sort of backup plan.’
CONCLUSIONS

The RRTWC case study interviews provide valuable insights about the factors that support successful return to work, and the barriers to achieving this outcome. The information complements the findings of the accompanying survey of RRTWCs in South Australia, and also anecdotal reports from organisations (Projects) engaged with the RTW Fund.

A number of barriers faced by the RRTWCs consulted have been identified, but RRTWCs were also able to identify strategies they have employed to address those barriers. These are summarised in Table 1.

Table 1: Barriers faced by RRTWCs

<table>
<thead>
<tr>
<th>Barriers faced by RRTWCs</th>
<th>Strategies responding to those barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker-related</td>
<td></td>
</tr>
<tr>
<td>Worker negative attitude to recovery and RTW</td>
<td>RRTWC educating and encouraging workers to broaden their expectations</td>
</tr>
<tr>
<td>Worker inflexibility regarding new or changed work role</td>
<td></td>
</tr>
<tr>
<td>Negative attitudes by injured worker’s friends, family and other support structures</td>
<td>RRTWC working closely with these sources, educating and supporting them</td>
</tr>
<tr>
<td>Workplace-related</td>
<td></td>
</tr>
<tr>
<td>Employer inflexibility regarding phased RTW, work accommodation</td>
<td>RRTWC working with and educating employer. If this is unsuccessful, finding alternative RTW placement with a different employer.</td>
</tr>
<tr>
<td>Poor employer-employee relationship</td>
<td></td>
</tr>
<tr>
<td>The stigma associated with WorkCover claims, and associated stigmatisation from other employees</td>
<td>RRTWC working closely with workplace colleagues, managers and supervisors, educating them about recovery processes, workplace accommodation and other strategies that assist sustained RTW.</td>
</tr>
<tr>
<td>Lack of understanding of recovery from injury and RTW processes by managers, supervisors and other workplace colleagues</td>
<td></td>
</tr>
<tr>
<td>Case management-related</td>
<td>No strategies were identified, other than the importance of developing effective working relationships with Case Managers.</td>
</tr>
<tr>
<td>Limitations of a perceived excessive case load on case managers</td>
<td></td>
</tr>
<tr>
<td>Medical provider-related</td>
<td>Employing organisation provides comprehensive information to medical providers about the workplace, and/or develops close working relationships with local medical providers.</td>
</tr>
<tr>
<td>Medical providers’ perceived conflict of interest between duty of care to their patients and the requirements of the WorkCover SA system</td>
<td></td>
</tr>
<tr>
<td>RRTWC-related</td>
<td>No strategies were identified, other than the importance of developing effective working relationships with Case Managers.</td>
</tr>
<tr>
<td>Insufficient allocation of time for the RRTWC role by RRTWC’s employer</td>
<td>No strategies were suggested by RRTWCs to address these barriers.</td>
</tr>
<tr>
<td>Inappropriate selection of RRTWCs by employers</td>
<td></td>
</tr>
</tbody>
</table>

The case study findings illustrate the important contribution RRTWCs can make to the RTW process, but also reflect the interaction between different critical success factors in achieving positive RTW outcomes. These factors are summarised in Table 2 below, which plots the factors identified through case study interview against each of the four case studies. (Note that Case Study 3 was focused at the organisational level, therefore, there is no information relating to the role of individual workers or of the RRTWC.)
### Table 2: Critical success factors in return-to-work illustrated by the four case studies

<table>
<thead>
<tr>
<th>Critical Success Factor</th>
<th>CS1</th>
<th>CS2</th>
<th>CS3</th>
<th>CS4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injured worker’s positive attitude &amp; commitment to RTW</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RRTWC flexibility in researching &amp; identifying alternative RTW placement, building on</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the injured worker’s strengths and abilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RRTWC education of management &amp; staff, changing mindsets about RTW strategies, work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>accommodation and recovery from injury or illness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RRTWC taking into account worker’s family and non work life in developing RTW</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>strategies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer flexibility in making workplace modifications and changes to work roles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer proactivity in RTW policies &amp; processes, prevention, early intervention and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer taking into account workforce health and lifestyle and other non-work factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sound working relationships and communication between employer, VRPs, OTs and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>medical practitioners</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective communication between different stakeholders in the RTW process</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As discussed in the survey report, the success stories reaffirmed the importance of well-known fundamental ingredients for successful return to work. The main strategies and facilitators that were identified by those interviewed were:

- Effective communication and working relationships between all parties (including effective communication with the case manager and medical provider, supporting the injured worker and accompanying them to medical appointments, arranging case conferences and involving family members and colleagues where appropriate and with approval from the injured/ill worker);

- The attitude of the injured worker (a positive attitude reinforced by support from family and friends with a healthy private life);

- A supportive workplace culture (support from the RRTWC, manager, supervisor and colleagues along with effective organisational policies and return to work procedures);

- A workplace that is proactive in preventing injury, uses early intervention when injury does occur and has policies, processes and documentation to support effective RTW, and is prepared to be flexible in accommodating an injured worker.

- Workplace accommodation (including the provision of modified duties or alternative duties as required along with appropriate workplace modification as required – with assistance from an external occupational therapist or vocational rehabilitation provider if necessary).

- RRTWCs play a critical role in researching and identifying alternative RTW placements, and in some cases, occupations, in holistically linking the worker’s personal and work networks and issues, in educating workplaces and families about accommodating an injury or illness, and in coordinating different elements of the RTW process.