

SIRA

2023 Workers Compensation Law and Justice Hearing – Questions taken on Notice

Question 1.

The Hon. SUSAN CARTER: Thank you both for being here. If I can take you back, Mr Dent, to some comments you made earlier, when we were talking about psychological injury and talking workplace bullying. You also mentioned — I think it was difficult workplace relationships. I wonder whether there's any data, because we would've seen a period before COVID, during COVID, after COVID, of people working in very different places. Is there any data as to the effect of remote working and working in the office, in terms of those workplace relationship claims?

ADAM DENT: That's an incredibly interesting question. It's not something I think we would've collected data specifically on. Our insurer data requirements haven't changed dramatically over the last number of years, in terms of what we can collect from insurers, the points that we would look at. I think it certainly would warrant further exploration. Those changes in the nature of the workplace, I think, are really critical and worth understanding. The other element we have been turning our mind to, of a similar vein, is the gig economy and what that means and what work looks like more generally. There isn't considerable bodies of evidence, at the moment, on remote work and its impact. I'd almost take that as a suggestion, if you will, as something worth us exploring. Year on year the data hasn't, I think, shown any significant anomalies — I'm looking at Mr Parker to correct me if I'm wrong — that would indicate, that stood out as being obvious. But I think it would be hard to imagine that the number of people potentially working from home now and not interacting the same way with their employers wouldn't have had some impact. I think, though, what's probably relevant is in large part the key elements within the Treasury Managed Fund, so the public sector. The workers who are the most exposed to psychological injury tend to be those workers who are least likely to have been able to work remotely. So I think it's probably

reasonable to say there would be a moderate, if modest at all, impact for police, teachers, health workers et cetera. But I think more broadly, across the workers compensation system, we'd have to try to understand that. As a part of our general work in the gig economy and starting to explore what that looks like in the changing nature of work, that's certainly a branch of thinking that we should look at.

Answer: SIRA does not collect this data.

Question 2.

The Hon. SUSAN CARTER: I'd be grateful if you could. If we can just go back to the discussion in relation to table number 12, on page 20, so that I understand it properly, this is a table of workers in the education and training industry in the public sector, or across the whole sector?

ADAM DENT: It would be the whole sector. The way injuries are coded — they're coded against an industry code. So it's quite possible that a number of the workers represented there would not only be public sector. They might be in private education providers et cetera. So I think we couldn't look at this and say it was holistically public sector. However, I think that the large share of workers in New South Wales would be public sector workers. It would be representative, at best.

The Hon. SUSAN CARTER: I was just wondering whether there was different data for different sectors and whether that should also be compared as part of anything that's fed into preventative thinking.

ADAM DENT: In preparing for this hearing and this addendum, we didn't have the opportunity to do that. But, again, I'd be happy to do so.

The Hon. ANTHONY D'ADAM: Perhaps on notice, Mr Dent, you might be able to provide that table broken down by insurer.

ADAM DENT: I think we can certainly do that, absolutely. Where it was an education and training industry employee in the Nominal Insurer, that would then imply, for example, they were in the private sector rather than the public. We would have data that would allow to us to do that analysis. I'd be happy to take on notice the opportunity to do that.

Answer:

The data below covers 5 years of claims and was for the entire Education and Training industry i.e the whole sector

As below

Top 3 mechanism types in the last 5 years (FY 2016-17 to 2020-21) for primary psychological claims in Education and Training industry		
Mechanism type	Number of Psychological claims	Proportion %
84. Work Pressure	2,229	41%
87. Work Related Harassment and/or Workplace Bullying	1,518	28%

82. Exposure to Workplace or Occupational Violence	599	11%
Total primary psych claims in Education and Training industry	5,471	

Source: Qlik app as at 31 March 2022

Additional information:

The table below looks at three years' worth of psychological claims data in the Education and Training industry and separates Public (TMF insurer) and Private (all other insurers)

Mechanism of Psychological Injury claims in the Education and Training Industry for claims entered in the insurer system between July 1 2020 and June 30 2023

Mechanism of Psychological Injury	Number of claims in public sector	Number of claims in private sector	Proportion of Psych claims in public sector	Proportion of Psych claims in private sector
Work pressure	1298	276	40%	35%
Work related harassment and/or workplace bullying	766	268	24%	34%
Exposure to workplace or occupational violence	425	33	13%	4%
Other mental stress factors	211	67	6%	9%
Mental stress related to novel coronavirus (covid-19)	173	35	5%	4%
Other and multiple mechanisms of incident	119	4	4%	1%
Exposure to a traumatic event	107	41	3%	5%
Racial harassment	63	14	2%	2%
Being assaulted by a person or persons	62	29	2%	4%
Others	35	16	1%	2%
Total	3259	783	100%	100%

Question 3.

The Hon. SUSAN CARTER: I think that'd be very helpful, actually. If I can take you somewhere else, I'm interested in your peer support Here2Talk line. I notice, in the addendum, that you have extended the pilot. I'm wondering what the evaluation of the pilot was that led you to extend it and any insights you have from that evaluation.

ADAM DENT: That's an excellent question. Unless Mr Parker knows the answer, I might take that on notice, if you don't mind, Ms Carter. We certainly extended it. The results were looking promising at that point. I think it might have even been that the evaluation hadn't concluded and there was an issue of service provider continuity. So our aim would be, throughout the extension to the pilot, to finalise a full evaluation. Certainly the results were looking positive enough to justify continuing that contract until the evaluation concluded. But I might come back to you on notice with a more fulsome answer if that's okay.

The Hon. SUSAN CARTER: Thank you. I'd also be interested to know the thinking around peer to peer, rather than professional to client, and the differences that you're finding in that, and why the peer to peer is or is not successful.

ADAM DENT: Certainly. We'll add that to the response. There was a body of evidence that we considered that allowed us to look at that as a pilot, in addition. Because, as you'd be aware, there would be considerable EAP programs in most employers where there's professional support. This was another alternative that was to be explored. We will add that to the response.

Answer: SIRA extended Hear2Talk in response to the independent evaluation, which concluded that the peer-to-peer service model is working well for customers experiencing work-related distress or issues. Overwhelmingly, customers were satisfied with the service and felt their needs were met. They better understood their situation and felt more hopeful of a better outcome.

Customers noted the peer-to-peer approach of Hear2Talk was a strength because:

- having support workers with lived experience answering calls meant they could better relate to customers' issues
- it was more accessible, personal, and tailored compared to other support lines such as employee assistance programs (EAPs).

In response to lower than anticipated usage after the program's launch, the evaluation recommended more promotion to increase awareness and service utilisation and build on the early success of the first year. SIRA has developed promotional material to enhance the Hear2Talk brand, emphasising its peer-to-peer approach and how it complements EAPs, and promoted it on SIRA's LinkedIn channel.

SIRA provides the [Hear2Talk Final Evaluation report](#) completed in March 2023 for reference.

Question 4.

ADAM DENT: Mr Roberts, before we move on, it's probably appropriate for me to say that in our view it's not all the responsibility of the insurer either, in terms of return to work. There are multiple domains that we identify needing improvement. While all of that work in the Nominal Insurer is so critical, because it represents such a large part of the workers compensation scheme, we've also been doing work around supporting workers more effectively. SIRA piloted a workers compensation assist program. This was to mirror essentially the type of support we were providing in the CTP scheme. Compulsory third party provides SIRA the role of making sure we contact injured motorists or people injured on the road, ensuring they understand their benefits and entitlements and working with them through their claim. We have piloted a version of that within the workers compensation system. The evaluation has pointed out there is some benefit to that. However, the data available to SIRA at the

moment from insurers isn't rapid enough that we can have an early enough intervention there. So until that improves, the workers compensation assist program probably has a slightly different role going forward. We fund vocational programs which will continue to —

The Hon. ANTHONY D'ADAM: Mr Dent, could I ask if you could —

The CHAIR: Hold on, please. Let Mr Dent finish his —

The Hon. ANTHONY D'ADAM: I wanted to ask if he could, on notice, provide us with a copy of the evaluation report on that.

ADAM DENT: Yes, of course.

Answer: [Report of the Independent Review of SIRA's Workers Compensation Assist Outreach Program \(Pilot\) .pdf](#)

Question 5.

The Hon. ANTHONY D'ADAM: What is the consequence for an employer who doesn't comply?

ADAM DENT: There's quite possibly a really paltry fine.

DARREN PARKER: I think that's a good description. There's an improvement notice, but the fines haven't been updated for quite a long period of time. When you are dealing with quite large entities, I have to take on notice what the fines are but they're not significant.

The Hon. ANTHONY D'ADAM: How many have been issued would be interesting as well.

ADAM DENT: Through the course of this investigation, at the 10 employers we issued a series of improvement notices and at least two penalty notices, from memory. I will take on notice and provide the detail of that.

Answer:

The following table provides summary of Regulatory action taken by SIRA, and SafeWork NSW acting as authorised officers on behalf of SIRA over the period 1 November 2022 – 31 October 2023 in response to identified contraventions of the Workers Compensation Acts and Regulations. The data has been collected from the Workplace Services Management System (WSMS) and is subject to change dependent on ongoing regulatory action.

SIRA can issue an **Employer Improvement Notice** under Section 59B of the 1998 Act to employers directing them to remediate contraventions relating to:

- Notifications - failure to notify the insurer of a workplace injury within 48 hours of becoming aware of the injury (Section 44(2) 1998 Act)
- RTW programs - failure to establish a Return-to-Work Program as required under Section 52 of the 1998 Act
- Suitable Employment – employer to provide suitable employment as required under Section 49 of the 1998 Act

SIRA can issue a **Penalty Infringement Notice** under Clause 36, Clause 12, Clause 20 of the Workers Compensation Regulation 2016, and 59D, 264(1) and 264(3) of the 1998 Act to employers for failure to:

- Notify the insurer of a workplace injury within 48 hours of becoming aware of the injury - \$550.
- Establish a Return to Work Program - \$440 for Category 1 Employer and \$110 for a Category 2 employer

- Comply with an Improvement Notice - \$1,100
- Pay compensation money as soon as practicable - \$1,100
- Furnish information/documentation requested by Insurer - \$1,100

	01/11/2022- 31/10/2023	TMF Audit	TMF (excluding audit)	All employers (excluding TMF)	Total
Number of engagements		10	22	461	493
Employer improvement notice	Failure to notify	3	0	16	19
	Failure to establish a RTW program	6	3	261	270
	Failure to provide suitable work	0	0	4	4
Penalty notice	Failure to notify \$550 per offence	17	0	55	72
	Failure to establish a RTW program \$440 - Category 1 Employer \$110 - Category 2 Employer	2	0	5	7
	Failure to comply with an Improvement Order \$1,100 per offence	0	0	10	10
	Not pay compensation money as soon as practicable \$1,100 per offence	0	0	1	1
	Not furnish information/documentation requested by Insurer \$1,100 per offence	0	0	2	2

The State Insurance Regulation Authority NSW (SIRA) is committed to producing data that is accurate, complete and useful. Notwithstanding its commitment to data quality, please note:

- Although SIRA endeavours to ensure data integrity, it cannot confirm the accuracy of the data provided.
- This data was correct at the time in which it was extracted, however may change due to the progression of maturity of regulatory action taken as part of ongoing employer engagements.
- No warranty is given as to the fitness of the data for a particular purpose.
- SIRA is not liable for any loss or damage arising from or in connection with the use of any of the data

Question 6.

The Hon. ANTHONY D'ADAM: What about understating your numbers? A similar kind of approach?

ADAM DENT: So, underinsurance? Yes, absolutely. There's the two elements of focus on that. First of all there's non-insurance, and then where there's examples of underinsurance we'll take regulatory action on those as well, absolutely. That's where the matching of data from the ATO is so helpful to us. Being able to now bring those datasets together and see if you've declared wages to the ATO through the single touch payroll of X but

your premiums are only calculated on Y, that would be a trigger for us to take further action.

The Hon. ANTHONY D'ADAM: On notice, could you perhaps provide us with five years' worth of data on the regulatory actions that have been taken in relation to underinsurance?

ADAM DENT: Yes, of course. And just as an anecdote in advance of us providing that formally to you on notice, there was a 12-month period in which \$110 million worth of additional wages were covered. That generated millions of dollars in additional premiums coming in to the Nominal Insurer and thousands of workers now being covered that previously weren't. It is a really positive action we are taking with employers and the more

we sophisticate our data processes, the more action we're able to take, the better the predictive modelling is. But we would be happy to provide information on that on notice

Answer:

Non-insurance

Since July 2019, SIRA has issued 2,093 penalty infringement notices valued at \$1,558,774.

Since July 2020, SIRA has issued 1,039 double avoided premium notices valued at \$24,731,919.

Year	Non-insurance Penalty infringement notices issued	Non-insurance Penalty infringement notice value	Non-insurance	Non-insurance

			Double avoided premium penalties issued	Double avoided premium penalties value
2019-20	439	\$329,250		
2020-21	554	\$360,750	37	\$765,109
2021-22	507	\$380,250	425	\$11,326,443
2022-23	423	\$317,250	440	\$9,979,485
2023-YTD	170	\$171,274	137	\$2,660,882

Prior to July 2019, the double avoided premium penalty data is unavailable.

Under-insurance

Since July 2021, SIRA has referred 405 under-insurance matters to icare. As a result, \$176,839,232 extra wages detected and \$5,439,472 extra premiums determined.

Year	Under-insurance matters referred to icare	Addition wages detected	Additional premiums determined
2021-22	61	\$22,029,819	\$986,370
2022-23	262	\$118,361,599	\$3,333,439
2023-YTD	82	\$36,447,814	\$1,119,663

Prior to July 2021, the requested data is unavailable, limited or unreliable.

Hear2Talk Program Evaluation.

Final report.

March 2023

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Nexus Management Consulting

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Acknowledgments

We would like to thank a number of SIRA staff we worked with on this evaluation for their support and oversight of the evaluation.

As a developmental evaluation, it was essential we worked closely with the service provider, Neami, and we are grateful for the responsiveness and flexibility of Helen Piper, Vicki Langan, Rebecca Spies, Simon Acaster and the rest of the team there. We also thank the peer workers for their constructive input to the evaluation.

Finally, we are grateful for the important contribution of Jo Farmer who joined the evaluation to conduct interviews with former clients of Hear2Talk. Her professionalism and experience as a lived experience researcher were invaluable.

Greg Masters

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Nexus Management Consulting

February 2023

Executive summary

The State Insurance Regulatory Agency (SIRA) funded the establishment of a pilot peer-run mental health program, Hear2Talk, to provide place-based support for people struggling with mental health issues in the workplace.

Nexus was engaged to conduct a process evaluation of the pilot program to address three key questions:

1. How does the peer-run nature of the service affect callers' engagement?
2. Does the service, and its delivery by peer staff, enable clients to feel understood and develop strategies to improve wellbeing?
3. What improvements could be made to the design and delivery of the service?

The evaluation comprised an analysis of Hear2Talk administrative data; analysis of data from a voluntary post-call automated survey of clients; consultations with key stakeholders, including the peer workers, the managers of the contracted service provider, Neami, and SIRA representatives; and follow-up interviews with 12 former callers to the helpline.

The evaluation was confronted with a number of methodological challenges that limited the extent to which the evaluation could draw definitive conclusions about the three questions. Nevertheless, the evaluation did provide some insights into program marketing and the peer-run nature of the service.

Call volume

In its first 12 months, from February 2022 to January 2023, a total of 424 calls were made to the service by 237 unique callers:

- an average of 35 contacts per month (28 for the first six months and 43 for the second six months)
- almost 60% were from the Sydney metropolitan area
- almost half were employed full-time
- 59% of the calls had more than 1 primary issue, with the most common being work-related stress and lack of support in the workplace
- the average call length was approximately 30 minutes
- the most common source of referral was from callers' workplaces.

The call volume fell well short of the notional target of 3,000 calls in the first year of operation. However, this target may not have been realistic and was not derived from research on the likely demand for a newly established mental health helpline in a crowded market of service

providers. To achieve increased use of the service, program marketing program could have been strengthened through additional funding and a more strategic campaign.

Key findings

- the number of calls in the first 12 months of the pilot program (424) fell short of the notional target of 3,000 annual calls
- the average number of calls to the service increased after the first quarter but stabilised for the following three quarters
- marketing of a new mental health program is challenging and Hear2Talk may have benefited from additional marketing resources and engagement of a specialist marketing organisation with experience in establishing a new service.

Peer-run nature of the service and client engagement

The first evaluation question is concerned with whether the peer-run nature of the service made a difference to clients' engagement. The primary source of evidence for this question comes from the 12 interviews with former callers to the service. In considering this evidence, however, we need to be mindful that the 12 interviewees constituted a very small and skewed sample.

Key findings

- for 11/12 interviewees, the peer-run nature of the service was a strength
- a number of attributes of the peer delivery were highlighted as contributing to the positive client experience: workers' lived experience contributed to understanding and communication and they could relate better to the clients

These findings from the interviews are suggestive that the peer-run nature of Hear2Talk was indeed influential in building clients' engagement with the service. It would be informative to test this tentative conclusion with a larger, more representative sample of clients.

Impact of delivery by peer staff on clients feeling understood and developing strategies to improve their well-being

The second evaluation question is concerned with whether delivery by peer staff affected callers' feelings of being understood and developing strategies to improve their well-being. Evidence for this second evaluation question was derived from voluntary automated post-call surveys completed by 147 of the 424 callers (35%) and the 12 interviews with former clients.

The online survey results indicate that respondents were overwhelmingly positive about their interaction with the service:

- nearly all callers (144 or 98%) who responded to the feedback survey agreed that they felt that their needs and concerns were met
- the vast majority (92%) of the respondents agreed that the call gave them a chance to make sense of what was going on for them
- 89% of the respondents were feeling more hopeful of a way forward
- the majority of the respondents (90%) got what they were looking for from the call.

These positive client survey results were reflected in the key themes emerging from the follow-up interviews with 12 former clients. In general, the experience of the 12 clients was very positive and for most interviewees the skill and quality of the workers at Hear2Talk was linked with the understanding that they are peer workers. Interviewees had positive experiences with the workers who staff the Hear2Talk line. They consistently reported that the workers were empathic and non-judgemental. Several interviewees indicated that the workers had strong “active listening” skills, and that they felt genuinely heard.

These findings are suggestive that the peer-run nature of Hear2Talk contributed to callers’ feeling understood and assisted them in developing strategies to improve their well-being. However, once again, it would be informative to explore this issue with a larger, more representative sample of clients.

Program strengths and improvements

The client interviews and stakeholder consultations identified a number of strengths of the Hear2Talk service model:

- the work-specific nature of the helpline
- comparison with other support lines
- the accessibility of the service
- the availability of follow-up.

In relation to the third evaluation question about possible program improvements, the most pressing issue is the need to increase call volume by strengthening the program’s marketing efforts, should Hear2Talk be extended.

The consultations with peer workers also considered their experience and satisfaction with the training and professional development they had received as peer workers. Overall, the workers felt well supported and the service provider, Neami, had continued to meet their emerging workforce development needs. However, there is an ongoing requirement to ensure the peer workers’ professional development and support needs are being assessed and addressed.

Key findings

Beyond the peer-run nature of the service, the client and stakeholder interviews identified a number of perceived strengths of the Hear2Talk service:

- its positioning as a work-related support line
- it was seen as offering a more personal and tailored service than other support lines and, in particular, EAPS
- the accessibility of the service
- the availability of follow-up calls.

Recommendations

It is recommended that:

1. if the program is to be extended that additional resources be allocated for ongoing promotion of the program.
2. any ongoing program promotion be co-designed with the SIRA Media and External Communications team, the project management team, Neami and the SIRA Recover at Work Lived Experience Reference Group and include consultation with other mental health program providers to obtain insights into successful marketing strategies they have employed
3. future promotion of the program consider the establishment of partnerships with other agencies in the mental health workplace sector and workers compensation sectors, as proposed in the report on the follow-up interviews with former clients of the Hear2Talk pilot.
4. any ongoing program campaign should consider the optimal way of branding the "peer work" principle underpinning Hear2Talk
5. ongoing service promotion should also articulate how Hear2Talk differentiates from and complements EAPs.
6. the priority for service improvement is to generate increased awareness and utilisation of the service
7. there continue to be ongoing review and revision of clinical supervision and professional development specifically designed for peer workers.

Introduction

The State Insurance Regulatory Authority (SIRA), part of the NSW Department of Customer Service, delivered a series of workplace mental health initiatives as elements of the NSW Government's Mentally Healthy Workplaces Strategy (2018-2022). The strategy set out a long-term vision to create mentally healthy workplaces across NSW through awareness raising, evidence-informed interventions, research and programs.

SIRA contracted Neami to deliver one of the initiatives under this strategy, the Hear2Talk program, which employs peer workers to provide phone-based support to people struggling with challenging emotions in the workplace.

Evaluation purpose and questions

Nexus was contracted by SIRA to conduct a process evaluation of the program. As a process evaluation of a pilot initiative, the purpose was to gain some initial insights into whether and how peer support can assist people with workplace-related mental health issues. That is, the evaluation was intended to help build the evidence base around engagement with peer-led mental health programs rather than providing definitive evidence on mental health outcomes.

More specifically, the evaluation was to answer the following key evaluation questions:

1. How does the peer-run nature of the service affect callers' engagement?
2. Does the service, and its delivery by peer staff, enable clients to feel understood and develop strategies to improve wellbeing?
3. What improvements could be made to the design and delivery of the service?

Evaluation approach and methods

A developmental evaluation approach was selected given the emergent and dynamic nature of the Hear2Talk program model. This allowed us to embed a structured evaluation in the existing process of design and delivery planning. The evaluation, which was informed by a program logic that was developed in consultation with SIRA and Neami staff, was a multi-methods design comprising:

- **analysis of Hear2Talk administrative data**
 - Neami provided Nexus with 12 months of operational data from February 2022 to January 2023 on 424 client contacts and 237 unique clients¹ - the data set included the primary issue of the call, type of support provided by the peer workers and basic

¹ Some clients contacted the service more than once so the figure of 424 does not represent unique clients.

information about the callers' employment (see Appendix 1 for a list of items in the data set)

- **analysis of caller satisfaction data**

- after each phone contact, the caller was invited to complete a voluntary short automated survey and of the 424 client contacts, 147 (35%) participated in the phone survey (see Appendix 2 for questions asked in the phone survey and the survey results)

- **a peer worker focus group**

- in September 2022, a two-hour online focus group was conducted with the pilot program's three peer workers, co-facilitated and co-analysed with Neami lived experience researchers - topics for discussion included how the program is currently working; training and supervision; perceived program strengths; recommended program improvements; and what it means to work in a peer-run service (see Appendix 3 for a report on the focus group that was jointly prepared by Nexus, Neami researchers and the peer workers)

- **preparation of a short issues paper**

- in October 2022, we prepared a short issues paper that consolidated the analysis of administrative data, the analysis of caller satisfaction data and the peer worker focus group

- **Neami management consultation**

- in October 2022, a one-hour online session was conducted with Neami management representatives to discuss the issues paper and to also understand how the program is currently working; its perceived strengths and challenges and what it means to work in a peer-run service

- **SIRA management consultation**

- SIRA provided written feedback on the issues paper, including perceived strengths of the program; potential areas for program improvement; the concept of a peer-run service

- **preparation of a mid-term report**

- a draft of a mid-term report was provided to SIRA and Neami for comment and feedback and the final mid-term report was presented in November 2022

- **interviews with a sample of callers**

- 36 of the 237 unique clients from February 2022 to January 2023 consented to be contacted for a follow-up interview and, of these, 12 were able to be contacted after multiple attempts and were interviewed by a lived experience researcher (see Appendix 4 for a report on the interview results including a copy of the survey instrument).

Methodological limitations

Table 1 summarises the evaluation methods and reveals a number of significant methodological limitations:

- the relatively small number of client contacts (424) means that it is not possible to validly examine sub-groups of the client population

- the 35% of respondents to the optional survey conducted immediately after the phone call may not be representative of the total client population
- the number of clients interviewed (12) represents a very small proportion of the client population – moreover, as noted in Appendix 4 this sample was highly skewed:
 - 3 interviewees reported that they work for Neami National
 - 2 interviewees reported that they are peer workers in other organisations.

These methodological shortcomings limit the extent to which the evaluation can draw definitive answers to the three key evaluation questions. Indeed, the findings and general themes discussed in this report must be interpreted with caution.

Table 1: Summary of evaluation methods

Method	Comment
Hear2Talk administrative data	Data set comprises 424 client contacts (237 unique clients) February 2022 – January 2023
Hear2Talk post-call voluntary automated survey	Completed by 147 (35%) of callers
Peer group focus group	3 peer workers
SIRA & Neami consultations	2 SIRA management representatives 2 Neami management representatives
Follow-up interviews	36 (15% of clients) consented + 12 (5% of total client contacts) were interviewed) – of these 12, 3 were employed by Neami and 2 were peer workers in other organisations

About this report

This report is structured as follows:

- **section 1** provides a brief description of the Hear2Talk program
- **section 2** presents the program logic for Hear2Talk
- **section 3** summarises the program data of the pilot
- **section 4** discusses the utilisation of the service in its first 12 months
- **section 5** considers evaluation question 1 about whether the peer-run nature of the service affects callers' engagement
- **section 6** considers evaluation question 2 about whether delivery by peer workers enables clients to feel understood and develop strategies to improve their well-being
- **section 7** considers evaluation question 3 about potential service improvements, following a discussion of the pilot program's strengths
- **section 8** provides a brief conclusion
- **section 9** lists the evaluation recommendations.

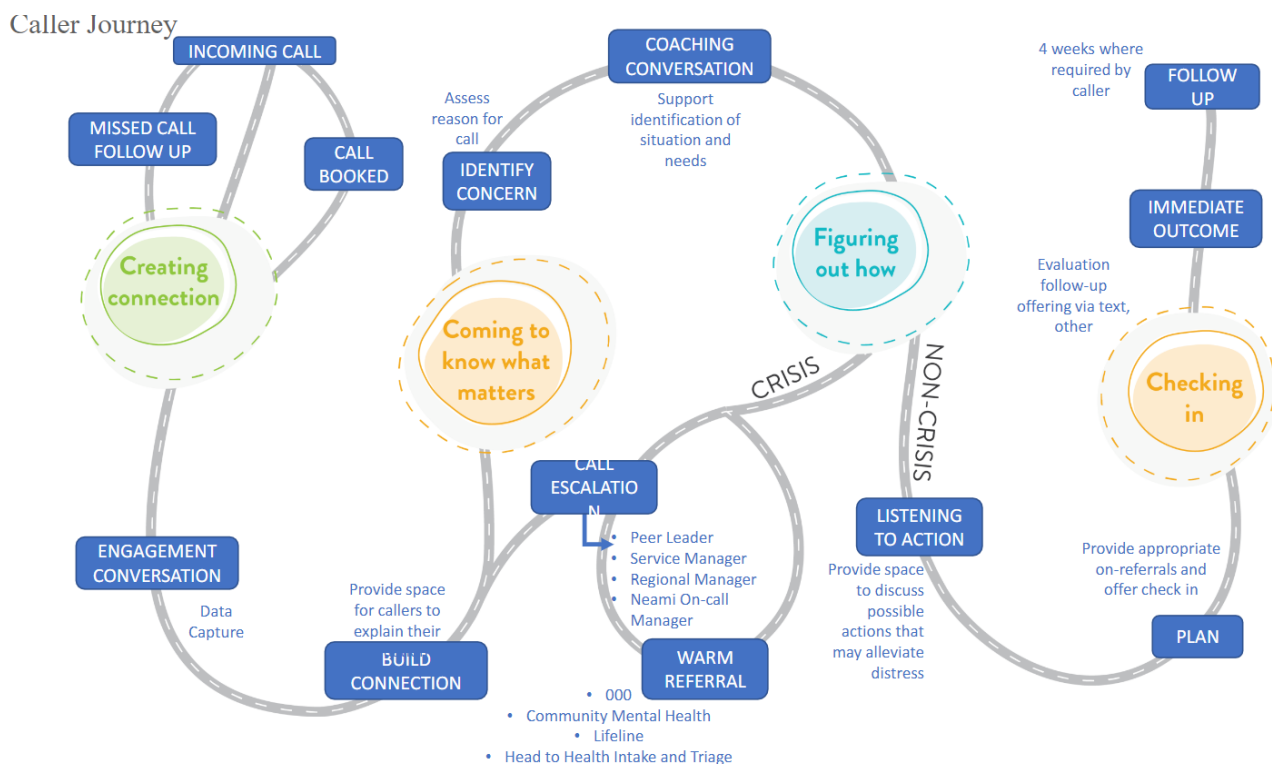
1. About Hear2Talk

Hear2Talk is a free, confidential and independent phone support line for people struggling with challenging emotions in the workplace, whether this is job-related, or life stress that is showing up at work. The service is for all workers across NSW.

Hear2Talk's phone-based support is run by experienced and trained peer workers, who have first-hand experience of navigating stress in the workplace. Peer workers coach the callers to develop strategies to cope, build resilience, and help them make positive changes to improve their mental health and wellbeing.

Figure 1 below shows a typical caller journey.

Figure 1: Caller journey

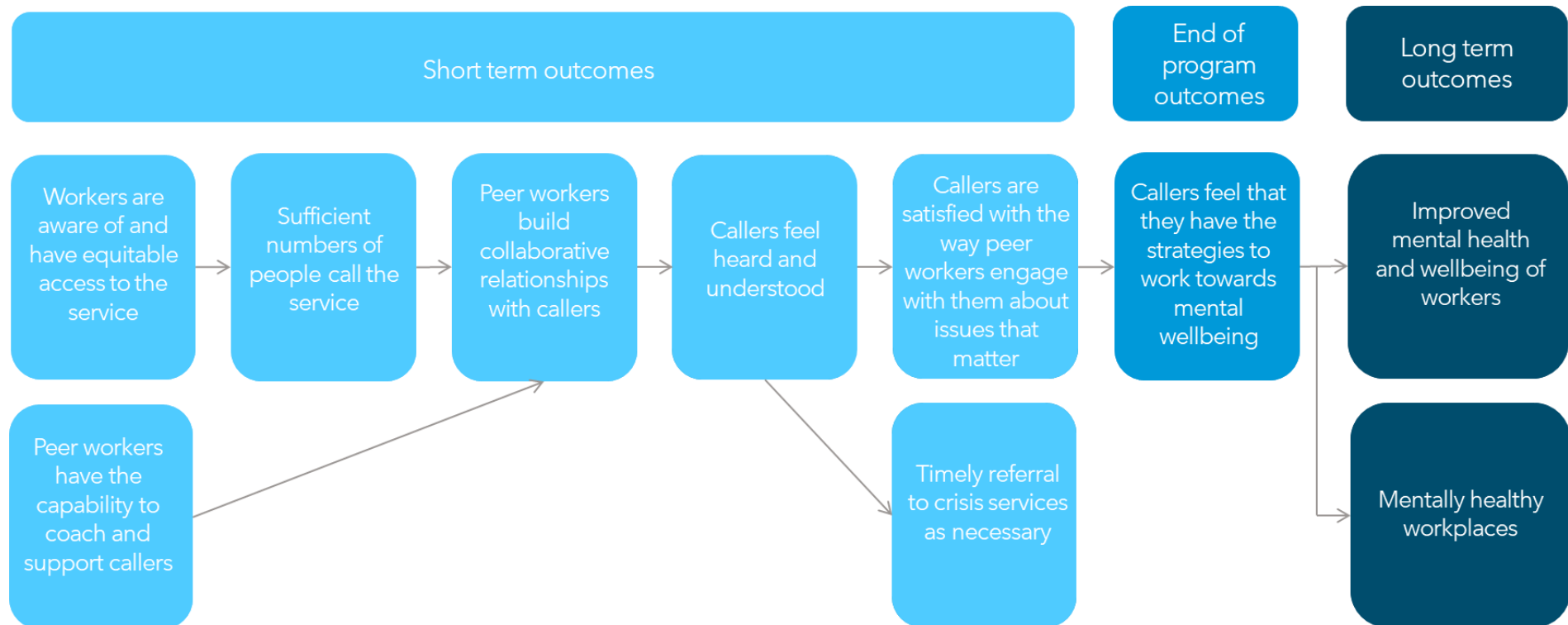


2. Program Logic

A program logic sets out a theory of change or a causal chain that links the service and its outputs to a series of intermediate and longer-term outcomes. The program logic provided the basis for establishing the evaluation questions and for developing a data matrix that sets out the measures and data sources to address each of the evaluation questions (see Appendix 5).

The program logic for Hear2Talk, shown in Figure 2, was developed collaboratively with representatives of SIRA and Neami. While the program logic shows the intended contribution of the program to long-term mental health outcomes, as a developmental evaluation we focussed on the short-term and end-of-program outcomes. Moreover, the longer-term outcomes are high level and subject to many factors beyond the control of Hear2Talk.

Figure 2: Hear2Talk Program logic



3. Program data

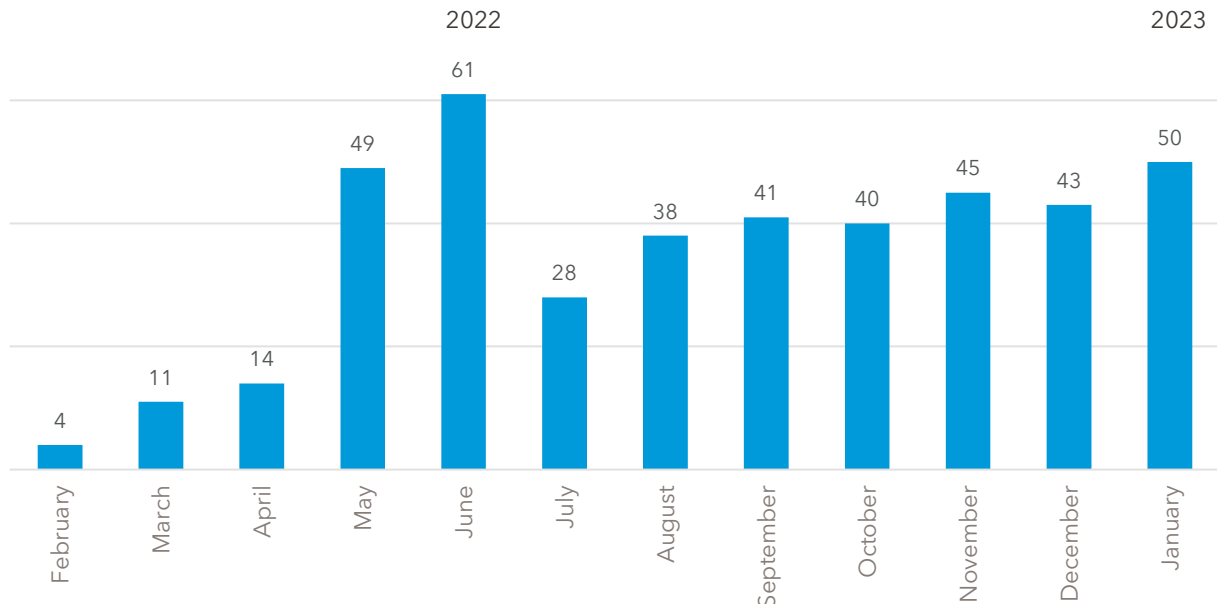
This section presents administrative data collected by Neami on Hear2Talk for the 12 months of the pilot between February 2022 and January 2023.

In considering the data presented in this section, it should be noted that Neami changed the way it reports on calls received. Early in the service all calls were counted, including ones that would now be considered as “wrong number/not relevant”. From July 2022 these calls, estimated by Neami to be average 25-30 per month, are not included in the statistics provided to SIRA.

3.1 Hear2Talk peer workers supported 237 unique callers

Between February 2022 and January 2023, a total of 424 calls were made to the service by 237 unique individuals, a monthly average 35 contacts and 20 unique clients. It should also be noted that the program only had a soft launch in February 2022 – not surprisingly for a pilot program, it took time for the program to build awareness and call numbers: the average number of contacts for the first six months was 28 compared with 43 for the second six-month period of the pilot.

Figure 3: Number of calls per month, February 2022 – January 2023



As shown in Tables 2 and 3, the majority of the clients called from the Sydney metropolitan area (59%) and close to one half were employed full-time (49%) and for more than 12 months (49%) (see Appendix 6 Table 1 to Table 20). Table 4 shows that approximately one half (48%) worked in mental health, healthcare and social assistance, or education and training (it should be noted that caller workplace was not recorded/caller did not say for almost one-third of calls).

Table 2: Calls per LGA

LGA	#	%
Sydney Metro	251	59%
Regional/rural	102	24%
Outside NSW	21	5%
<i>Caller didn't say</i>	50	12%
Total	424	100%

Table 3: Caller employment status

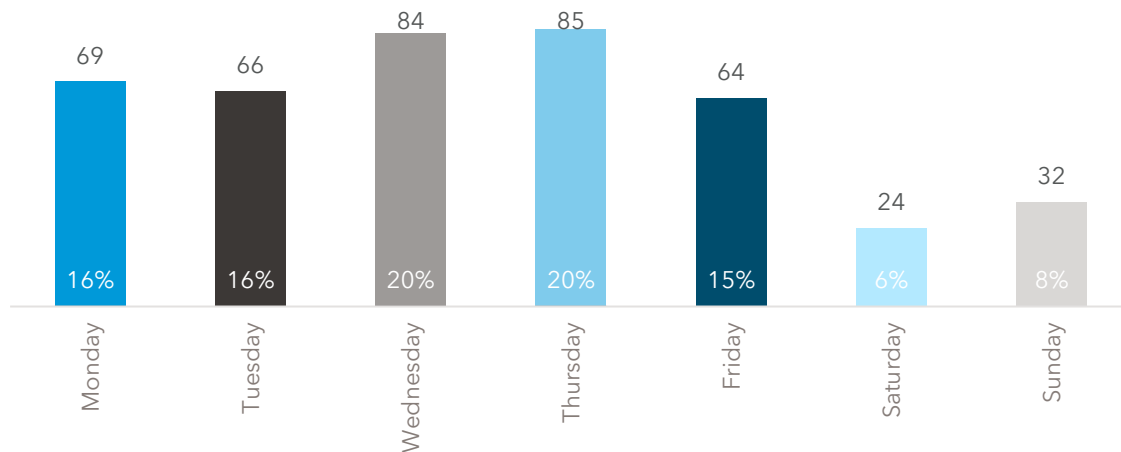
Employment status	#	%
Full Time	206	49%
Part Time	60	14%
Unemployed	57	13%
Casual	11	3%
<i>Caller Did Not Say</i>	90	21%
Total	424	100%

Table 4: Caller workplace industry sector

Sector	#	%
Mental health	86	20%
Health care and social assistance	77	18%
Education and training	44	10%
Unemployed	26	6%
Services/Hospitality	13	3%
Financial and insurance services	12	3%
NSW Government	8	2%
Manufacturing	7	2%
Accommodation and food	5	1%
Agriculture	4	1%
Local Government	3	1%
Retail	3	1%
Wholesale trade	3	1%
Arts and entertainment	2	0%
Media	2	0%
Construction	1	0%
<i>Caller did not say</i>	66	16%
<i>Other</i>	62	15%
Total	424	100%

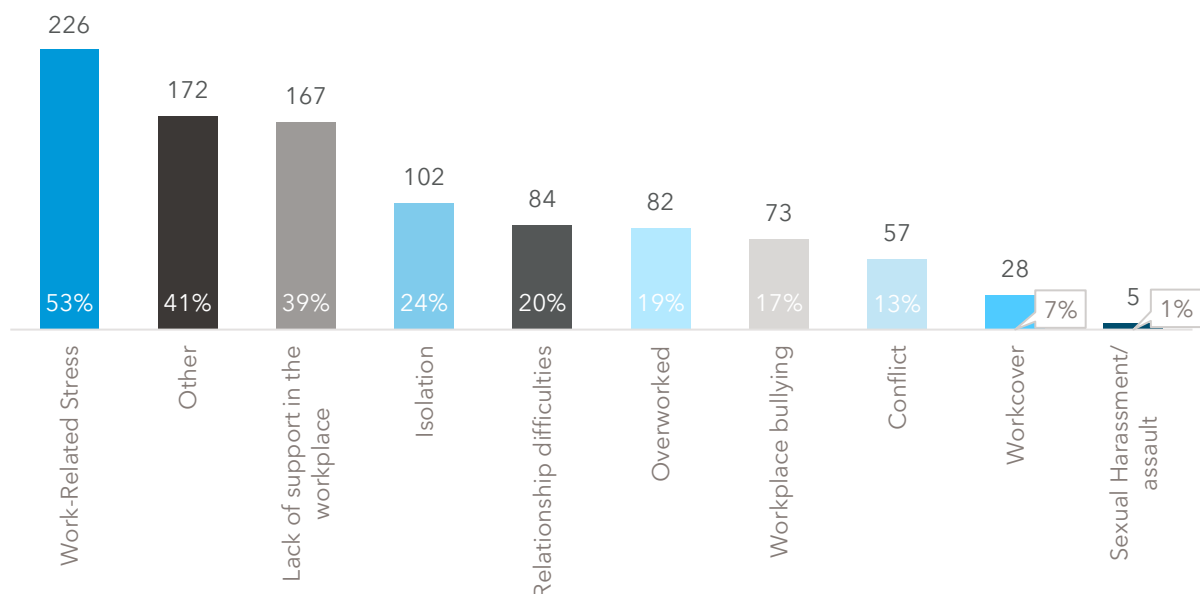
Figure 4 shows that the vast majority (87%) of the calls were received during week days.

Figure 4: Calls by day of week



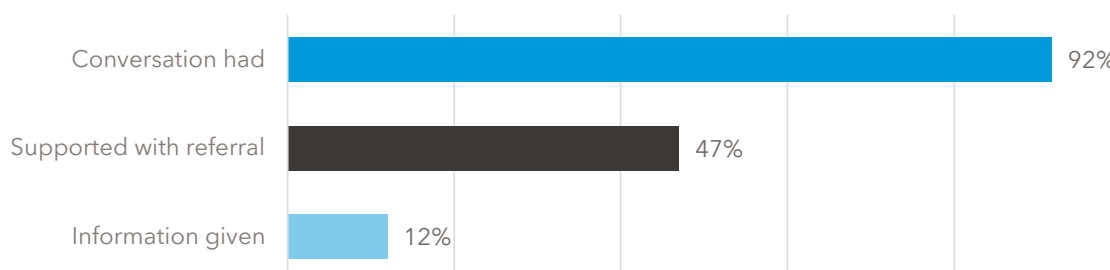
A high number of these calls had a primary issue with work-related stress (53%), lack of support in the workplace (39%) or other reasons (172, 41%) which includes issues such as psychological effects from COVID or domestic violence-related issues (see Figure 5). 38% of the calls had one primary issue and 59% had more than one primary issue (see Appendix 6 Table 13).

Figure 5: Primary issue



Peer workers helped the callers mostly through conversation (92%) and/or through providing referral (47%) and/or by providing information (12%).

Figure 6: Actions taken



3.2. Length of phone calls

The average call length was 34 minutes (median = 30 minutes) with 35% of the calls over 40 minutes. Less than 10% of calls lasted less than 10 minutes (see Appendix 6 Table 15 & Table 16).

Only 34% of the callers asked for a follow up call and a similar proportion of about 40% of callers called more than once.

Table 5: Total number of clients who asked for a follow up call

Item	#	%
Yes	144	34%
No	280	66%
Total	424	100%

3.3. Callers in crisis

Only a small proportion of callers (9 callers or 2%) called in crisis. Five callers were provided information about crisis services; three were provided warm referral to a crisis service; three callers were referred to an emergency service (see Appendix 6 Table 19 & Table 20).

Table 6: Caller in crisis - number of referrals to types of support for 7 callers referred

	#
Information about crisis services	5
Warm referral to crisis service	3
Emergency services called	3

In our consultations it was noted that that these figures may understate the numbers of callers who called in crisis as the peer workers were able to help de-escalate the situation for some clients. Consistent with the “no wrong door” approach of the service, the focus is on just

listening first, identifying what services the callers may have accessed and enabling them to make choices about what action they would like to take. It was also noted in the peer worker focus group that the service delivery model requires consent from callers before they would be referred to emergency services or a crisis service.

3.4. Source of information about the program

The peer workers sought information at the start of the call about how callers found out about the service. As shown in Table 7, this information was not captured for over half of the group: 17% of the survey respondents "did not say" and (36%) had "other" recorded, by far the largest category. It is important that this information be collected more comprehensively as it may be useful in informing future marketing efforts. For those where this information is recorded, the most common source of information about the program was the callers' workplaces (28%).

Table 7: Where the client heard about Hear2Talk

Item	#	%
Workplace	116	27%
Word Of Mouth	30	7%
Media	26	6%
Government Website	19	4%
SIRA Website	8	2%
<i>Caller Didn't Say</i>	74	17%
<i>Other</i>	151	36%
Total	424	100%

4. Call volume

This section discusses the utilisation of the Hear2Talk service and includes recommendations for future marketing of the program.

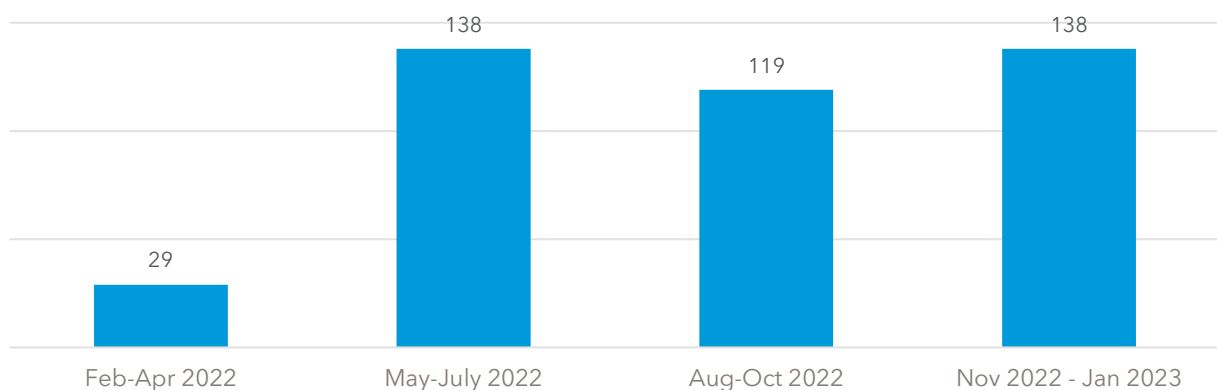
A key short-term outcome in the program logic in Figure 2 is that *sufficient numbers of people call the service*. The program data for the first 12 months of the pilot presented in section 3 show that the figure of 424 contacts between February 2022 and January 2023 means that the program only achieved 14% of the annual notional target of 3,000 calls specified in Neami's contract with SIRA.

However, in our discussions with SIRA and Neami representatives, it was noted that the notional target of 3,000 annualised callers (which in February 2022 was mutually agreed to be reduced from an initial target of 4,000) may not have been realistic, especially for a new service in its first year. The target was merely based on an estimate of 10 calls per day, which was estimated by Neami as a comfortable number of calls that the peer workers could manage. That is, the target was not derived from research on the likely demand for a newly established mental health support service.

Unanticipated delays in the program launch were also seen to have contributed to the low call volume, especially in the early months. The pilot was expected to commence in December 2021 but did not launch until February 2022 due to the time required to finalise the open tender for the service provider and subsequent legal and contract negotiations with Neami. Until those negotiations were finalised, Neami was unable to recruit peer workers. Further, the February 2022 launch was a soft one, as reflected in the small number of calls in that first month.

Figure 7 shows that the average number of calls per quarter increased dramatically after the first three months, although it stabilised for each of the remaining three quarters and was considerably less than the average of 750 per quarter required to meet the notional target of 3,000 annual contacts.

Figure 7: Number of calls per quarter



While the increasing client contacts after the first three months is promising, it should be noted that for a budget of approximately \$650,000 for 424 client contacts and 237 unique clients (or over \$1,500 per client contact), the pilot appears to represent an expensive mental health intervention. It would be advisable for SIRA to benchmark the service with other mental health interventions, including peer interventions and EAPs². Moreover, it would be valuable for this research to gain a better understanding of how long it takes to establish and embed a new service like Hear2Talk by drawing on the experience of other mental health telephone services.

In our consultations with SIRA and Neami, it was acknowledged, on reflection, that marketing of the program could have been strengthened. Neami had been allocated an initial budget of \$20,000 for the marketing of Hear2Talk which included:

- the development of a web page on Neami's website, flyers, email banners and social cards, which were finalised in February 2022
- the delivery of promotional 'in-services' to Neami service sites and external organisations.
- the development and delivery of promotion kits, which were finalised in March 2022 and have been distributed to stakeholders
- initiation of a public relations campaign with an external agency in May 2022
- development of a promotional video in June 2022.

However, the figure of \$20,000 appears to have been insufficient for the significant challenge of promoting a new mental health program in a crowded market of providers. Further, while Neami has experience in successfully promoting its wide range of services, they are not a specialist marketing organisation, particularly for launching new programs like Hear2Talk.

The need to strengthen the program marketing and increase caller volume was reflected in the decision to provide additional funding in 2022 to promote Hear2Talk. Further, the SIRA Media and External Communications team, which was expanded in the first half of 2022, worked closely with Neami and the SIRA project team to extend program and marketing across the public and private sectors. The strategies included:

- commissioning a campaign from a specialist PR firm
- continuing to expand the contact list of services to promote Hear2Talk to other agencies such as community health centres, allied health industry associations, local governments, clubs and GPs.
- delivering promotional 'in-services' to other organisations
- updating SIRA videos to be used on Neami social media
- attending various mental health awareness events to promote the program
- conducting social media campaigns, including sponsored and organic content postings on Facebook and LinkedIn and LinkedIn outreach letters sent to industry professionals.

² For a crude comparison, the cost to the government for registered clinical psychology services under the federal government's Better Access initiative is \$78.45 for a 40-minute consultation, slightly longer than the average length of 34 minutes for Hear2Talk pilot phone calls. However, clients attending these sessions often provide the bulk of the fee, which is typically as much as \$200.

However, as seen in Figure 7, these additional marketing efforts through to early 2023 did not result in a marked shift in the number of callers between November 2022 and January 2023. In our consultations with SIRA and Neami, we noted a number of barriers to promoting the program.

Firstly, an unanticipated challenge was that the service encountered some resistance from organisations, including NSW government agencies, who engage third-party organisations to provide employee assistance programs (EAPs). Some representatives of these organisations were said to view Hear2Talk as a competitor rather than complementary to their EAPs.

Secondly, it was noted that some organisations may have been reluctant to engage with the program because its pilot status meant that there would be no guarantee of ongoing funding and continuity.

With the benefit of hindsight, the program would have benefited from a more strategic marketing strategy with a larger budget. This would have had the added benefit of relieving pressure on peer workers who had assumed some responsibility for promoting the program. The focus group with the peer workers revealed that the “cold calling” had been anxiety-inducing and suffered from the lack of a coherent, systematic approach.

Key findings

- the number of calls in the first 12 months of the pilot program (424) fell short of the notional target of 3,000 annual calls
- the average number of calls to the service increased after the first quarter but stabilised for the following three quarters
- marketing of a new mental health program is challenging and Hear2Talk may have benefited from additional marketing resources and engagement of a specialist marketing organisation with experience in establishing a new service.

Recommendations

It is recommended that:

1. if the program is to be extended that additional resources be allocated for ongoing promotion of the program.
2. any ongoing program promotion be co-designed with the SIRA Media and External Communications team, the project management team, Neami and the SIRA Recover at Work Lived Experience Reference Group and include consultation with other mental health program providers to obtain insights into successful marketing strategies they have employed
3. future promotion of the program may benefit from the establishment of partnerships with other agencies in the mental health workplace sector and workers compensation sectors, as proposed in the report on the follow-up interviews with former clients of the Hear2Talk pilot.
4. any ongoing program campaign should consider the optimal way of branding the "peer work" principle underpinning Hear2Talk
5. ongoing service promotion should also articulate how Hear2Talk differentiates from and complements EAPs.

5. Evaluation question 1: caller engagement and the peer-run nature of the service

This section addresses the first evaluation question: how does the peer-run nature of the service affect callers' engagement?

The first evaluation question is concerned with whether the peer-run nature of the service made a difference to clients' engagement. The primary source of evidence for this question comes from the 12 interviews with former callers to the service (see Appendix 4 for a full report on the interview results). In considering this evidence, however, we need to be mindful that the 12 interviewees constituted a very small and skewed sample.

Nevertheless, the interviews do provide some preliminary insights into the significance of the peer-run nature of the service. All but one interviewee believed that the peer-led nature of the service was a strength; the other interviewee believed it was not necessarily important provided the staff were trained and empathic.

Interviewees reported that the peer workers' lived experience enabled the workers to have a better understanding of the situations that they were experiencing. In particular, they could understand not simply the *situations* that people were in, but the *feelings* associated with being in those circumstances. This was important when people found themselves in complex situations where they were likely to doubt themselves.

Interviewees also reported that they felt more able to communicate their experiences with peer workers. This happened at two levels – firstly, they felt comfortable sharing things with peer workers that they might not otherwise have shared. Secondly, peer workers were able to pick up on cues from what the caller was saying based on their related experiences.

Some interviewees indicated that it was important to speak with someone with a non-clinical perspective on the situation, and that talking with a peer worker was more 'relatable' than a counsellor without lived experience.

In addition to lived experience of mental health issues, several interviewees discussed the value of shared understanding of particular workplaces. Some interviewees indicated that the peer worker they spoke with happened to have an understanding of their particular work context – this was clearly the case for the peer workers and some of those who worked in the mental health sector – but included interviewees with backgrounds in education and customer service work. Similarly, interviewees resonated with the specific situations that the peer workers shared, such as navigation of the workers' compensation system or dealing with high workloads.

Our consultations with peer workers, the Neami program managers and SIRA representatives also sought their perceptions on the peer-run nature of Hear2Talk. All stakeholders agreed that a foundational strength of the program is that it is peer-run and staffed by experienced workers whose approach is to, firstly, simply listen to clients and empower them to find their own answers. The peer work model is seen to remove traditional hierarchical barriers – the workers

“walk together” with clients in developing tailored strategies to improve their mental well-being. In practising this non-directive approach, peer workers are uniquely placed in that:

- they are able to “sit with” distress and trauma
- they offer a person-centred approach that is non-judgemental
- their approach is non-clinical, non-institutional and jargon-free
- they can work with individuals regardless of their mental health literacy
- they provide a safe space to discuss “big feelings”
- they are knowledgeable about the service system and can connect people to appropriate services
- they can selectively draw on their lived experience of what has helped people in the past.

Key findings

- for 11/12 interviewees, the peer-run nature of the service was a strength
- a number of attributes of the peer delivery were highlighted as contributing to the positive client experience: workers’ lived experience contributed to understanding and communication and they could relate better to the clients

These findings from the interviews are suggestive that the peer-run nature of Hear2Talk was indeed influential in building clients’ engagement with the service. It would be informative to test this tentative conclusion with a larger, more representative sample of clients.

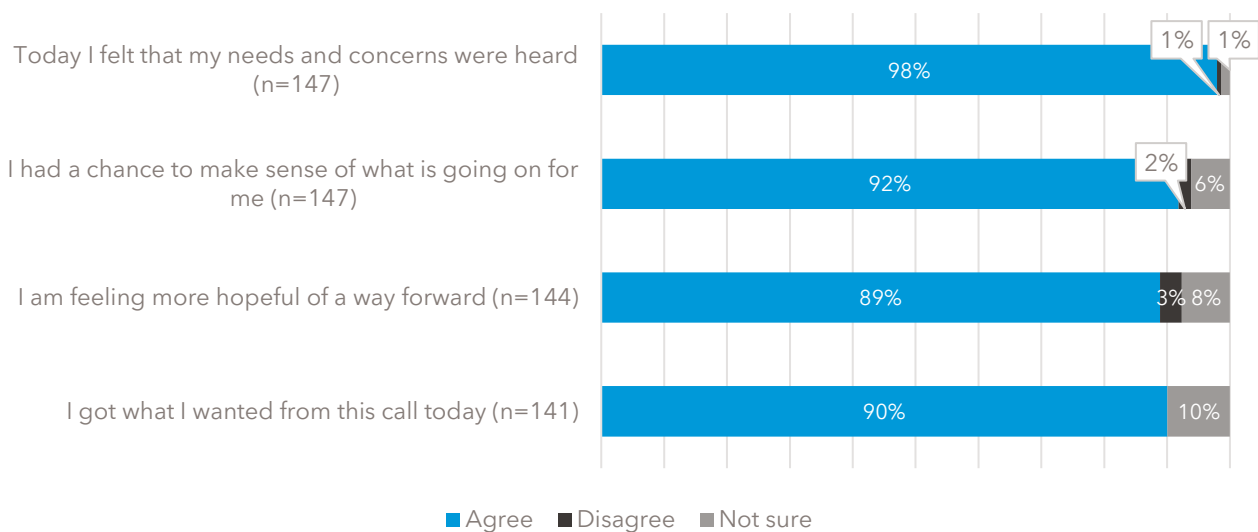
6. Evaluation question 2: impact of delivery by peer staff on clients feeling understood and developing strategies to improve their well-being

This section addresses the second evaluation question: does the service, and its delivery by peer staff, enable clients to feel understood and develop strategies to improve wellbeing?

Evidence for this second, and related, evaluation question was derived from the voluntary post-call interviews completed by 147 of the 424 callers (35%) and the 12 interviews with former clients.

Firstly, the online survey results summarised in Figure 8 indicate that respondents were overwhelmingly positive about their interaction with the service:

Figure 8: Caller satisfaction



- nearly all callers (144 or 98%) who responded to the feedback survey agreed that they felt that their needs and concerns were met
- the vast majority (92%) of the respondents also agreed that the call gave them a chance to make sense of what was going on for them
- 89% of the respondents were feeling more hopeful of a way forward
- the majority of the respondents (90%) got what they were looking for from the call.

These positive client survey results were reflected in the key themes emerging from the follow-up interviews with 12 former clients. In general, the experience of the 12 clients was very positive and for most interviewees the skill and quality of the workers at Hear2Talk was linked

with the understanding that they are peer workers (see Appendix 4 for a full report on the interview results). Interviewees had positive experiences with the workers who staff the Hear2Talk line. They consistently reported that the workers were empathic and non-judgemental. Several interviewees indicated that the workers had strong “active listening” skills, and that they felt genuinely heard.

Key findings

- the short satisfaction survey completed by 147 of the 424 callers (35%) revealed very high levels of satisfaction with the service, including high levels of engagement with the peer workers and the development of strategies to manage their mental well-being
- the 12 clients we interviewed were very positive about their client experience
- a number of attributes of the peer delivery were highlighted as contributing to the positive client experience: workers’ lived experience contributed to understanding and communication and they could relate better to the clients

These findings are suggestive that the peer-run nature of Hear2Talk contributed to callers’ to feel understood and to develop strategies to improve their well-being. However, once again, it would be informative to explore this issue with a larger, more representative sample of clients.

7. Evaluation question 3: program strengths & improvements

This section addresses the third evaluation question: what improvements could be made to the design and delivery of the service?

In addition to exploring the peer-run nature of the Hear2Talk service, the interviews with clients considered the overall client experience and a number of positive features of the service model were identified:

- the work-specific nature of the helpline
- comparison with other support lines
- the accessibility of the service
- the availability of follow-up.

Firstly, the fact that Hear2Talk was a work-specific support line appealed to interviewees – several interviewees had a sense that they needed ‘situation-specific’ guidance that other services may not be able to provide them. This included information on how to navigate the workers’ compensation system and Centrelink, how to approach managers and hold conversations about work expectations and responding to traumatic occupational health incidents. Interviewees from a range of professional backgrounds believed that the support provided by Hear2Talk was well-matched to their situation, including those who work in the frontline service delivery, in large and small workplaces, freelancers, and those not currently in the workforce. This feedback speaks to the value of recruiting peer workers with a broad range of workplace experiences and workplace challenges.

Secondly, and more broadly, the interviewees compared Hear2Talk favourably with other support lines. 8 of the 12 interviewees had previously used a mental health (or other) helpline or workplace support program and they felt that Hear2Talk offered a more personal, tailored and less clinical option than other mental health support lines. They noted that it was helpful to be able to access support that was tailored to the specific situation they were in, rather than in mental health crisis. Those who had contacted employee assistance programs (EAPs) also rated Hear2Talk more favourably, finding the Hear2Talk workers more knowledgeable and empathic than EAP providers, as well as more accessible.

Thirdly, several interviewees commented favourably on the accessibility of the service. That it is a support line that anyone can call, with no eligibility criteria (beyond residence in NSW), was valued. This reduces the barriers to entry and made the service more welcoming. In particular, interviewees appreciated that Hear2Talk operates outside of standard business hours. This meant that they were able to call it when they were at home, and out of the workplace environment that might have been contributing to their concern. One interviewee highlighted that the extended hours meant that they could get home from work later than intended and were still able to access the service from home.

Fourthly, although most of the 12 interviewees only had one phone call, the availability of follow-up calls was seen as a strength of the Hear2Talk model, even for those who did not take up the option of a follow-up. It gave them the sense that they were valued, felt cared for, and were not being rushed. This gave a feeling of continuity of care, even if it was not utilised. Those who had additional calls (the majority being just one call), provided several reasons why they particularly valued the follow-up calls:

- they allowed more time to explore issues in depth and develop strategies that would address the caller's concern
- they allowed for issues to be fully discussed and addressed before a caller reached an arbitrary "session limit"
- they provided a useful accountability mechanism to ensure that callers stayed focused on the solutions they had discussed.

A number of strengths of the service delivery model itself were also noted in our consultations with peer workers, the Neami program managers and SIRA representatives. All agreed that as an early intervention service, Hear2Talk may prevent callers escalating into crisis and psychological injuries that would bring callers into contact with crisis services and the insurance system. Central to early de-escalation of callers is the peer workers' ability to refer onto a service system with which they are familiar.

More specific strengths that were identified about the service were:

- its independence which provides the confidentiality that some clients feel may not occur in discussions with EAPs
- the fact that callers are able to remain anonymous
- the flexibility of the service model – while the flow chart (see section 1) provides a general structure, workers are able to respond to callers' individual needs and circumstances

In line with the client views expressed in our interviews, the various stakeholders also saw the option of a follow-up call as a strength in providing continuity of care.

7.1. Possible service improvements

Potential improvements to the design and delivery of the service were canvassed in our consultations with clients, peer workers and SIRA and Neami representatives. As discussed above, the most pressing issue is the need to increase call volume by strengthening the program's marketing efforts, should Hear2Talk be extended. The proposed marketing strategy would include:

- engagement of a specialist marketing organisation, preferably with experience in promoting mental health and/or human service programs
- the involvement of the SIRA Recover at Work Lived Experience Reference Group in co-designing the strategy, in collaboration with the third party provider, the SIRA Media and External Communications and project management teams
- a more clearly defined soft launch of the program followed by concerted campaigns to generate increasing caller numbers in the ensuing months

- establishing partnerships with other organisations in the workplace mental health sector to promote the service as complementing their core work rather than competing with them (e.g. for people currently dealing with the workers compensation system).

The involvement of the SIRA Recover at Work Lived Experience Reference Group would have been helpful in advising on the “branding” of the program and, in particular, how to promote the fundamental element of the program that was valued by the 12 former Hear2Talk clients we interviewed: that it is provided by trained non-clinicians who have lived experience of mental health issues. The marketing challenge is how to promote the peer-run nature of the service without necessarily using the word “peer” term given that the concept of peer work does not appear to be widely understood outside of professional circles. As discussed below, the peer-run nature of the program appears to be an inherent strength that could be a focus of any future marketing efforts.

Another issue that was discussed was peer worker training which related to one of the short-term intended outcomes in the program logic: *peer workers have the capability to coach and support callers*. Overall, the peer workers felt supported by Neami which was seen to understand and respect peer work. The peer workers also valued the opportunity to work with other peer workers and the diversity of lived experience enabled workers to learn from each other. Regarding actual training:

- all three employed peer workers were trained and experienced, having either completed a Certificate IV in peer work and/or had at least two years’ experience and are currently completing the certificate
- all but one of the peer workers has completed Neami’s *Embodying Recovery* peer work training³ - the peer worker focus group participants rated the training highly with its focus on group reflection and safe and purposeful sharing of lived experience.

Neami also provides structured and informal clinical supervision for the peer workers encompassing:

- individual supervision by the service manager for one hour every three to four weeks
- check-ins at the start of every shift
- reflective practice sessions, structured and informal, every three weeks
- online chats for communication and information sharing.

Our mid-term evaluation report noted the need for ongoing review of the clinical supervision and professional development needs of the peer workers. Since that report, Neami has continued to strengthen its support for peer workers, including the inclusion of phone-based training and the engagement of a peer supervisor. Given the centrality of peer workers to the service model, it is critical that the professional development of the staff remain an ongoing priority.

³ the remaining peer worker is waiting for an online version of *Embodying Recovery* to be developed.

Key findings

Beyond the peer-run nature of the service, the client and stakeholder interviews identified a number of perceived strengths of the Hear2Talk service:

- its positioning as a work-related support line
- it was seen as offering a more personal and tailored service than other support lines and, in particular, EAPS
- the accessibility of the service
- the availability of follow-up calls.

Recommendations

It is recommended that:

1. if the program is to be extended that additional resources be allocated for ongoing promotion of the program.
2. any ongoing program promotion be co-designed with the SIRA Media and External Communications team, the project management team, Neami and the SIRA Recover at Work Lived Experience Reference Group and include consultation with other mental health program providers to obtain insights into successful marketing strategies they have employed
3. future promotion of the program consider the establishment of partnerships with other agencies in the mental health workplace sector and workers compensation sectors, as proposed in the report on the follow-up interviews with former clients of the Hear2Talk pilot.
4. any ongoing program campaign should consider the optimal way of branding the "peer work" principle underpinning Hear2Talk
5. ongoing service promotion should also articulate how Hear2Talk differentiates from and complements EAPs.
6. the priority for service improvement is to generate increased awareness and utilisation of the service
7. there continue to be ongoing review and revision of clinical supervision and professional development specifically designed for peer workers.

8. Conclusion

As a developmental evaluation of a pilot program, this evaluation was not equipped to consider the mental health outcomes of Hear2Talk. Moreover, the evaluation was confronted by a number of methodological challenges that limited our ability to draw definitive conclusions about the program.

Nevertheless, some promising findings about the peer-run nature of the program did emerge:

- the post-call satisfaction ratings from the 35% of callers who completed the survey were overwhelmingly positive – they felt their needs had been met; that the call gave them a chance to make sense of what was going on for them, made them more hopeful of a way forward
- the service experience of the 12 former clients we interviewed was also very positive and, in general, all but one of these felt the peer-run nature of the service was a strength.

While these are promising findings for a pilot, they need to be placed in the context of low service utilisation. In its first 12 months the program only achieved 14% of its notional annual target of 3,000 callers. Although this target may not have been realistic, ongoing campaigns to increase caller volume after the first quarter of the program have not led to a steady increase in numbers contacting the service.

If the program is to be extended, it is recommended that a new co-designed marketing strategy be developed in consultation with SIRA's Recover at Work Lived Experience Reference Group, Neami, peer workers and include the engagement of a specialist marketing organisation, preferably with experience in promoting mental health programs. This strategy could also explore opportunities for positioning the program in the context of the mental health workplace system as complementary to other providers and for people engaging with workers compensation processes.

9. List of recommendations

Recommendation 1. It is recommended that if the program is to be extended that additional resources be allocated for ongoing promotion of the program.

Recommendation 2. It is recommended that any ongoing program promotion be co-designed with the SIRA Media and External Communications team, the project management team, Neami and the SIRA Recover at Work Lived Experience Reference Group and include consultation with other mental health program providers to obtain insights into successful marketing strategies they have employed.

Recommendation 3. It is recommended that future promotion of the program consider the establishment of partnerships with other agencies in the mental health workplace sector and workers compensation sectors, as proposed in the report on the follow-up interviews with former clients of the Hear2Talk pilot.

Recommendation 4. It is recommended that any ongoing program campaign should consider the optimal way of branding the “peer work” principle underpinning Hear2Talk.

Recommendation 5. It is recommended that ongoing service promotion should also articulate how Hear2Talk differentiates from and complements EAPs.

Recommendation 6. It is recommended that the priority for service improvement is to generate increased awareness and utilisation of the service.

Recommendation 7. It is recommended that there continue to be ongoing review and revision of clinical supervision and professional development specifically designed for peer workers.

Appendix 1: List of items in the data set

Form 1: MDS

Question	Criteria	Answer options
1. Caller Postcode	4-digit Number	
2. Caller Workplace Industry sector	Select one	Mental health Caller did not say Unemployed Other
3. Caller employment status	Select one	Full time Part time Casual Unemployed Caller did not say
4. Where did the caller hear about our service?	Select one	Workplace Media Government website Word of mouth Caller did not say Other
5. If other selected	Free text	
6. Caller role at workplace	Select one	Lived Experience support worker clinician management/leadership role Caller did not say other
7. If other selected	Free text	
8. Caller years of work experience	Select one	Less than 12 months 12 months-5 years More than 5 years Caller did not say
9. Caller's satisfaction of other supports within the workplace	Select one	1 – not at all satisfied 2 – somewhat satisfied 3 – not sure 4 – satisfied 5 – very satisfied Caller did not
10. If the caller could access additional supports in the workplace, what would it be?	Select one	Not sure Other Caller did not say
11. If other selected	Free text	
12. Time of day the call was received	Time in 24 hours	

Form 2: Other information captured through conversation

Question	Criteria	Answer options
1. Caller type	Select one	Initial incoming Unplanned Follow up Pre-planned follow up
2. Primary subject of the call	Select one	Self Other
3. If other selected, call-subject's indicated/suggested mental health issues	Multiple selections	Depression Anxiety Caller did not say Suicidal Ideation Other
4. If other selected	Free text	
5. Primary issue	Multiple Selections	Work-related Stress Workplace bullying Overworked Lack of support in the workplace Sexual Harassment/assault Other
6. If other selected	Free text	
7. Caller's presenting and identifying mental health issues	Multiple selections	Depression Anxiety Suicidal Ideation Caller did not say None Other
8. If other selected	Free text	
9. Action from call	Multiple selections	Referred to other service Conversation had Information given
10. If referred to other service, please list	Free text	
11. If information given, please list	Free text	
12. Was the caller in crisis?	Select one	Yes No
13. If yes, what support was offered	Multiple options	Information about crisis services Warm referral to crisis service Emergency Services Called
14. Did the call need to be escalated to a manager?	Select one	Yes No
15. Would the caller like Hear2Talk to follow up on today's call	Select one	Yes No
16. If yes, please list details of follow up call	Free text	

Form 3: Consent for evaluation

Question	Criteria	Answer options
1. We are working with a company to identify ways this service can be improved. If we provided your first name and phone number to Nexus, would you be willing to participate in a follow-up survey about your experience of this service?	Select one	Yes No
2. Caller name	Free Text	
3. Caller contact number	Number	
4. Would you mind staying on the line at the end of this call to help us identify your satisfaction with this service?	Select one	Yes No

Appendix 2: Satisfaction survey

Mitel end of call questions

Please Press 1 for Agree. Press 2 for disagree. Press 3 for not sure

- Today I felt that my needs and concerns were heard
- I had a chance to make sense of what is going on for me
- I am feeling more hopeful of a way forward
- I got what I wanted from this call today

Response rates

	Feb 22 - Aug 22	Sept 22- Jan 23	Total
Calls	201	219	420
Survey responses	64	83	147
Response rate	32%	38%	35%

Survey results

Question	Number of respondents		
	Agree	Disagree	Not sure
Today I felt that my needs and concerns were heard	144	1	2
I had a chance to make sense of what is going on for me	135	3	9
I am feeling more hopeful of a way forward	128	5	11
I got what I wanted from this call today	127	0	14

Appendix 3: Peer worker focus group report

WHAT DOES A DAY LOOK LIKE

- Daily half hour check-ins between staff
- Calls; schedule and non-scheduled; follow up calls
- Promotion activities:
 - In service/ outreach-> attending meetings with other organisations talking about the service and networking with aligned value organisations to produce double win synergies that enhance and bring value to people seeking support
 - Cold calling businesses and services then ...
 - Sending emails with flyers or post
- Check ins after calls – ensure at least two people are working so this can be possible.
- Daily check outs to informally debrief

PROCESS OF A CALL

- No wrong door policy – so people who are not calling the right service are suggested services to contact. Being an experienced peer helps in allowing WARM referrals will be made to the service that will be best suited to them.
- Flow chart **of the caller journey** gives general structure, but may not use the whole process during call
- We outline early in the conversation our role and explain how we are different and how we might be of support from our lived experience perspective and the catchment area we are funded for
- Fluid nature of calls; at some point they might follow the caller flow chart, but this will look different for each person. Principles followed:
 - Meeting people where they are
 - Creating rapport and a safe space
 - Understanding and collaborating to discover and enact priorities
 - Allowing the caller to be in charge of the direction of the phone call
 - Discovering and working towards what is expressed by the caller as being most important for the caller
 - Guide on the side; encouraging them to make their own decisions with the options they can immediately see; not directive advice but working with them to explore options; expanding possibilities for them and suggesting alternative options to explore if they feel they are limited
 - Offering, reflecting on, and collaborating to build options.
 - Creating rapport and a safe space **(moved to second point)**
 - Collaboratively developing “hope-rich” responses to stressful/distressing situations
 - assuring the caller that their response is a normal human response to an often abnormal series of events if applicable
 - Asking consent on the way
 - Crisis -> potentially referral to emergency services in full knowledge and cooperation and consent of the caller but only if they want (or there is an emergency that cannot be resolved) and option for peer worker to call them whilst still on the phone with a caller.

- Given option to talk to the same person when calling again to maintain relationship continuity so the caller has the choice to not have to explain to a new person all the circumstances / trauma that they have endured that have led them to us. Callers are also asked if they would like for their notes to be maintained and accessible if they speak to someone else next time. Option to create notes collaboratively.

TRAINING AND SUPERVISION

- All trained and experienced (either completed certificate IV in peer work or had at least two years' experience and currently completing the certificate).
- Alongside peer work, also trained in Neami's approach to mental health training and embodying recovery and applicable units to support marginalised populations
- Neami peer worker training; working within collaborative recovery model (training provided for this also)
- Connect with Care (suicide prevention)
- Very satisfied with "Embodying Recovery" (peer work) training -> one of the best trainings they have received even though have worked as peer worker for many years. Training involved sharing amongst the group, reflecting together, understanding safe and purposeful sharing of lived experience and navigating pathways to hope beyond and inclusive of systems within the current landscape of mental health
- Some training does not feel relevant to peer workers this is training and approaches to supporting people that has not been written and workshopped from a lived experienced perspective by the lived experience workers in the worlds of consumers (**which?**)
- Supervision with Helen for one hour once every three to four weeks
- Access to statewide peer leader for supervision
- Access to EAP if needed
- Teams chat to communicate on.
- Check in and check out with each other at the start and end of a shift
- Check in after a call has occurred
- Reflective practice sessions every three weeks (sometimes structured, sometimes not) and informal learning from each other
- Management support and to grow in their understanding regarding the importance of peer work within their services ("Neamified")
- Embodying recovery was led by peer educators.
- In progress -> getting a **NSW Peer Practice Leader and the implementation of coordinators for the peer refresh project** Peer culture different from manager culture. A "big ideological and practice bridge" to link the two because of the different modalities we default to and the worlds we come from
- Recommendation -> further training for managers by peer educators.
- Further training specifically for the phone element of peer work should be included in future training for peer workers to better understand the dynamics and nuances of supporting people through the voice only medium of phones

STRENGTHS

- Experienced peer workers -> large knowledge of supports available, knowledge of what services are helpful and what are not -> extensive experience of walking alongside people who are in distress
- Flexibility; open ended service
- Accessible due to being a phone line not face-to-face or video call, also no need to make an appointment (but can make follow-up appointments)
- There is a person-centred approach
- Independence of service-> people have mentioned they aren't comfortable with the **lack of** confidentiality offered by EAP
- Brings a sense of freedom and safety that may not be achieved through EAP
- Capacity for callers to remain anonymous or provide the personal details they are comfortable with.
- Can connect people to supports in their community
- Freedom of what client can say and how they talk (e.g. swearing, distress)
- A safe space to have "big feelings"
- Inspiring hope and trust
- Nothing about us without us -> working with the person and journeying together rather than prescribing a solution.
- Able to sit with distress and trauma
- Working with the other peer workers -> have built rapport, connection, learning, and trust amongst themselves
- Can work with individuals regardless of their mental health literacy
- Can assist in facilitating and feeling confident to engage in self-advocacy
- It's not one off; allows for follow up calls (option to make a time and to talk to the same worker).
- Follow up calls allow for support along the trajectory of a callers experience, to walk alongside them in their priorities and to create possibility and hope.
- If caller consents, notes can be taken (by the worker or in collaboration with the caller). This means the caller does not have to repeat their story again. Notes can also be anonymous if the caller prefers.
- Peoples' strengths and accomplishments are celebrated with the hope that peer worker short to medium term advocacy empowers the caller to self advocate
- Immersed in possibilities and hope means more choices leads to self empowerment
- Normalises lived experience of mental health distress in the workplace which can be empowering for both the worker and the caller
- Role modelling from senior staff.
- Workers feel valued as an employee
- Peer work is recognised as an important discipline.
- Sharing lived experience of what has helped workers in the past can assist callers in feeling less alone and potentially help develop skills that feel purposeful
- A space for early intervention
- Resources available to warm refer callers to other services when it feels relevant and most appropriate for the person.
- Ability to work from home allows for workers with disabilities to continue to work.

- Diversity of lived experience means workers can learn about different experiences from each other, and can also match the caller to the most suitable worker if thought to be helpful. The capacity to internally refer allows for different skill sets to be used thoughtfully.
- Actions and the peer philosophy are foundational to the service, not just the fact that workers have lived experience.
- Ability to use cues like tone of voice (rather than body language) to communicate.
- Peer workers using their “voice as an instrument” to communicate warmth and care.
- Connection between team members – powerful co-reflection and intentionally getting to know one another.
- Encouraged by organisation to share and utilise lived experience. The organisation respects the discipline of peer work.
- Provides education which can normalise experiences, broaden support and validate situations and distress.
- There are benefits of doing the work from home so there is a quiet space to focus. It also means team members with a disability can attend work and utilise their skills. A caller may not feel safe or comfortable when they hear background noises. Home is only quiet if the worker doesn’t have other people/children at home which may limit worker option.

DIFFERENCE BETWEEN A PEER LED SERVICE AND A NON-PEER LED

- There’s no language of intimidation; no hierarchy or power structures; it destigmatises.
- Peer workers are intimately involved in every step of a services development / implementation and challenges along the way and all related meeting associated to this
- There is an element of mutuality rather than the worker being the expert.
- No jargon jargon free
- Letting callers define who they are, what they are about, and supporting next steps.
- Particular support for those who self-identify that they are from marginalised groups such as Aboriginal/Torres Strait Islanders, culturally and linguistically diverse/ LGBTQ+ /neurodivergent / socially disadvantaged. The wide diversity of peer workers employed help to fill in the challenges of intersectionality
- Not diagnostically driven
- There is guiding rather than advising
- Able to build rapport, relationship, positive regard and connection throughout the phone call
- Work collaboratively to explore what’s important to the caller and what their priorities are.
- Although there is a general structure, conversations can be fluid and led by what is important to the caller.
- Peers have the capacity to sit alongside people in their distress
- Work as “guides on the side”
- The ability to be more human and not have to change to “meet the expectations of an institutionalised machine.
- Empathy that is generated from lived experience
- Encourages people to make their own decisions whilst supporting them along the way.
- Moving away from advice giving to instead looking at options and how to best meet needs.

- Giving space and creating safety for all experiences
- Checking for consent before exploring options
- It is empowering for the caller to be heard and to make their own decisions
- Capacity to help shame and self-stigma for those callers who are experiencing distress or mental ill-health
- Hearing about the shared experience makes them realise they are not alone in this and normalises experiences
- Ability to bring hope to the caller through shared experiences
- Some people call because they need to vent, yarn or cry with someone
- Connection within the team -> powerful co-reflections and learning through shared lived experience
- To create a truly peer led team, peer workers would have been involved from the creation, and management would consist of peer space.
- Peer work helps break down barriers and create a safe space where a caller may be apprehensive about judgement for calling a mental health service and the fear that their call may result in escalation to mental health services without their involvement or consent
- Peers as cheerleaders
- Collaborative notes and option for them to be anonymous or attached to their name and phone number. Notes can be created collaboratively and are only taken with consent.
- Builds feelings of self-efficacy through self-advocacy.
- Meeting people where they are at and being able to work with distress creates an environment where more coercive practice such as engaging emergency services is less likely, especially if this is not the priority of the caller.
- Workers able to share their “full humanity” and safely use disclosure as a means of connection.
- Callers are sometimes surprised to hear that workers are able to talk about their lived experience. Some callers don’t know what peer work is or that the worker has lived experience. Peer workers may offer some education on their unique skills if the conversation takes them there, but this does not always happen and does not have to occur. Even if the caller doesn’t know they are talking to a peer worker the connection and differences between peer and clinical work will make a difference.
- Although the bureaucracy of marketing has been difficult, handing out flyers within the community described as “refreshing and motivating” when feeling down.

CHALLENGES

- Slow and multiple barriers to contend with as part of the internal bureaucracy of marketing our unique services under the Neami umbrella
- Limited and off centre marketing attempts from within and outside of Neami to reach target and potential audiences
- Promotional material has been changed multiple times.
- Cold calling for workers has been anxiety inducing
- Lack of calls has been demotivating; however, note that other services they have spoken to or heard of only see a spike after a year.
- Workers believe word of mouth and building trust will get them calls but it will take time. They would also like to see an external person in an assigned and dedicated role to handle and oversee promotions in a better and organisationally accountable way.

- “Service could be even more successful if there was a continued injection of specialist mental health promotion”.
- Peer workers should be involved in developing marketing, so it’s looked at from their perspective and accurately describes their unique work and skills.
- Hard to work from an office where there is external noise and limited private office space. Harder to build a sense of trust with caller in this environment. Working from home has assisted this, but doesn’t allow for workers who would like to work from an office to do so.

OTHER OUTCOMES

- Get to know of the systemic problems at workplace and have represented in forum related to structural and policy changes at workplaces (knowledge sharing; advocating for them and teaching them how to advocate)
- Strategic alliance with way ahead a mental health promotion organisation to work with and to offer hear to talk as an additional support for the work they do in businesses
- Aligned talks through the mental health coordinating council (MHCC) at meet your neighbour events

OTHER ISSUES

- Due to staffing issue Helen has been taking calls which is not true to the message we send and may send mixed messages out that the callers will be expecting to speaking to a peer worker who operates solely out of a peer centric philosophy and has associated training to support the caller outside of usual main stream approaches to distress
- (Helen takes calls not due to staffing issues, was always going to take calls. It was agreed early on that if **the caller preferred a peer worker, then an appointment could be made or the call transferred to the peer on shift.**)
- As Helen has been involved in the birthing of this new service to her credit she has wanted to grow and understand all the elements of a peer approach to support that is specific to this context and currently there is no peer led training specifically for managers to support them to grow in the culture and practice of peer workers and the deeper history of the consumer/survivor/ex-patient movement

Appendix 4: Interview report + survey instrument

Hear2Talk Evaluation - Caller interviews

**Prepared for Nexus Management Consulting by Jo Farmer
Consulting**

30 January 2023

I acknowledge the traditional custodians of the land on which I live and work, the Wurundjeri people of the Kulin Nation. I pay my respects to Elders past and present, and to the Elders of the lands from which you are reading this. Sovereignty was never ceded, and colonisation has an enduring impact on the health and wellbeing of Aboriginal peoples and this land.

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Introduction

Purpose

Evaluation context

The State Insurance Regulatory Authority (SIRA), part of the NSW Department of Customer Service, delivered a series of workplace mental health initiatives as part of the NSW Government's Mentally Healthy Workplaces Strategy (2018-2022). The strategy set out a long-term vision to create mentally healthy workplaces across NSW through awareness raising, evidence-informed interventions, research and programs.

SIRA contracted Neami to deliver one of the initiatives under this strategy, the Hear2Talk program, which employs peer workers to provide phone-based support to people struggling with challenging emotions in the workplace.

Nexus has been contracted by SIRA to conduct a process evaluation of the pilot program.

The purpose of the evaluation is to assess how and under what circumstances peer-style support can help staff with workplace mental health issues.

The evaluation will answer the following key evaluation questions:

1. How does the peer-run nature of the service affect callers' engagement?
2. Does the service, and its delivery by peer staff, enable clients to feel understood and develop strategies to improve wellbeing?
3. What improvements could be made to the design and delivery of the service?

Caller interviews

As part of the pilot evaluation, callers were invited to participate in interviews about their experiences of Hear2Talk. The interviews sought to contribute findings towards the key evaluation questions, and will be considered alongside other evidence gathered as part of the pilot evaluation.

These interviews were conducted by an evaluator with lived experience of mental ill-health and suicidality (Jo Farmer). This report summarises the findings of the caller interviews.

Approach

During their call with Hear2Talk, callers were asked if they would be willing to be contacted to participate in an interview about their experience. Between February 2022 and mid-January 2023, 36 callers consented to be contacted about interviews. Of those, 12 callers ultimately participated in an interview (response rate = 33%).

The intention had been to speak with 20 callers. While the number of callers contacted was less than was envisaged, the callers spoke consistently about their experience and the interviews reached saturation (noting the limitations below).

The response rate was considerably higher for callers with more recent contact with Hear2Talk – four of the interviews were conducted with callers who rang in December 2022

or January 2023 (an 80% response rate). This suggests that future evaluation should prioritise contacting callers within a more rapid timeframe in order to improve the interview response rate.

Interviews followed a semi-structured interview guide (Appendix A), and all were conducted over the phone. All interviewees were provided with a Participant Information and Consent Form (reviewed by Neami's Research and Evaluation Committee), and provided verbal consent.

At the beginning of the interview, the interviewer shared her own lived experience of mental ill-health and suicidality. While most interviewees did not specifically comment on this, some reported that this helped to create an interview environment where they felt more comfortable sharing their own experiences.

Limitations

There is a risk that the sample of callers who consented to participate in an interview is skewed. For example, of the 105 unique callers in the first six months of the pilot, 15 provided consent to be contacted for interview (and four participated in an interview). Those who consented to be contacted may not represent the full range of views on Hear2Talk.

It is also important to note that those participating in an interview were not reflective of the general NSW workforce. Of the 12 interviewees:

- 2 interviewees reported that they are peer workers, and an additional 5 interviewees reported that they work in non-identified roles in the mental health and alcohol and other drugs (AOD) sector
- 3 interviewees reported that they work for Neami National
- 5 interviewees worked outside the mental health and AOD sector (insurance, journalism, accounting, unemployed (former call centre employee), education).

This skew is represented in the information of those who consented to be contacted – 22 of those who consented to be contacted worked in mental health or health and social care, with 14 working in other professions.

As discussed below, this may reflect the advertising strategies that were used to promote Hear2Talk, with those in the mental health sector, particularly peer work, simply more likely to know that the service exists.

Engaging with Hear2Talk

Motivations for calling Hear2Talk

Callers contacted Hear2Talk for a range of work-related reasons. These included:

- stress at work due to a particular incident, including occupational violence or challenging customer service interaction
- challenging ongoing interpersonal relationships, including bullying
- support navigating the workers' compensation system
- support managing challenging workloads.

Interviewees indicated that they felt that they had pursued other avenues of support, including attempts at self-management, conversations with managers and colleagues, and their private mental health supports (e.g., counsellors and psychologists). Interviewees had limited expectations of what they would experience when they called Hear2Talk but there was a sense it was 'worth a go'.

Most anticipated that Hear2Talk would be a friendly ear who could listen to them while they shared their situation, providing an opportunity to 'decompress' and 'vent'. That it was a work-specific support line appealed to them – several interviewees had a sense that they needed 'situation-specific' guidance that other services may not be able to provide them.

"I was on a mission to connect with whoever I could – you hear varying things [about the workers' compensation process], even though well-intentioned, it can be confusing."

"Not [anticipating] anything in particular – someone to talk to in between speaking with a psychologist."

"I was quite clear about why I was calling... what I was hoping for was an ability get clear. Not going to be judgemental or diagnose me, refer me on. It's a really great new development in the mental health field."

"I needed to talk to someone but it's not mediation, it's not counselling, it's not life threatening, but it's really personally corrosive."

Interviewees were split on whether they knew that Hear2Talk is staffed by peer workers. For those who did know, this was mostly perceived as a positive, although not everyone knew what a peer worker would provide (this was particularly the case for those outside of the mental health sector).

For those who did not know, each interviewee explained that the worker had explained their lived experience at the start of the call, which laid the foundation for their conversation.

"Yes, I did know. Which is good."

"I did know – I read everything online. But I didn't really understand what that meant."

"I didn't know [it was a peer worker] when I called, but she established it at the start of the call."

"I didn't know that it was specifically a peer helpline. Thought there might be peers but didn't know it was specifically peer."

Awareness of Hear2Talk

As noted in the introduction, a high number of the interviewees currently work in the mental health sector. They had heard about Hear2Talk through their employer or professional network. Several had been told about it at induction to their workplace, but then reminded of it by a manager when they were in need of support.

Aside from those that heard through their workplace or professional networks, word of mouth was still a strong referral source, with several encouraged to use the service by friends (who had either used it themselves or were employees of Neami National).

A smaller number found information about Hear2Talk when searching out workplace support information. Among this group, interviewees were less clear about their expectations of what the service was or could provide. This suggests that there are opportunities to strengthen the referral pathways through other sources of workplace support (such as, employee assistance programs, insurers and workplaces) with clearer information about the kind of support Hear2Talk is able to offer.

Call experience

Overall, callers had an extremely positive experience of Hear2Talk. There were several elements of the service experience which contributed to their positive experience:

- staff quality
- accessibility of the service
- the availability of follow-up calls
- the role of peer work.

Hear2Talk compared favourably to other support lines or sources of workplace support that interviewees had considered or previously called.

Staff quality

Interviewees had positive experiences with the workers who staff the Hear2Talk warmline. They consistently reported that the workers were empathetic, good listeners and non-judgemental. These personal skills were well-balanced with the professional nature of the conversation.

Several interviewees indicated that the workers had strong 'active listening' skills, and that they felt genuinely heard.

"It's nice to talk to someone who didn't think it was a silly question or the wrong conversation to have. No judgement whatsoever."

"Lovely, wonderful, reassuring."

"[Worker spoke] without being condescending, a truly professional level of conversation."

"Accepting, listened and laughed."

"Really great, intelligent, experienced, sensitive, empathetic person on the end, really down to earth, really considered. I felt listened to, the person was really present... was actually listening and responding appropriately and intelligently."

"Felt the care, that they did care, not just going through the motions."

"Amazing listening skills, no kind of agenda. She waited, very calm and compassionate. She reflected back to me what I was saying. She was very comfortable. Made me feel at ease."

"One the phone it's a different skill to in person. There was enough response to what I was saying to let me know they were listening."

"She listened. She did not cut me off. She let me say the whole thing. I was getting cut off at work."

Coupled with their interpersonal skills, interviewees indicated that the peer workers had a broad and specific knowledge of the kinds of work-based situations that callers contacted Hear2Talk to discuss.

This included information on how to navigate the workers' compensation system and Centrelink, how to approach managers and hold conversations about work expectations, and responding to traumatic occupational health incidents. Interviewees from a range of professional backgrounds believed that the support provided by Hear2Talk was well-matched to their situation, including those who work in the frontline service delivery, in large and small workplaces, freelancers, and those not currently in the workforce. In addition to providing useful strategies (see below), the workers were also well-equipped to refer callers to other services that may suit their particular needs.

"I knew I was going into the unknown what was being asked of me, so she helped in that process, how to document things properly pre- and post-injury."

"Really helped to talk to someone who got it and was very compassionate, a really good listener, really understanding. Seemed to understand things on a number of levels – personal level how things impact, but also a systems level and a work level and societal level. Wonderful to someone to speak with a depth of knowledge alongside lived experience."

"The people that I've met who are working on Hear2Talk, they seem to really know their stuff, the people who've been employed selecting the people on the line have done a really amazing job, they seem to have gotten a really great team together."

"Really good feedback, really good insight."

One interviewee reported that they felt the experience was well-tailored to them. In their case, they initially called up and was allocated to one worker, who then suggested someone else in the team who might have a better fit in terms of their lived experience. The interviewee indicated that this felt they always had *"my needs at the forefront."* This aligned with others' feedback that the experience felt personal and person-centred.

Role of peer work

For most interviewees, the skill and quality of the workers at Hear2Talk was linked with the understanding that they are peer workers. All but one interviewee believed that the peer-led nature of the service was a strength; the other interviewee believed it was not necessarily important provided the staff were trained and empathetic.

"Maybe [made a difference talking to a peer worker]. Trained people know how to deal but haven't had the firsthand experience."

"It does make a difference. It doesn't have to be there, but it does help. They're not just compassionate, 'you'll be right'. It's heartfelt and understood."

Interviewees reported that the peer workers' lived experience enabled the workers to have a better understanding of the situations that they were experiencing. In particular, they could understand not simply the *situations* that people were in, but the *feelings* associated with being in those situations. This was important when people found themselves in complex situations where they were likely to doubt themselves.

"Because of her lived experience she had a good understanding of what we were addressing and how to settle the feelings."

"My experience resonates with theirs – someone who knows the ground and the feelings at each of the stages. With mental health stuff, it's validating, not visible so there's a lot of self-doubt. [Hear2Talk helped me realise] 'No, this is real and a human response to the situation.'"

"The idea of lived experience of mental health issues was important. Particularly when it's a less clear-cut situation because that's the grey area where you do think it's you. Where there's an obvious breach of protocol, you don't take it personally. When it's that grey area of interpersonals, it's much more open for interpretation. More effective because they start from a position of understanding fragility and subjectivity really well."

"Someone who's been through some injustice. Not just "oh that's terrible" but can actually feel what you're going through because they've been through those injustices. Know how it affects you in diverse ways – not experienced the same by everybody. The sense that it's an individual experience, not just responded to in a generic way that fits all."

Interviewees reported that they felt more able to communicate their experiences with peer workers. This happened at two levels – firstly, they felt comfortable sharing things with peer workers that they might not otherwise have shared. Secondly, peer workers were able to pick up on cues from what the caller was saying based on their related experiences.

"Helps me to feel understood. Sometimes you don't have to state things outright – they just understand things straight away."

"It's a lot easier to just be yourself – just say things and people with lived experience perspective get it a bit quicker, easier to relate to people, and they're open to being able to understand where you're coming from."

Some interviewees indicated that it was important to speak with someone with a non-clinical perspective on the situation, and that talking with a peer worker was more 'relatable' than a counsellor without lived experience.

"'Therapy talk' doesn't help me. It was nice because it felt like I was talking to a friend, talking to a real person."

"Actually relate, see through without judgement, that person actually understands. Coming to you on common ground. Goosebumps."

In addition to lived experience of mental health issues, several interviewees discussed the value of shared understanding of particular workplaces. Some interviewees indicated that the peer worker they spoke with happened to have an understanding of their particular work context – this was clearly the case for the peer workers and some of those who worked in the mental health sector – but included interviewees with backgrounds in education and customer service work. Similarly, interviewees resonated with the specific situations that the peer workers shared, such as navigation of the workers' compensation system or dealing with high workloads.

This speaks to the value of recruiting peer workers with a broad range of workplace experiences and workplace challenges, in order to support callers from across the NSW workforce to speak with a peer worker who is able to share their work understanding in addition to their lived experience of mental ill-health.

Accessible service

Several interviewees discussed the ways in which they felt Hear2Talk was an accessible service.

That it is a support line that anyone can call, with no eligibility criteria (beyond residence in NSW), was valued. This reduces the barriers to entry, and made the service more welcoming.

"I called and they said 'hi, we're hear to talk', not a million screening questions and giving your life story to talk to someone. Within 5 minutes you're already deep into the issues."

"Having a service like that to ring that was free and available, and available in the moment. If I hadn't had someone, I would have pushed it back into a corner and ignored it. Instead, I got to speak to someone who was empathetic and helped me come up with a few strategies that will be useful going forward. Accessibility really valuable."

In particular, interviewees appreciated that Hear2Talk operates outside of standard business hours. This meant that they were able to call it when they were at home, and out of the workplace environment that might have been contributing to their concern. One interviewee highlighted that the extended hours meant that they could get home from work later than intended, and were still able to access the service from home.

When an interviewee did call towards the end of the opening hours, they indicated that this was clearly explained to them, and they did not feel rushed to wind up the call before closing time. The ability to schedule follow-up calls (see below) means that there are options available for callers to continue their conversation when the service reopens.

"Because they are at the particular hours [they're open], I can call comfortably out of hours."

Availability of follow-up calls

Several interviewees indicated that a strength of the Hear2Talk model was the possibility of follow-up calls from workers who they had either spoken to before, or were well-briefed on their situation.

Most of the interviewees only had one phone call. Of those who had additional calls, the majority only had one more call, or opted for a second call but then did not follow through as they felt their situation had been resolved.

Interviewees who had opted to receive a follow-up call provided several reasons why they particularly valued the follow-up calls:

- they allowed more time to explore issues in depth and develop strategies that would address the caller's concern

- they allowed for issues to be fully discussed and addressed before a caller reached an arbitrary 'session limit'
- they provided a useful accountability mechanism to ensure that callers stayed focused on the solutions they had discussed
- (as above) they supported flexibility around opening hours and the availability of callers.

"It's a nice way to wrap up... gives time for a closure conversation rather than 'you've run out of sessions.'"

"I could speak to the same person every time."

"I was able to rant and get everything off my chest. Then we scheduled a follow-up call. When they called, I said I was having a good day, I don't want to take your time away."

In some instances, the follow-up call was undertaken by a different worker. This was the case for one interviewee, who felt that the worker for the follow-up call had been well-briefed on their situation.

Interestingly, those who did not take up the option of a follow-up call still found them to be an important aspect of Hear2Talk. It gave them the sense that they were valued, felt cared for, and were not being rushed. This gave a feeling of continuity of care, even if it was not utilised.

"If I needed support, I could call them back. And we could continue to have a conversation."

"I was quite surprised they offered a call back. A really reassuring gesture. The effect it had on me was to calm me down... The follow-up was really reassuring. It takes away the feeling that I am part of a process line."

"She gave me as much time as I needed, I wasn't wound up or placated. They offered a call back. Made it very clear that the service was there for me should I need it beyond that point."

Comparison to other support lines

Interviewees were asked if they had previously used a mental health (or other) helpline, or workplace support program. Most interviewees (eight) had previously used another support line, either in relation to their current issue or previous concerns.

Of these interviewees, they felt that Hear2Talk offered a more personal, tailored and less clinical option than other mental health support lines. They noted that it was helpful to be able to access support that was tailored to the specific situation they were in, rather than in mental health crisis.

"[Mental health helpline] wasn't personal even though the person at the other end was trying to deliver it personally... Hear2Talk has every bit of personalisation, without a doubt. That's where the lived experience comes across."

"[Hear2Talk] was way more personal, less clinical. What's most important to me."

"Hear2Talk is specific to the issues. The advice is more relevant to what I was going through. Clarity. Who knows what you'll get on the other lines – they can only offer emotional support. Workers comp is more specific."

Those who had contacted employee assistance programs (EAPs) also rated Hear2Talk more highly, finding the Hear2Talk workers more knowledgeable and empathetic than EAP providers, as well as more accessible.

"I previously accessed EAP but it's very limited in terms of how often you can use them."

"I did call EAP... I had to wait ages to get to a good person."

"Ran EAP because that's what you do. But a lot of the time you speak to EAPs, feels like box ticking."

Those who had not previously used a support helpline felt motivated to contact Hear2Talk given it was specifically designed for the type of concern they were experiencing. Interviewees indicated that other mental health lines were for people in crisis, and that Hear2Talk filled a gap given they had exhausted other support avenues.

"When I was speaking to the insurance company, they mentioned they specifically deal with work-related anxiety – that was the difference. I was suffering more anxiety, not anything that would require a suicide hotline or anything. Just day-to-day things and how to cope with certain things."

Call outcomes

Interviewees reported several positive outcomes from engaging with Hear2Talk (and no negative outcomes). These included:

- reduced distress
- feeling validated
- gaining a sense of direction and purpose
- developing strategies to manage their workplace issue.

In the absence of Hear2Talk, interviewees indicated that they would have leaned on social and private mental health supports more than they had to thanks to Hear2Talk. However, others suggested that without Hear2Talk, they would not have been able to manage their work-related mental health issue in a way that supported their mental health and wellbeing.

"No idea [without Hear2Talk] – it would have been a lot harder."

"I probably would have blamed myself more, internalised things."

"I would have just pushed it down."

"I would have just freaked out for longer and got to a point where it exhausted me for days."

Reduced distress

Most interviewees indicated that Hear2Talk reduced their distress in relation to their work-related mental health issue.

For some, this presented as 'feeling lighter' and lifting the burden that they were holding. This was typically related to their experience of the call as being one where they could vent, be listened to and believed.

"I spoke to [worker] on three occasions – she was delightful and awesome, took the weight off my shoulders."

"Felt human again, felt balanced. Feeling like you've been heard is a very big thing."

"At the time, it felt good to speak with someone. A short term thing. Certain stressors triggered anxiety, so it was stress relief."

Other interviewees indicated that they were in considerable mental distress when they contacted Hear2Talk, and that being able to speak with someone helped to reduce that distress so that they were able to think more clearly about their next steps.

One interviewee called Hear2Talk after being informed that their Centrelink payments were being suspended. While there were limited options available to them in terms of having their payments reinstated, the interviewee indicated that the experience of speaking with someone who was able to ground them and help regulate their emotions was vital, even if no practical strategy could address their concern.

Another interviewee described their anxiety at returning to work following an incident of occupational violence. They reported the value in talking out their challenges with someone else, as well as being given practical strategies for reducing their distress, such as breathing exercises.

"At the time I was very much in fight mode, but even when you're in fight mode, you have these horrible attacks, words penetrate, and you feel pretty defeated at times... the conversations were very grounding."

"[Hear2Talk] kept me going for that period of time... Helped me to avert crisis mode."

"It was a circuit breaker."

"I was a little manic and she calmed me down."

Feeling validated

Interviewees consistently reported that they felt validated having spoken with Hear2Talk.

For some, this was about understanding that they were 'not alone' in their situation, and that other people had experienced similar challenges. In these instances, it was helpful that they were speaking with a peer worker, who could clearly explain their shared experiences.

"Helped me to feel understood very quickly and was able to listen to the counsellor's lived experience of similar issues which helped me feel not alone and be validated in my experience – there's other people who go through similar experiences and discrimination and hardships."

"A bit more reflective on the dynamics at my workplace – validated what I was talking about."

Some interviewees also spoke about the challenges of managing a work-related issue when they had lived experience of a mental health condition. They discussed that this gave them a tendency to doubt themselves or downplay their own emotions in the situation. Speaking to an objective party helped validate to these interviewees that their feelings were 'real' and 'normal' reactions to the work-related stress they were experiencing. In these instances, again it appeared to be helpful that they were speaking with a peer worker, who was also able to share their experiences of personal doubts.

"What they did in that first phone call was to say, 'this is not an abnormal reaction – this is a normal reaction to bad behaviour. For some reason I needed to hear someone else say that, because before that I'd thought it was just me.'"

Gaining a sense of direction and purpose

Speaking with Hear2Talk helped interviewees to gain confidence, and a sense of purpose or direction in relation to their work-related issue.

For some, this was about developing the confidence to resolve the particular issues that had prompted them to contact Hear2Talk.

"Helped me to regain a bit more confidence and assertiveness. Work has got a lot better, my mindset has been able to remain where it needs to be."

"[Hear2Talk] helped me re-evaluate where I was coming and where I was going... It gave me the edge to say it's ok to take a break."

"Assurance that I'm on the right track, that I'm doing the right things."

Others discussed that the call had given them a more renewed sense of confidence about their work identity and boundaries that would last beyond the resolution of the particular issue that they had called to discuss.

"Agency, sense of personal boundaries – felt very much as a direct result of the conversation even though it wasn't prescribed by the conversation. It unlocked that impulse in me... Quite a defining, momentous conversation."

"I felt more buoyed up and hopeful. I felt validated in my skillset – that I'm not completely over the hill."

"Even though the strategy [developed with the worker] wasn't what solved the problem, it empowered me."

Developing strategies

All of the interviewees could point to the strategies that they had developed with the support of the Hear2Talk worker to address their work-related issue. There was a sense that the strategies that were provided were very well-tailored to the individual, their circumstances, and the type of care or counselling they engage in.

"I hadn't expected to come away with [strategies]. I thought I was talking in a safe space. But the conversation unpacked the fear I felt but I also walked away with a couple of simple strategies that I wasn't expecting to get."

"She organised a phone call before the meeting – he was just as good, caught up on the notes, knew where I was at... I felt so comfortable and ready going into that [meeting]. Before, I felt like I was going to be attacked. But I had things ready, jotted things down. Ready and prepared. What to say and what not to say."

"I did a couple of things – paying more attention to the warning signs. There were red flags all along the way and I deliberately ignored them. Not accept bad behaviour and blame myself for it. Invaluable because it's such an old, learned pattern. It was a seismic shift. It happened immediately."

Interviewees were offered links to resources and other services that might be able to support them, across a range of needs including mental health services, workers compensation supports, and bullying support services.

"Offered me some reading material that might be helpful."

In addition to the work-related solutions, interviewees valued that Hear2Talk provided them with solutions focused on their self-care and ability to cope with the stressors they were experiencing.

"All the self-care stuff... it just reminded me that apart from the actual doing of everything (I had lawyers involved)... the main things were the personal things."

Interviewees reported that the peer workers worked with them to develop solutions, rather than forcing options upon them, which contributed to their sense of agency, empowerment and optimism.

“Didn’t give advice but asked me ‘have you thought about...?’”

“Practical as well – she made suggestions and I thought ‘actually, I could crack on with that.’”

“On the second phone call, he helped me to workshop solutions. He asked, ‘What do you want to get out of [meeting with manager]?’ What do I need in the workplace for my role to be successful and for me to have growth. As soon as he said that, oh my god! I shouldn’t be stuck in one spot. I want to grow and expand and be a great team leader.”

Improvements

Interviewees were overwhelmingly positive about their experience with Hear2Talk, and were unable to provide any examples of how the experience of calling Hear2Talk could be improved.

“Nothing – they were very attentive.”

“Based on one call, they were exceptional.”

“I can’t recommend them highly enough. I didn’t have any expectations at all, other than the act of getting it off my chest. If I had had expectations, they were far and away exceeded.”

Interviewees reported that they hoped that the service remains funded. Several indicated that they have recommended it to others in their workplace and social networks. Some interviewees suggested that, because awareness of the service is largely based on word of mouth, it may take time for Hear2Talk to reach its full potential.

Should Hear2Talk continue, there should be an ongoing focus on recruiting and retaining peer workers with the variety of skills and experiences valued by the interviewees in this evaluation: empathy, knowledge about work-related mental health issues, experiences of different work environments, experiences of different work-related mental health concerns.

“I am extremely happy with them. I hope they stay around forever. There’s a need for what they do.”

“Been recommending this service to anyone in my circle – just talk to these people. So many of us don’t know where to start. Even if you’re plugged into psychologists – far more effective dialogue because it was really situation based and unthreatening.”

“I’ve made it a practice for me to share the details with my colleagues because of how I felt after the call. Make my team aware that they’re there and there ‘til later at night.”

“It takes time to spread the word about a new service and build it up – Hear2Talk has only been going a year or so. It needs time to get the word out there. Even when people hear about it, takes time to realise it might help.”

Linked to interviewees’ desire that Hear2Talk continue, was support to make the service better well-known. As noted in the limitations, the majority of those participating in the evaluation work in the mental health sector and learnt about the evaluation through their employer or professional networks.

There is an opportunity to broaden the range of workplace settings to which Hear2Talk is targeted. Interviewees across work settings found the service to be valuable (noting that all but one interviewee worked in health or office-based settings).

There are also opportunities to target Hear2Talk to support people experiencing particular work-related mental health issues. For example, two interviewees indicated that they searched out the service while struggling to manage a workers compensation process – these interviewees found the link to Hear2Talk through their own searches. However, the

information about Hear2Talk could be provided proactively to those navigating the process. It might be valuable to provide the link to the information more than once, given that people do not fully process what the service offers or why it might be applicable for them on the first time they receive the information.

"It's great. People need to find it. I recommend it to anyone."

"Just let more people know about it so it's more widely available."

"I'm sure if more people knew, they would be calling."

Appendix A: Interview guide

Introduction

This is an opportunity to get to know the caller a bit better and understand the context of their call. Jo will also introduce herself.

- 1) About you:
 - a) What kind of work do you do?
 - b) How long have you worked there? In the industry?
 - c) Are you full-time/part-time employed?

Calling Hear2Talk

- 2) Why did you call Hear2Talk?
 - a) What were you hoping from the call?
- 3) How did you hear about Hear2Talk?

Call experience

- 4) How did you find the conversation?
 - a) What support did you receive?
 - b) How did you feel accessing Hear2Talk?
 - c) What was helpful?
 - d) What was less helpful?
- 5) Have you used support lines before?
 - a) If no – what helped you to reach out to Hear2Talk?
 - b) If yes – was there anything different about Hear2Talk?
- 6) Did you know that the person you were talking with was a peer worker? (i.e., a trained worker who has lived experience of mental ill-health)
 - a) What does it mean to connect with a peer?
 - b) Do you think that it did / would have made a difference to your experience to know you were speaking with a peer worker?

Outcomes

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7) Has connecting with the service changed anything for you?

- a) How did you feel during/just after the call?
- b) How have you felt since accessing Hear2Talk?
- c) Would you contact Hear2Talk again? Why?

8) What would you have done otherwise?

Improvements

9) Can you think of any ways the service could be improved?

Prompts – service hours, promotion, staff, approach

10) Is there anything else you'd like to add?

Appendix 5: Evaluation data matrix

Intended Outcome	Characteristics of success	Data/Information to be collected	Data collection method	Who collects data	When is data collected
Short term outcomes					
Workers are aware of and have equitable access to the service	Effective service promotion Workers at the targeted organisations understand the purpose of service and know how to access it	#, type, size and location of target organisations	Admin data	SIRA	Project initiation
		% of callers by channel of communication (Where did they hear about the service?)	Admin data	Neami	Ongoing
		% of callers who agree it was easy to access the service by industry sector, role, years of experience, employment status, postcode	Follow up caller survey	Nexus	Oct 22
Peer workers have the capability to coach and support callers	Peer workers are provided sufficient training Peer workers are well supported by supervisors and service managers There are effective processes and systems to support screening, coaching and referrals Peer workers have the qualification and lived experience to understand the callers needs and coach them	# of peer workers, demographic profile, qualification and past experience	Admin data	Neami	Ongoing
		# of peer workers who agree they were provided adequate training to help understand and support the needs of the callers	Peer worker interview/ focus group	Nexus	Sep 22 Nov 22
		# of peer workers who agree supervision helped them support the needs of the callers better	Peer worker interview/ focus group	Nexus	Sep 22 Nov 22
		# of peer workers who agree the peer run warmline program has the processes and systems to help them support the needs of the callers	Peer worker interview/ focus group	Nexus	Sep 22 Nov 22

FINAL REPORT: EVALUATION OF HEAR2TALK PROGRAM
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Intended Outcome	Characteristics of success	Data/Information to be collected	Data collection method	Who collects data	When is data collected
		Peer workers perspectives on <ul style="list-style-type: none"> • Experience working with the program and suggested improvements • Factors contributing to positive caller experience (lived experience, training, background etc.) 	Peer worker interview/ focus group	Nexus	Sep 22 Nov 22
		Level of caller satisfaction with peer worker/s assigned to their call/ calls and their views of the experience	Follow up caller survey	Nexus	Oct 22
Sufficient number of callers use the warmline	3,000 callers facing mental health issues call the service annually	# of calls received (initial incoming, unplanned follow up, pre-planned follow up)	Admin data	Neami	Ongoing
		Demographic profile of callers accessing the service -industry sector, role, years of experience, employment status, postcode	Admin data	Neami	Ongoing
		% of callers by primary issue/presenting issue # of calls by primary issue/presenting issue	Admin data	Neami	Ongoing
Peer workers build collaborative relationships with callers	Callers engage on the call for a duration that meets their needs and preferences. Callers call back for further support or choose to receive follow up call	Average duration of calls (first and repeat)	Admin data	Neami	Ongoing
		# of callers that called more than once	Admin data	Neami	Ongoing
		Average number of calls per caller	Admin data	Neami	Ongoing
		# of callers who asked for a follow up after the first call	Admin data	Neami	Ongoing

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Intended Outcome	Characteristics of success	Data/Information to be collected	Data collection method	Who collects data	When is data collected
		Peer workers perspective on how callers engaged	Peer worker interview/ focus group	Nexus	Sep 22 Nov 22
End of program outcomes					
Callers feel heard and understood	Callers feel comfortable in explaining their situation	% of callers who agree they felt their needs and concerns were heard	Follow up survey data	Neami	Ongoing
	Peer workers accurately understand the situation and needs of the callers	% of callers who agree the call focused on needs and concerns that mattered to them	Follow up survey data d	Neami	Ongoing
	Peer workers listen carefully to callers	# of peer workers who felt confident they understood the needs of the callers	Peer worker interview/ focus group	Nexus	Sep 22 Nov 22
		Callers' perspective on <ul style="list-style-type: none"> Their level of comfort in talking about their issue How peer workers engaged on the first call and understood their needs 	Caller interviews	Nexus	Nov 22
Callers are satisfied with the way PWs engage with them about issues that matter	Callers call back for further support	Primary issues/presenting issues identified and actions taken (call details and action)	Admin data	Neami	Ongoing
	Callers recommend the warmline	Referrals recorded - type and by primary issue/presenting issue	Admin data	Neami	Ongoing
	Callers feel enabled through PW support to explore and address issues	% of callers who agree they got what they wanted from this call	Follow up survey data	Neami	Ongoing
		% of callers who agree they had a chance to make sense of what is going on for them	Follow up survey data	Neami	Ongoing

FINAL REPORT: EVALUATION OF HEAR2TALK PROGRAM
MARCH 2023

Intended Outcome	Characteristics of success	Data/Information to be collected	Data collection method	Who collects data	When is data collected
		Overall level of caller satisfaction with the program and satisfaction with <ul style="list-style-type: none"> • Peer worker • Coaching provided • Referrals • Other support provided 	Follow up caller survey	Nexus	Oct 22
		Callers' perspectives on: <ul style="list-style-type: none"> • Program and coaching provided by the peer worker • How helpful they found talking to the peer worker • The additional support to find a pathway forward, including referrals where appropriate 	Caller interviews	Nexus	Nov 22
		Peer workers perspective on enablers and barriers to successful engagement with callers to address their issues	Peer worker interview/ focus group	Nexus	Sep 22 Nov 22
Callers feel that they have the strategies to work towards improved mental health and wellbeing	Callers recognise signs and mental health problems Callers learn about ways to manage their emotions Callers feel confident to access the service again Callers know where to find support	% of callers who agree they feel more hopeful of a way forward and variation by presenting issues	Follow up survey data	Neami	Ongoing
		Extent the service has improved callers <ul style="list-style-type: none"> • Ability to recognise signs of mental health problems • Ability to manage mental health issues • Awareness of when and how to seek support 	Follow up caller survey	Nexus	Oct 22

FINAL REPORT: EVALUATION OF HEAR2TALK PROGRAM
MARCH 2023

Intended Outcome	Characteristics of success	Data/Information to be collected	Data collection method	Who collects data	When is data collected
		(and variation by presenting issues and number of calls per caller)			
		% of callers who agree the service helped them connect to the right support service And variation by presenting issues and actions taken	Follow up caller survey	Nexus	Oct 22
		Callers perspectives on how the service and coaching session has helped improve mental health awareness and develop strategies to improve wellbeing being	Caller interviews	Nexus	Nov 22
		Peer workers perspectives on how the service and coaching session has helped improve mental health awareness and develop strategies to improve wellbeing being	Peer worker interview/ focus group	Nexus	Sep 22 Nov 22
Timely referral to crisis services as necessary	Accurate identification of callers needing crisis services Callers are provided adequate information on how to access crisis services	# of callers referred to crisis services and by type of presenting issue Type of support offered	Admin data	Neami	Ongoing
		Peer worker perspective on experience of escalating crisis call to leaders and managers	Peer worker interview/ focus group	Nexus	Sep 22 Nov 22

Appendix 6: Program data

Table 1: Number of callers

Item	#
Total number of callers	424
Total number of unique callers	237

Table 2: Number of callers per month

Month	# calls	# unique calls
February	4	4
March	11	8
April	14	10
May	49	25
June	61	40
July	28	18
August	38	16
September	41	35
October	40	30
November	45	35
December	43	27
January	50	35
Total	424	283

Table 3: Calls by day of week

Month	Mon	Tues	Wed	Thur	Fri	Sat	Sun
February		1	1	2			
March		4	3	3	1		
April	2	1	5	2	1	2	1
May	3	7	10	13	8	3	5
June	13	2	14	18	7	4	3
July	9	4	3	2	5	1	4
August	8	8	6	5	1	3	7
September	5	11	5	9	9		2
October	5	7	7	7	6	5	3
November	8	7	15	8	3	1	3
December	10	8	6	6	9	1	3
January	6	6	9	10	14	4	1
Total	69	66	84	85	64	24	32

Table 4: Caller type

Item	#	%
Initial Incoming	257	61%
Pre-Planned Follow Up	101	24%
Unplanned Follow Up	66	16%
Total	424	100%

Table 5: Primary subject of call

Item	#	%
Self	393	93%
Other	31	7%
Total	424	100%

Table 6: Caller employment status

Employment status	#	%
Full Time	206	49%
Part Time	60	14%
Unemployed	57	13%
Casual	11	3%
<i>Caller Did Not Say</i>	90	21%
Total	424	100%

Table 7: Caller years of work experience

Employment status	#	%
More Than 5 Years	153	36%
12 Months - 5 Years	57	13%
Less Than 12 Months	43	10%
<i>Caller Did Not Say</i>	171	40%
Total	424	100%

Table 8: Caller roles

Role	#	%
Support Worker	62	15%
Management/Leadership Role	48	11%
Lived Experience/Peer Worker	25	6%
Clinician	20	5%
<i>Caller Didn't Say</i>	119	28%
<i>Other</i>	150	35%
Total	424	

Table 9: Caller workplace industry sector

Sector	#	%
Mental health	86	20%
Health care and social assistance	77	18%
Education and training	44	10%
Unemployed	26	6%
Services/Hospitality	13	3%
Financial and insurance services	12	3%
NSW Government	8	2%
Manufacturing	7	2%
Accommodation and food	5	1%
Agriculture	4	1%
Local Government	3	1%
Retail	3	1%
Wholesale trade	3	1%
Arts and entertainment	2	0%
Media	2	0%
Construction	1	0%
<i>Caller did not say</i>	66	16%
<i>Other</i>	62	15%
Total	424	100%

Table 10: Caller had other support at work

Item	#	%
Caller Didn't Say	316	75%
Other	83	20%
Not Sure	25	6%
Total	424	100%

Table 11: Calls per LGA

LGA	#	%
Sydney Metro	251	59%
Regional/rural	102	24%
Outside NSW	21	5%
<i>Caller didn't say</i>	50	12%
Total	424	100%

Figure 1: Calls per LGA (N=374)

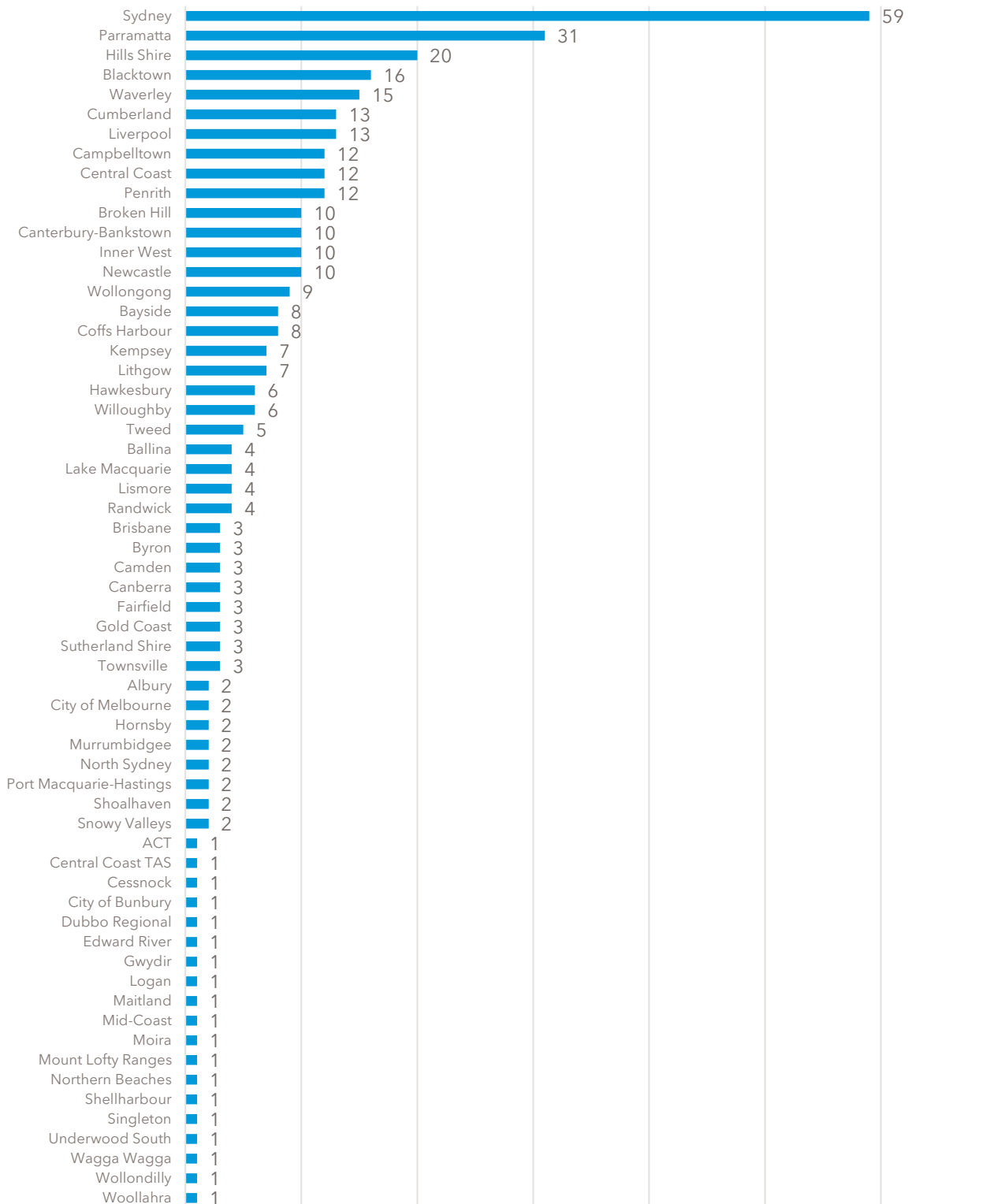


Table 12: Primary issues

Issue	#	%
Work-Related Stress	226	53%
Other	172	41%
Lack of support in the workplace	167	39%
Isolation	102	24%
Relationship difficulties	84	20%
Overworked	82	19%
Workplace bullying	73	17%
Conflict	57	13%
Workcover	28	7%
Sexual Harassment/assault	5	1%

Table 13: Number of issues identified on call

# of primary issues	#	%
0	8	2%
1	161	38%
2	95	22%
3	81	19%
4	27	6%
5	30	7%
6	11	3%
7	10	2%
8	1	0%
Total	424	100%

Table 14: Actions taken

Issue	#	%
Conversation had	389	92%
Supported with referral	200	47%
Information given	50	12%

Table 15: Duration of call

Duration	Minutes
Average duration of call	34
Maximum duration of call	95
Minimum duration of call	0.48
Median duration of call	30
Average duration of call ≥5 minutes	35

Table 16: Duration of call

Duration	#	%
< 10 minutes	42	10%
Between 10 and 40 minutes	235	55%
>40 minutes	147	35%
Total	424	100%

Figure 2: Average duration of call by caller type

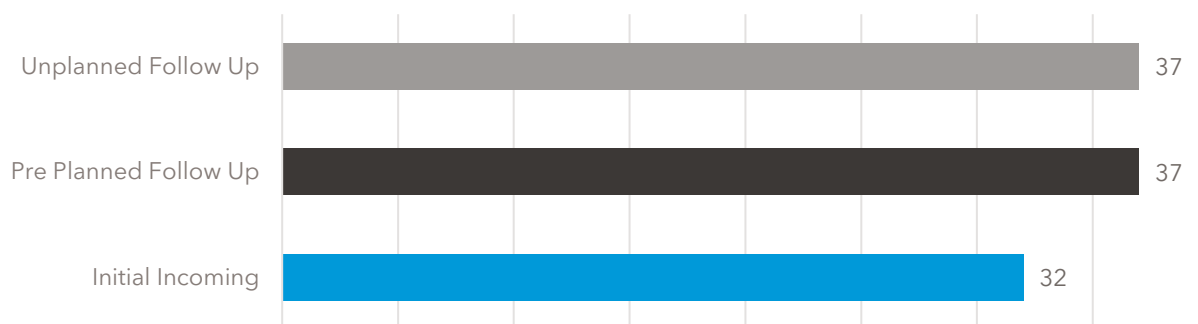


Figure 3: Average duration of call by primary issue

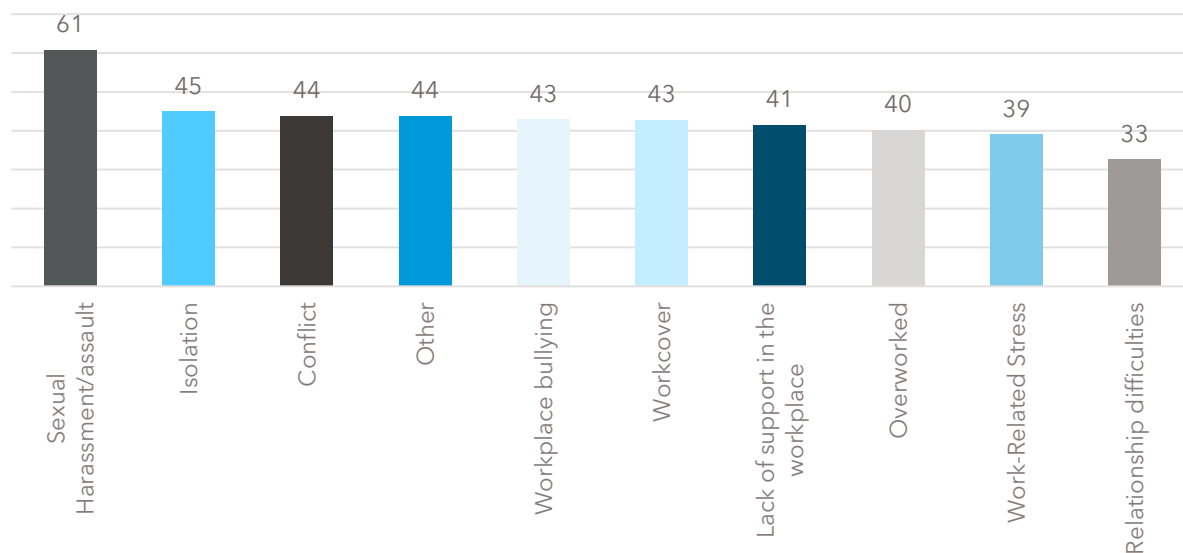


Table 17: Total number of clients who asked for a follow up call

Item	#	%
Yes	144	34%
No	280	66%
Total	424	100%

Table 18: Follow up call yes/ no by primary issue (n=411)

Duration	Yes	Total	%
Workcover	19	28	68%
Conflict	33	57	58%
Other	49	171	29%
Relationship difficulties	25	83	30%
Sexual Harassment/assault	3	5	60%
Lack of support in the workplace	75	167	45%
Overworked	34	82	41%
Isolation	49	102	48%
Workplace bullying	34	73	47%
Work-Related Stress	90	226	40%

Table 19: Caller in crisis - number of referrals to types of support for 7 callers referred

	#
Information about crisis services	5
Warm referral to crisis service	3
Emergency services called	3

Table 20: Calls escalated to the manager

	#
Number of calls that needed to be escalated to the manager (total)	4
Number of calls that needed to be escalated to the manager (where the caller was in crisis)	2

REPORT OF THE INDEPENDENT REVIEW OF THE
OPERATION OF SIRA'S
WORKERS COMPENSATION ASSIST
OUTREACH PROGRAM (PILOT)

Dr Andrew Fronsco
Principal, ADIIS Group
July 2023

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Ms Michelle Newman
Manager, Workers Compensation Assist
Customer Service & Operations
State Insurance Regulatory Authority

Dear Ms Newman

Independent Review of the Workers Compensation Assist Outreach Program (Pilot)

I have the pleasure of submitting to you my Report on the Independent Review of SIRA's Workers Compensation Assist Outreach Program, currently operating as a Pilot.

I would like to thank you, SIRA staff and stakeholders who participated in the interviews. The open approach and frank feedback about the implementation of SIRA Workers' Workers Compensation Assist Outreach Program (Pilot) and the direction of the program moving forward have significantly assisted in formulating this Report.

Yours sincerely

Dr Andrew Fronsko
Principal, ADIIS Group

July 2023

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GLOSSARY AND ACRONYMS

10 Point Plan	SIRA <i>10-Point Return to Work Action Plan</i> (announced December 2021)
1987 Act	<i>Workers Compensation Act 1987</i> (NSW)
1998 Act	<i>Workplace Injury Management and Workers Compensation Act 1998</i> (NSW)
2016 Regulation	Workers Compensation Regulation 2016 (NSW)
Call Manual	Call Guide with recommended scripting to guide WC Assist CSO discussions with workers during Initial Contact and Follow-Up Contact.
CRM	Salesforce Customer Relationship Management (CRM) System
CSO	Customer Support Officer (SIRA WC Assist)
CX	Customer Experience
CXM	Customer Experience Measurement program (icare)
DCS	Department of Customer Service (NSW). DCS was established on 1 July 2019, and comprises more than 30 agencies (including SIRA), entities and business units that provide regulatory functions and deliver services to the people and businesses of NSW
DOI	Date of Injury
DoL	Date of Claim Lodgement - for the purpose of this Report, DoL is the date the workers made a claim (<u>not</u> the date the claim was notified to the Insurer)
Educational Discussion Referral	Verbal informational advice provided to a worker by a WC Assist CSO as to whom the workers should contact to seek resolution of matters of concern they may have
ELT	Executive Leadership Team (SIRA)
Exempt workers	The amendments introduced in the <i>Workers Compensation Legislation Amendment Act 2012</i> do not apply to certain categories of workers including police officers, paramedics and firefighters. These workers are referred to as exempt workers. Claims by exempt workers are mainly managed as though the June 2012 amendments never occurred
icare	Insurance and Care NSW constituted under the <i>State Insurance and Care Governance Act 2015</i>
ILARS	Independent Legal Assistance and Review Service. ILARS provides access to free, independent legal advice for injured workers in circumstances where there is a disagreement with insurers regarding entitlements. ILARS is managed by the Independent Review Office (IRO).
IRO	Independent Review Office. The IRO manages complaints from workers with a work-related injury/illness. IRO also manages the Independent Legal Assistance and Review Service (ILARS)
Injury Management Program	§43(1) 1998 Act stipulates that an insurer must establish and maintain an injury management program (IMP) and must revise its injury management program from time to time or when the Authority directs. An UMP is defined under the §42(1) 1998 Act as “a <i>coordinated and managed program that integrates all aspects of injury management (including treatment, rehabilitation, retraining, claims management and employment management practices) for the purpose of achieving optimum results in terms of a timely, safe and durable return to work for injured workers</i> ”

Injury Management Plan	A written plan developed by the insurer in consultation with the worker and other stakeholders, to identify the actions of all parties in helping the worker recover from their injury and recover at/return to work.
Insights Dashboard Report	Operational report of WC Assist activity and outcomes produced from the Salesforce Customer Relationship Management system (CRM)
Insights Meetings	Periodic meeting between representatives of Insurer Partners and members of the WC Assist team to review activity and outcomes
Insurer	Refers to the different types of insurers in the NSW workers compensation system - the Nominal Insurer (NI), Self Insurers, Specialised Insurers and government Self Insurers.
Insurer Partner	Insurer voluntarily participating in the WC Assist Pilot (currently comprising a mix of Self Insurers, Specialised Insurers and TMF Agencies)
MoU	Memorandum of Understanding
NI	Nominal Insurer, established under §154A of the <i>Workers Compensation Act 1987</i> . icare acts for the Nominal Insurer and exercises the functions of the Nominal Insurer as required by the NSW workers compensation legislation.
NPS	Net Promotor Score
PIC	Personal Injury Commission. PIC is a single, independent tribunal for injured people claiming against the workers compensation and compulsory third party (CTP) insurance schemes. The PIC replaced the former Workers Compensation Commission from 1 March 2021
Physical Referral	Correspondence sent to the Insurer Partner (or employer if agreed) by a WC Assist CSO with approval of the worker, advising of a matter of concern to the worker, for the Partner Insurer/Employer to follow up directly with the worker
POI	Three points of identification (POI) to confirm the identity of the customer contacted
Problem Pack	In May 2022, the SIRA Executive Leadership Team (ELT), signed off a 'WC Assist Outreach Service Problem Pack' that outlined the intended scope and implementation approach of the Pilot
RTW	Return to Work
Return to Work Program	§52(1) 1998 Act requires that NSW employers must establish a <i>return-to-work program</i> with respect to policies and procedures for the rehabilitation (and, if necessary, vocational re-education) of any injured workers of the employer. ¹ §52(2)(b) 1998 Act requires a <i>return-to-work program</i> is to be developed by an employer in consultation with workers of the employer and any industrial union of employees representing those workers. The <i>return-to-work program</i> must be documented, with mandatory elements defined under Guidelines for workplace return to work programs which are made and enforced by SIRA
Return to Work Plan	A statement of goals and objectives (and services required to achieve them) for a worker undergoing recovery at work. It should clearly outline the worker's capacity for work including hours, supervision requirements, treatment times and review dates. Also referred to as a RTW plan or suitable duties plan

¹ An employer's *return-to-work program* must not be inconsistent with the injury management program of the employer's insurer and is of no effect to the extent of any such inconsistency.

Return to Work Inspector	Authorised officers appointed by SIRA as either a SIRA RTW Inspector or SafeWork Inspector, who may provide advice and enforce compliance by <u>employers</u> covered under the 1998 Act and related legislation. Employer obligations include ensuring currency of workers compensation policy, injury management and return to work obligations. The term "RTW Inspector" and the collective noun "RTW Inspectorate" are used interchangeably in this Report
Self Insurers	Self-insurers are employers approved by SIRA to manage their own workers compensation claims. §210 of the 1987 Act states that an employer may apply for a Self Insurer license. A company may also apply for a licence if the licence is intended to cover wholly owned subsidiaries that are employers. SIRA adopt a tiered supervisory model that acknowledges exemplary and acceptable workers compensation performance, and also detects risks to the achievement of workers compensation system objectives, prompting a risk-based regulatory response. A list of Self Insurers can be found at this link
SIRA 2025	SIRA 2025 was launched in March 2022. It establishes seven goals and a set of strategic priorities to strengthen SIRA's performance as a customer-centric, intelligence-led, risk-based regulator and deliver improved outcomes for the people of NSW
SICG Act	<i>State Insurance and Care Governance Act 2015 (NSW)</i>
SoP34	Standard of Practice 34 (Return to work - early intervention)
SWNSW	SafeWork NSW
Standards of Practice	The Standards of practice convey SIRA's expectations for insurer claims administration and conduct. They are published by SIRA and require insurers to apply principles across a range of processes and procedures in claims handling and administration.
SLA	Service Level Agreement
SIRA	State Insurance Regulatory Authority
Specialised Insurers	Specialised insurers are licensed under the 1987 Act to underwrite workers compensation risks for employers of a defined industry
Suitable work	Same meaning as "Suitable employment" is defined by §32A of the 1987 Act
Successful Call	Success of completing the Call Guide with the customer (worker)
The Authority	A reference to the 'Authority' means the State Insurance Regulatory Authority (or SIRA). SIRA is constituted under the <i>State Insurance and Care Governance Act 2015</i>
The Pilot	Workers Compensation Assist Outreach Program, currently in Pilot
The Review	Report of the Independent Review of SIRA's WC Assist Pilot
The Reviewer	Consultant commissioned to undertake the Independent review: Dr Andrew Fronsco
TMF	Treasury Managed Fund (Insurance for NSW manages the Treasury Managed Fund (TMF) on behalf of the NSW Treasury. It provides a comprehensive state of protection for NSW government agencies under workers compensation and General Lines of Insurance)
WC	Workers Compensation
WC Assist	Workers Compensation Assist Outreach Program, currently in Pilot.

Key Legislation and Regulations

*State Insurance and Care Governance Act 2015*²

Workers Compensation Act 1987

Workplace Injury Management and Workers Compensation Act 1998

Workers Compensation Regulation 2016

Work Health and Safety Act 2011

Guidelines (SIRA)

Workers Compensation Guidelines

Guidelines for workplace return to work programs

Other Instruments (SIRA)

Standards of Practice

² The *State Insurance and Care Governance Act 2015* provides for the governance and regulatory arrangements for the statutory insurance and compensation schemes in NSW and established icare, SIRA and SafeWork NSW.

EXECUTIVE SUMMARY

The concept of a Workers Compensation Assist Outreach Program ("WC Assist" program) was announced in December 2021 as part of a 10-Point Plan comprising a suite of priority actions that SIRA intended to implement to lift return to work performance as a priority leading into 2022.

The aim was for the WC Assist Pilot program to make outbound calls, by SIRA Customer Support Officers ("CSO") to workers at risk of delayed recovery as early as possible in the claims process, and through this would better equip workers with the information they needed to improve their understanding of the health benefits of good work and drive their recovery. The intent was to operate as a Pilot program and evaluate the service after twelve months to consider the future direction.

In May 2022, the SIRA Executive Leadership team endorsed the implementation approach, comprising the following key elements:

- A collaborative model, with Insurers voluntarily joining the program (Opt-In) with the view that feedback on workers' experience would lead to insights, that *inter alia* would lead to Insurer Partners identifying opportunities for systematic process improvement
- Workers are advised by the Insurer Partner, at the time of making a claim, that they **may** be contacted by a member of the SIRA WC Assist team
- Initial Contact by WC Assist CSOs was envisaged to only target those workers who had not yet returned to full work capacity at the time of Initial Contact, which was made 5 weeks after the worker made a claim, allowing time for Insurer Partners to fulfill their obligations under Standard of Practice 34 ([Return to work - early intervention](#))
- The purpose of Initial Contact with a worker, was to provide the worker the opportunity to discuss their experience in the claims journey, and based on matters or questions raised by the worker, the WC Assist CSO could provide relevant information/education to address any gaps in the worker's understanding and navigation of the workers compensation system; and their choices, benefits and entitlements. This included informing workers as to whom they could refer matters of concern to resolve

The anticipated behavioral response was that the worker would be better empowered to navigate and direct their claim and return to work, understand the health benefits of good work, and take an active role in their recovery.

The Review found that overall workers participating in the program were positive about having a conversation with a WC Assist CSO, with feedback from post-call survey responses highlighting that three quarters of workers agreed or strongly agreed that they had a better understanding of the claim and recovery journey, options to return to work, and about their choices, rights, and entitlements. The overall post-call survey Net Promotor Score (NPS) score was strongly positive. Feedback from workers also indicated they were comfortable in discussing matters of concern as they perceived SIRA as a neutral party who would impartially provide informational advice.

From an Insurer Partner's perspective, in general, there was positive feedback, with a key benefit in the Pilot program being receiving referrals from, or on behalf of or a worker relating to matters of concern being brought to their attention, thereby enabling early resolution before potentially escalating into a formal [avoidable] dispute or complaint. Another benefit cited was that worker feedback through the above referrals, and information provided by WC Assist CSO in periodic Insight Meetings, helped identify systemic issues impeding the worker's claims experience that had led to process improvement.

The implementation of the Pilot, however, has not been without challenges. This included workers at Initial Contact not being fully aware they would be contacted (and who SIRA was), lack of a definitive publicly available statement of purpose and conduct of the WC Assist program and measures of success that stakeholders could refer, and a desire from Insurer Partners to receive better-structured information on underlying reasons that caused workers to have matters of concern to enable better targeting of opportunities for improvement. There are several other challenges highlighted in the body of the Report, however, in the opinion of the Reviewer, these challenges can be addressed. This is discussed in the final Chapter of the Report under the sub-topic "Operational Structure".

Considering the above, and subject to resource prioritisation constraints, there is limited reason to argue against WC Assist continuing to operate post the Pilot phase. However, it is **not** a program that is suited to rolling out on scale, that is, attempting to contact every worker in the NSW scheme.

The recommendations in the Review, support the following elements to govern the future direction of the program:

- Underpinned by a partnership model with Insurers, as a voluntary "Opt-In" for Insurer Partners (or Large Employers) to enter the program, targeting workers at risk of a poor RTW outcome, with feedback loops that support process improvement. Specifically:
 - Roles and responsibilities of SIRA and Insurers/Employers established under a MoU (or like), including set review points to evaluate the continuance in the program
 - Explicit statement that WC Assist operates as an Advisory Service and is **not** a compliance auditing tool
- Structured management reporting, at a minimum against the domains of (i) outputs (activity), (ii) worker outcomes, and (iii) Insurer/employer impacts (such as process improvement, mitigation of disputes/complaints), and (iv) future planned actions
- Consideration for SIRA to impose a "Forced Opt-In" as a remediation plan under SIRA's Regulatory Framework.
- Consideration for SIRA to leverage WC Assist for periodic outreach campaigns, such as targeting workers (at risk of poor RTW outcomes) within specific industry segments/larger employers - such an outreach campaign designed to align and reinforce broader SIRA 2025 initiatives aimed at assisting employers to best support injured workers to return/stay at work.

WC Assist being structured as an "Opt-In" regime, with the potential to expand into targeted outreach campaigns, means that the resourcing levels of WC Assist need to be dynamic to respond to variable demand. Accordingly, consideration should be given to integrating the WC Assist team within a cadre of other CSOs across SIRA who specialise in outbound contact with customers in relation to informational advice and educational services.

The connection between workers feeling informed, seeking information, and positively engaging with workers compensation, further reinforces the importance of improving workers understanding of, access to, and engagement with the workers' compensation system.³ It is prudent for SIRA to continue developing strategies and programs aimed at improving the quality, accessibility, and effectiveness of workers compensation information available to workers.

The WC Assist program is one mechanism that will positively impact the above. However, only 30% - 40% of injured workers where Initial Contact is attempted ,ultimately interact with a WC Assist CSO.⁴ Accordingly, the WC Assist program has limited reach and is best considered to be part of a broader suite of programs, aimed at improving informational justice, supporting worker empowerment, and positively impacting recovery/RTW outcomes.



³ The Behaviour Change Collaboration. (2022). *Australian workers' understanding of workers' compensation systems and their communication preferences*.

⁴ Workers who "Opt-Out" or are "Not Contactable" receive a correspondence sent electronically, however the uptake to people reading or acting upon this information is unknown.

LIST OF FINDINGS

Finding 1

The WC Assist service can be defined as an “Advisory Service” in the context of providing suggestions and help to people and organisations. A key element is centred on the provision of relevant information (and help to understand), that ultimately may prompt insight or progressive action by the recipient.

On the presumption that WC Assist is not a forum for resolving disputes and complaints, it is not unreasonable to affirm that the WC Assist Pilot is in alignment with §23(1)(n) of the 1998 Act.65

Finding 2

It is not unreasonable to affirm that the WC Assist Pilot is in alignment with SIRA 2025's Goal of “putting customers at the centre”, specifically concerning the strategic priorities of “improved customer support” and “education and information” to guide this work.

Notwithstanding, operationally this should be interpreted in the context of SIRA's overarching Regulatory Framework, in that the factors such as the risk of harm and seriousness should drive a proportionate response.66

Finding 3

It is not unreasonable to affirm that the WC Assist Pilot is in alignment with NSW Government Customer Commitments. An area that requires improvement is strengthening efforts to ensure workers are better aware they may be contacted by WC Assist, and what is expected from them.66

Finding 4

The WC Assist team culture statement, in implementing the WC Assist Pilot is strongly aligned with the Department of Customer Service Values.67

Finding 5

Under the WC Assist Pilot, the majority of workers [successfully contacted] found value through a better understanding of their claims process/journey, benefits/entitlement, and being comfortable talking to a neutral party (SIRA) about matters of concern without fear of retribution.

As a program overall, the greater value had been derived from a “Opt-In” collaborative partnership model, with Insurers/ employers being open to receiving and acting upon Referrals, and having a regular evidence-informed dialogue about insights generated from the program. This has led to the early resolution of matters of concern to workers (avoiding costly disputation and complaints) and helped to identify opportunities to systematically improve processes to improve workers' claims experience.77

Finding 6

SIRAs general inbound call service model for managing workers compensation enquiries, (other than for directly handling disputes and complaints against an employer or provider) is structured to provide general advice such as explaining legislative rights and entitlements. Workers who have a workers compensation enquiry, or a complaint about the insurer which they have been unable to resolve with the insurer in the first instance, to be advised to contact the IRO.

It is unlikely WC Assist could sensibly operate as an open inbound (responsive) service, outside of calls that may result from an outbound Initial Contact by the WC Assist service.

This observation is made on the basis that workers seeking to contact WC Assist - if it were to be promoted as the principal channel to handle workers compensation inquiries - would most likely expect that they could discuss matters specific to their claim, without being referred to a third party. Moreover, such an approach would conflict with IRO promoting itself for workers to direct worker compensation enquiries.82

Finding 7

It is highly probable that the WC Assist Pilot benefits (direct and indirect) exceeded the cost, however, the extent that this is the case is not quantifiable in monetary terms. From a strategic perspective, the WC Assist program is part of a suite of programs (including short-term and long-term initiatives) aimed at improving recovery and Return to Work (also having a positive impact on customer experience), with each program having an interdependency on the other.

Accordingly, a better approach to determine a value (and resourcing levels generally) is across the portfolio of programs that support improved recovery and RTW, rather than looking at an individual program in isolation.89

LIST OF RECOMMENDATIONS

Recommendation 1 On the basis that an “Opt-In” collaborative partnership model between SIRA: Insurer: Employer is perceived to generate value for workers and Insurer Partners, subject to resource constraints, there should be no reason that the WC Assist program as an outreach advisory service (whether by phone or other communication channels) should cease post the Pilot phase.

This is predicated on the basis that entry into the WC Assist program is a voluntary “Opt-in” participation by Insurers (or large employers), with defined procedural, governance, quality assurance, and worker safeguard protocols. Such an agreement, should at a minimum state roles and responsibilities, making it explicit that WC Assist is an Advisory Service that does not step into the legislative obligations of Insurers, Employers, or parties responsible for the resolution of complaints and disputes. In matters of material concern to workers, WC Assist may suggest Referral avenues for the worker to pursue resolution.

77

Recommendation 2 Having established the WC Assist program as an ongoing Advisory Service, with the view to realising benefits in process improvement, there is an opportunity to leverage the program, where appropriate, as a “Forced Opt-In” associated with a remediation plan under SIRA’s Regulatory Framework.

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Recommendation 3 Partner Insurer/Employer continued “Opt-In” participation in the WC Assist program should be reviewed periodically. Indicatively, Partner Insurers/Employers entering the program should commit to at least 12-24 months, with periodic reviews thereafter (not less than annually) to continue on the program with mutual agreement.

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Recommendation 4 It is feasible for periodic WC Assist outreach campaigns⁵ to be designed and implemented targeting workers within specific industry segments/ larger employers, that align with and reinforce broader SIRA 2025 initiatives aimed at assisting employers to best support injured workers to return/stay at work.

This is predicated on a program-logic-styled approach to guide the design of a campaign (as used in the discussion leading to this recommendation), in consultation with employers and insurers to establish structured mechanisms to provide feedback on insights for process improvement, effectively managing referrals (if any), and the development of communication materials for workers on the role SIRA, the purpose of WC Assist contact, and informational advice as to whom they should direct matters of concern for resolution.

The above approach could potentially also be used to design a program aimed at workers at risk of relatively poor outcomes for a specific injury type, should this be a future SIRA 2025 priority.

81

Recommendation 5 The timing of Initial Contact with the worker should be agreed upon between WC Assist and the insurer Partner/Employer, whether it be at 5 weeks post DoL or earlier. There is limited value in conducting a further Follow-Up Contact post contact made at 10 weeks.

83

Recommendation 6 The WC Assist program should not be used as a compliance audit tool against Standards of Practice.

83

⁵ The current reporting period for insurer submission of claims data to SIRA, and subsequent time for SIRA to process data through risk-triage algorithms (to identify workers at risk of a poor RTW outcome), means that outbound contact may not be feasible until at least six weeks post DoL. This may dampen the impact of a proactive outreach campaign, given much value is derived through early contact in the claims journey.

- Recommendation 7** A definitive statement on the purpose and service provided by the WC Assist program, as envisaged under Recommendation 1 (and Recommendation 4 if to proceed) should be published on the SIRA website. At a minimum, this statement should describe the problem/opportunity (raison d'être), the service to be provided (outputs), and measures of success (expected impact). 85
- Recommendation 8** The WC Assist program should have a statement that explicitly states/clarifies the scope of advice provided. Specifically, whether the service is providing 'general advice', as distinct to 'personal advice'. 85
- Recommendation 9** Workers who are working at full work capacity in their pre-injury employment should be excluded from the pool of cases scheduled for Initial Contact. 86
- Recommendation 10** SIRA implement practices to ensure workers who receive an Initial Contact call, better understand the role of SIRA, are aware that they would be contacted, and understand the purpose of the call and what is sought from them in the call. Reliance on verbal or written advice from the Insurer/Employer at the time of claim, or notation in the liability determination letter alone is not sufficient. 86
- Recommendation 11** WC Assist Call Manual (discussion guide) for the opening of an Initial Contact call, should include scripting to advise the workers of the purpose of the call and what is expected to be sought from them during the call. 86
- Recommendation 12** WC Assist adjusts its telephony systems to enable Outbound Caller Display to identify calls as originating from SIRA. 87
- Recommendation 13** WC Assist capture and report data on the reason for Referrals in the Salesforce CRM. 87
- Recommendation 14** WC Assist capture and report data on workers' intent to act upon information provided, or in the Follow-Up Contact the perceived impact from the Initial Contact. 87
- Recommendation 15** A periodic management reporting be established not less than quarterly, that at a minimum discusses performance against the domains of (i) outputs (activity), (ii) worker outcomes, (iii) Insurer/employer impacts (such as process improvement, mitigation of disputes/complaints, etc.), and (iv) planned future activity/challenges. 88
- Recommendation 16** WC Assist, being structured as an "Opt-In" regime, with the potential to expand into targeted outreach campaigns such as high-risk industry segments (or larger employers), means that the resourcing levels of WC Assist need to be dynamic to respond to variable demand. Consideration should be given to integrating the WC Assist team within a cadre of CSOs within SIRA who specialise in outbound contact with customers in relation to information provision and educational service. 88

TERMS OF REFERENCE & METHODOLOGICAL APPROACH TO THE REVIEW

Terms of Reference

The purpose of the review and evaluation is to consider the effectiveness, efficiency, and impact of the Workers Compensation Assist ("WC Assist") Pilot outreach program, and whether the Pilot has value in transitioning into an ongoing service within SIRA.

The evaluation will also identify and/or inform any opportunities for continuous improvement and the value of restructuring or expanding the service and the team.

Key Questions specific to SIRA's WC Assist Pilot outreach program include:

1. Have the program activities been implemented as intended?
 - Were there any challenges encountered in delivering the Pilot?
 - What were the main outcomes and learnings from the Pilot?
 - Were there any unintended positive or negative consequences of how the pilot was delivered?
2. What (if any) benefits have the SIRA WC Assist activities demonstrated for:
 - Improving the current RTW performance in the scheme
 - Improving the customer's experience in the scheme
 - NSW employers
 - SIRA
3. To what extent is the SIRA WC Assist outreach program meeting or contributing to the following:
 - Specific Functions of the Authority under Section 23(1)(n) of the 1998 Act
 - SIRA 2025
 - NSW Government Customer Commitments
 - Department of Customer Service ("DCS") values
4. Do the costs involved in setting up WC Assist outreach produce a positive Return on Investment for SIRA and the NSW Workers Compensation Scheme?
5. How could WC Assist outreach program be adapted/expanded to better deliver outcomes about the following:
 - Strategic approach
 - Operational practices
 - Resourcing.

Out Scope of this Review

It is not the intent of this Review to audit the efficacy or quality of informational advice or quality of service provided by WC Assist Customer Support Officers, other than recommendations on how informational advice is best delivered.

Methodical Approach

This review is based on a desk-top review of materials provided by SIRA management. This includes internal policy, procedure and training artifacts, and the proposed implementation approach codified in a document labeled "*Problem Statement*" endorsed by SIRA's Executive Leadership Team ("ELT") in May 2022.

Data on operational activity to support the Review was provided by the WC Assist Management team in the form:

- "Insights Dashboard" reports produced quarterly for Insurer Partners
- Summary table of WC Assist CSO outbound calls, by month indicating [work status code](#) the time when the first outbound call was made
- Raw data extracts (excel) of worker survey responses post a *successful call*⁶ by a WC Assist CSO
- Raw data extracts (excel) of referrals made by WC Assist CSOs following the conclusion of successful outbound call, containing "*Educational Discussion Referrals*" whereby the WC Assist CSO suggested to the worker to follow up on a matter raised directly with the employee/insurer (or (other entity) and a "*Physical Referrals*" whereby the WC Assist CSO either transfers to call to an external organisation to respond (such as the Independent Review Office), or later sends a message to the Insurer Partner to directly follow-up with the worker.

There were no operational reports available at the commencement of the Review to gauge the impact on Return to Work over time (via changes in [work status code](#)) post a successful outbound call. Accordingly, the Reviewer submitted a data request to SIRA's Regulatory Intelligence & Analytics (RIA) division to provide data to help inform this assessment. A response to this data request was not available at the time of publishing the Review Report, hence a supplementary statement will be issued following receipt of this data.⁷

⁶ *Successful call* = call where the worker contacted agreed to, and participated in a conversation with the WC Assist CSO and the Call Guide scripting (discussion guide) was completed.

⁷ A working hypothesis is that a myriad of other factors contributing to RTW outcomes cannot be isolated/controlled for in empirically/statistically determining the impact of WC Assist alone. In addition there may be *selection bias* in that workers motivated to talk to a WC Assist CSO (30-40% of workers contacted) may have a different motivation for RTW to those not participating in successful call - thus limiting equitable comparisons.

Formal semi-structured qualitative interviews were conducted by the Reviewer (Dr Andrew Fronsco) with four Insurers participating in WC Assist Pilot outreach program ("Insurer Partners"). This comprised one Self Insurer, one Specialised Insurer and two Agency under Treasury Managed Fund ("TMF").

All Insurer Partners were invited by SIRA to make a submission direct to the Reviewer, of which two submissions were received (one written, one verbal).

Formal Interviews were also conducted with representatives from the following:

- Insurers who declined an invitation to participate in the WC Assist Pilot when it launched in 2022
 - Nominal Insurer (icare)
 - one Self Insurer
 - one Specialised Insurer
- Independent Review Office (IRO).

In addition, six randomly selected workers who had conversations with a WC Assist CSO between January 2023 and June 2023 agreed to provide feedback and were interviewed by the Reviewer in early July 2023.

From an internal (SIRA) perspective, a workshop was held with WC Assist team members to gauge their perspectives of the operation of the WC Assist Pilot and ideas for future adaptation. In addition, interviews were held with senior managers/*executives* within SIRA's Workers & Home Building Compensation Regulation, and Customer Data and Delivery divisions to gauge their perspectives on matters that should be considered in the Review.

An invitation for representatives from the NSW Self Insurers Association to meet with the Reviewer to provide feedback was not responded to.

For privacy reasons, this report does not attribute comments to any individual or organisation (other than where statements are on the public record), except for thematic feedback of matters to be considered in the Review provided by icare and the IRO.

STRUCTURE OF THIS REPORT

This Report comprises seven Chapters

- Chapter 1** Provides background and context to the Review, and the historical genesis of the WC Assist Pilot
- Chapter 2** Provides an overview of the operational delivery of services
- Chapter 3:** Provides an overview of the *activity and outcomes* of the service
- Chapter 4:** Provides a synthesis of various stakeholder perspectives (internal and external) on the service provided, and perceived benefits and suggestions moving forward
- Chapter 5** Assesses the alignment of WC Assist services with the function of SIRA under the 1998 Act, SIRA 2025, NSW Government Customer Commitments, and DCS Values
- Chapter 6** Provides an assessment summary of whether WC Assist, activities have been implemented as intended, key challenges encountered in implementation, and whether there have been any unintended positive or negative consequences of how WC Assist (in Pilot) is delivered
- Chapter 7** Provides a discussion and synthesis of key matters identified in the above Chapters and recommendations on the future direction of WC Assist
 - Calculus of Return on Investment
 - How could SIRA WC Assist be adapted (strategically and operationally) to best deliver intended outcomes?

CHAPTER 1: BACKGROUND & CONTEXT

Genesis of SIRA WC Assist (Pilot)

SIRA Return to Work 10-Point Plan

In response to deteriorating return to work performance (RTW rate, stay at work rate, and working rate) in the NSW workers compensation scheme since 2015, SIRA in December 2021 announced a 10-Point Plan comprising a suite of priority actions that SIRA intended to implement to lift return to work performance as a priority leading into 2022⁸ (refer **Appendix 1**).

Eight actions of the 10-Point Plan were targeted at *insurers* and *Employers* aimed at information provision, and promoting compliance with the practices known to underpin a positive return to work outcomes. One action was targeted at *rehabilitation providers* (Action item #10), to better understand the circumstances and implement initiatives that allow workplace rehabilitation providers to have the greatest impact. Another action under the 10-Point Plan was targeted at *workers*:

SIRA is trialing its successful CTP Assist program⁹ in the workers compensation scheme for 12 months. As part of the program, SIRA will make outbound calls to workers at risk of delayed recovery as early as possible in the claims process. This contact will equip workers with the information they need to improve their understanding of the health benefits of good work and drive their recovery. (Action item #9)

SIRA WC Assist Pilot - Objective (intent)

In May 2022, the SIRA Executive Leadership Team (ELT), signed off a 'WC Assist Outreach Service Problem Pack' ("Problem Pack") that outlined the intended scope and implementation approach of the Pilot (refer **Appendix 2**).

A framing question (problem) underpinning the design of the WC Assist Pilot, was framed about the Pilot establishing an "information and advisory service" targeted at improving customer experience, and/or other factors known to affect RTW outcomes for people injured at work.

How, by mid-2023, can SIRA assess whether a proactive outreach information and advisory service can improve customer experience and/or other factors known to affect RTW outcomes for people injured at work?

The expected linkage of *customer experience* with RTW outcomes was stated as follows:

⁸ SIRA. (2021). *Turning around poor return to work performance*. [Available SIRA Website. Retrieved 15 July 2023]

⁹ CTP Assist, aims to help people navigate the claims process and understand their entitlements, operates an outbound call service that proactively contacts injured people at key milestones during the claims process

The [SIRA] measurement framework specifies what factors are known to affect RTW outcomes. Various factors – particularly in the 'personal domain' [in the framework] could potentially be improved through an outreach call...some of those factors relate to customer experience - the number 1 issue customers across schemes say would improve their experience is better contact and communication.

Planned Implementation Approach

The 'WC Assist Outreach Service Problem Pack' envisaged that the 12-month WC Assist pilot, was aimed at building on the CTP Assist model, to a cross-section of new claimants, testing impact on known RTW 'personal domain' factors at various points in the claims journey.

Key Implementation Elements

- Partner with insurers to provide regular, early data on new claims
- Explicit focus on Customer Experience ("CX") and other 'personal domain' factors that impact RTW
- Actively test-and-refine of service variables – e.g. when and how often to call, skills of the caller, what to say, what interventions to offer
- Referral to other services where appropriate – e.g. insurer, providers, IRO, PIC & RTW Inspectorate
- Develop evidence to support a decision about whether and how best to design an ongoing service (including which customers to target and when) at the conclusion of the Pilot.

SIRA WC Assist Outreach Service – Anticipated Value Proposition

From worker's perspective, the value proposition behind the WC Assist Pilot was:

- Evidence-based support for optimal early intervention, with Referrals to further support where needed
- Direct, objective, personalised advice on a workers claims journey and experience
- A trusted party to listen to and empathize with them.

From SIRA's perspective, the value proposition behind the WC Assist Pilot was:

- Evidence to inform a go/no-go decision about an ongoing service to impact customer experience
- Lessons to apply back to existing CTP Assist service
- An in-depth understanding of the barriers to customer experience
- Test the impact of interventions at milestone periods related to RTW
- Referrals to other SIRA services
- Recruitment for 'voice of the customer' participants.

SIRA WC Assist Outreach Service –Expected Outcomes from the Pilot

At the end of the Pilot, it was envisaged that SIRA would have strong evidence on which to decide whether and how to establish an ongoing outreach service in workers compensation, including whether the WC Assist Pilot met its target of:

- Achieving the successful contact rate of 30% as seen with CTP Assist. This equated to reaching 690 injured people a month
- Improving Customer Experience or other factors known to impact RTW for 45% of the people responding to its survey.

CHAPTER 2 OPERATIONAL DELIVERY OF SERVICES

Selection and Onboarding Insurer Partners

Overview

Following an invitation for insurers to participate in the WC Assist Pilot, the Pilot commenced in June 2022, promoted with the view to provide extra support aimed at ensuring that workers have the information and tools they need to direct their claims journey, and take an active role in their recovery.¹⁰

The following Insurers have agreed to participate in the Workers Compensation Assist pilot program ("Insurer Partners").

Table 1 Insurers Partners Participating in the WC Assist Pilot

Self Insurer s	Specialised Insurers	TMF Agencies
<ul style="list-style-type: none"> • Aldi • Toll 	<ul style="list-style-type: none"> • Catholic Church Insurance 	<ul style="list-style-type: none"> • Ministry of Health • Dept. of Communities & Justice • Dept. of Customer Service • NSW Office of Sport • NSW Fire & Rescue

Insurer Partner Onboarding

A formalised 'onboarding' process has been developed by the WC Assist team for new employers/insurers entering the program (codified in documents labeled 'CS34. WC Assist Partnership Relationship Management Manual' and 'Insurer Onboarding Requirements'). At the initial engagement meeting with Insurer Partners, WC Assist team members outline roles and responsibilities, call timing and scripting to workers contacted, identify key contacts within the insurer/employer, instructions on submitting and accessing data, and reports generated through the WC Assist's Customer Relationship Management (CRM) system. A commencement date to join the WC Assist Pilot program is agreed upon at this stage.

As part of onboarding, the process for how the WC Assist would provide *Insight Dashboard reports* and *Referrals* to Insurer Partners is covered (discussed later in this Report).

¹⁰ SIRA. (2022). *SIRA partnering with insurers to boost support for injured workers through Workers Compensation Assist*. [SIRA Website, published 15 August 2022. Retrieved 17 July 2023].

SIRA WC Assist Outreach – Worker Selection Criterion

Insurer Partners are advised of the WC Assist outreach criterion,¹¹ premised upon to whom the WC Assist outreach service is tailored... *“aimed at customers who will benefit from a discussion regarding recovery and RTW. WC Assist also take into consideration SIRA Standard of Practice 34 which is why claims beyond 4 weeks since date claim is received is the targeted cohort”*... when the claim/customer is:

- Approaching week 5 (partial and no capacity)
- Provisionally or accepted liability
- Not a high risk or 'no contact' request customer.

Insurer Partner Outreach Scripting to advise Workers of Referral

It is expected that the Insurer Partner advise the workers that they have been referred to the WC Assist Pilot program and that they **may** be contacted by a member of the SIRA WC Assist team. The following scripting is suggested by the WC Assist team (that may be modified by the Insurer Partner along with the provision of complimentary material).

SIRA (State Insurance Regulatory Authority) may contact you as a part of their newly established outreach pilot program. They will be calling to talk about your workers compensation claim, your recovery and return to work. The pilot program is part of SIRA's 10 return to work action plan and more information can be found on the SIRA website: <https://www.sira.nsw.gov.au/news/sira-partnering-with-insurers-to-boost-support-for-injured-workers-through-workers-compensation-assist>.

Some (not all) Insurer Partners have included the above information (scripting) within their initial liability discussions and letters.

Insurer Partners - Submission of Workers to be Contacted to SIRA

Every week, Insurer Partners electronically submit to SIRA, a list of workers as prospects for WC Assist to contact, identifying workers who have an open claim and reach four weeks post date of claims lodgement (“DoL”).¹²

The following data is submitted, structured for direct entry into the WC Assist CRM system (Salesforce) in a format consistent with SIRA's [Workers Compensation Insurer Data Reporting Requirements](#) to enable later data linking.

- Claim Number, Employer Name and Insurer Code
- Worker Name, Date of Birth, Contact details (Address, Email, Home Phone, Mobile)
- Date of Injury (DoI) and date of notification
- Nature of Injury and Description of Incident
- Claim Liability Status
- Work Status Code
- SIRA Certificate of Capacity Start Date, and End Date.

¹¹ SIRA. (n.d.). *Insurer Onboarding Requirements*. p.5 [Internal Training Document]

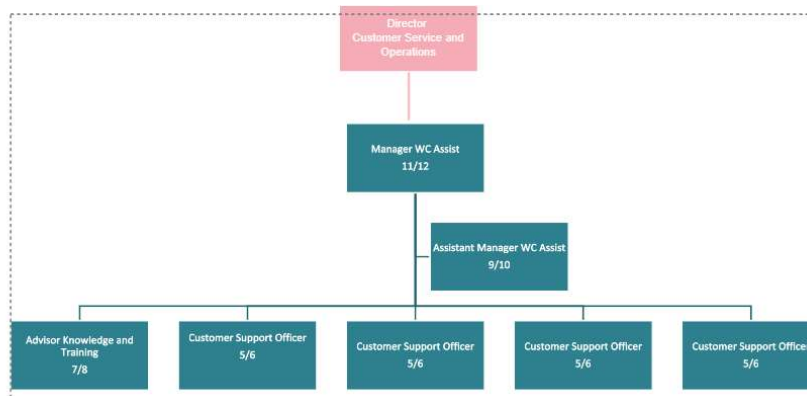
¹² For the purposes of this Report, DoL is the date the workers made a claim not the date the claim was notified to the Insurer.

WC Assist Operational Structure & Vision

The WC Assist Pilot is effected principally through a small team comprising four full-time Customer Support Officers (“CSOs”), who make outbound calls to workers (referred by Insurer Partners) at defined points in time post claims lodgement

The WC Assist Team is overseen by a Manager, and an Assistant Manager who oversees the data flows from Insurer Partners on workers to be contacted, and produces monthly operational “Dashboard Report” on activity.

Figure 1 Organisational Structure: WC Assist Pilot



The Team Vision Statement (what we will achieve) is stated as:

“To empower customers through quality education and information about their choices, rights and entitlements in their workers compensation journey”.

In responding to variable workload, at times when there is surplus capacity, CSOs are assigned to other areas within SIRA.

Operational Delivery - Outbound Calls (Overview)¹³

Allocation of Workers to be Contacted to CSOs

Upon entry of data submitted from Insurer Partners into the WC Assist Salesforce CRM (which may involve some data cleaning by a WC Assist team member), cases are randomly allocated to CSOs at the commencement of each week, as tasks for outbound call contact during that week (typically this corresponds to about 5 weeks post DoL).

¹³ A detailed flowchart of activity in this section is provided at **Appendix 3**.

Successful Contact

If the initial outbound call makes contact with the worker, the reason for the call is explained, that it is to talk about their recovery and return to work journey following their workers compensation claim.¹⁴

"Good morning/afternoon <worker's name>. My name is <agent's name> and I'm a Customer Support Officer, calling you today from the State Insurance Regulatory Authority which is part of the NSW State Government to speak to you about your recovery and return to work journey following your Workers Compensation Claim. ... The call may take between 15-20mins. Would now be a suitable time to discuss your claim? "

If the worker agrees to a discussion, the CSO seeks to confirm the worker's identity via response to three points of identification ("POI") questions,¹⁵ and once this is completed, follows a Call Manual script structured around four open-ended questions (outlined below).

If the worker identifies their claim was only in relation to COVID-19 mandatory isolation requirements, the call is closed-off using a predefined script outlined in the Call Manual, and the case is recorded as an "Opt-Out" outcome (see page 20).

A Call Manual (discussion guide) for each question provides a list of *probing sub-questions*, and where appropriate a list of *affirmations*, and *reflective statement* prompts that may be used to help guide the conversation, leaving it open to the CSO to advise relevant information to the worker as matters are raised (hyperlinked sections in the Call Manual contains technical information to which the CSO may refer).

¹⁴ In contrast, the correspondence sent to the workers post call, describes the purpose as "the primary purpose of today's call is to assist you in understanding your choices rights and entitlements under the NSW Workers Compensation Scheme".

¹⁵ The Call Guide specifies the procedures to be followed should the worker not be able to confirm POI.

Table 2 First Outbound Call – Call Manual (Guide) Questions and Prompts

<p>Claims Journey Experience</p> <p><i>Q1 – Tell me about your claims journey so far ?</i></p> <p>Probing Questions *</p> <ul style="list-style-type: none"> • You mentioned... could you tell me a little bit more about that? • Could you tell me more about how that looks/sounds? • Could you provide me a little more detail on that? • So you've told me that... is there anything more that you can tell me? • Can you tell me more about the impact this experience has had on you? <p>Education and Suggestions (hyperlink resource)</p> <ul style="list-style-type: none"> • Claims Journey
<p>Managing Injury and Recovery</p> <p><i>Q2 – Have you spoken with your employer/supervisor regarding returning to work?</i></p> <p><i>Q2 – Have you spoken with your case manager/insurer regarding returning to work?</i></p> <p>Probing Questions *</p> <ul style="list-style-type: none"> • Can you tell me more about how this discussion went? • Tell me more about your current RTW plan? • How are you feeling about your RTW goals? • Can you describe your suitable duties? • Can you describe what a shift at work looks like currently? What did it look like previously? <p>Education and Suggestions (hyperlink resource)</p> <ul style="list-style-type: none"> • Return to Work and Suitable Duties
<p>Return to Work and Suitable Duties</p> <p><i>Q3 We thought it may be beneficial to have a discussion with you about the changes to your entitlements that occur at week 13 in your claims journey (26 weeks Exempt Workers). Would you like some more information on this?</i></p> <p>Information</p> <ul style="list-style-type: none"> • Explain Step downs if the worker would like information <p>Education and Suggestions (hyperlink resource)</p> <ul style="list-style-type: none"> • Reduction in Weekly Benefits
<p>Online Resources</p> <p><i>Q4– Throughout your claims journey have you accessed any online resources to support you with your understanding of the workers compensation scheme? If no – provide information</i></p> <p>Information</p> <ul style="list-style-type: none"> • Explain information is available SIRA website: Injury Advice Centre, Entitlements and Disputes and Complaints
<p>Other - General Information</p> <p><i>Tell me if there is anything you would like further clarification on regarding your workers compensation claim journey?</i></p>

* *Positive Affirmations* That's great to hear you are feeling... , I am pleased to hear you feel..., I am glad to hear things are progressing well... , That's great to hear your recovery is going well... , That's great to hear you are actively engaging in your recovery journey...

Reflection Statements So, you feel... , It sounds like you... , You're wondering if... , Let me see if I understand so far... , Here is what I've heard... Tell me is there anything I've missed...

To conclude the call, the CSO determines whether a second (Follow Up) outbound call is required at a future date (typically 10 weeks post DoL) and seeks the worker's approval to make future contact. CSO then gains consent from the worker to complete a post-call survey that can be completed later (see page 23).

After a successful call is finalised, the CSO arranges to send correspondence (via email) to the worker confirming the primary purpose of the call *"assist you in understanding your choices rights and entitlements under the NSW workers compensation scheme"*, containing links to resources on the SIRA website (and a contact number that directly accesses the WC Assist Team should the worker require further assistance (refer to **Appendix 4.1**).

Note: In response to high case CSO loads, between 3rd April 2023 and 15th May 2023, workers referred by Insurer Partners who were at full work capacity in their pre-injury employment at the time of referral were not contacted via an outbound call and correspondence via email was sent *in lieu* (refer to **Appendix 4.2**). In this scenario, the case outcome was recorded "Resolved" and involved 93 workers.

Worker Opting Out

When a worker is contacted, and declines the invitation to talk, the case is flagged as "Opt-Out". It is not unusual for the worker to "Opt-Out" when questions relating to POI are asked.

Unsuccessful Calls (No Answer)

If there is no answer to the first outbound call, and the call goes through to the worker's phone voicemail, the CSO leaves a message scripted as:

"Good morning/afternoon <worker's name>. My name is <CSO name> and I'm calling you today from the State Insurance Regulatory Authority regarding your workers compensation claim. If you could please call me back when you are available that would be appreciated. My contact number is: 13 SIRA which is 13 74 72 or alternatively you can contact us via email on WCAssist@sira.nsw.gov.au

The CSO then sends correspondence to the worker confirming the attempt to call, and describing the purpose of the call:

"to assist you in understanding your choices rights and entitlements under the NSW Workers Compensation Scheme. We can: (i) explain the workers compensation scheme; (ii) explain what your claims journey may look like and, (iii) explain what your recovery and return to work may look like.... while your key stakeholders are responsible for the ongoing management of your claim, SIRA would like the opportunity to speak with you about your recovery and claims journey.

In the correspondence, the worker is advised they will attempt to make contact the following working day (refer to **Appendix 4.3**).

If on the following day a second attempt to call [within the following working day], the worker does not answer, the case is closed and recorded as *"Not Contactable"*.

Second [Follow-up] Outbound Call

Where a successful contact is made at the first Outbound call, and the worker agrees to a future Follow-Up Contact, an outbound call (referred to as a "2nd Milestone Call") is made. WC Assist CSO aims to make the call as close to 10 weeks post DoL as possible. This call is introduced as "*a follow-up from our previous discussion regarding your recovery and return to work journey*".

The outbound call is made by the same CSO who made the "Initial Contact" call at five weeks.

The Call Manual (Guide) script, post-call correspondence (refer to **Appendix 4.4** and **Appendix 4.5**), and post-call survey follow the same methodological approach and protocols as the initial outbound call.

Customer Safeguards

WC Assist CSOs follow a prescribed escalation process when any high-risk behaviours are observed throughout their outreach contact¹⁶. High-risk behaviors are defined as customers experiencing significant distress and requiring emergency services.

Referrals

Educational Discussion Referrals

If a matter raised by a worker during the call is significant (in the worker's mind), the CSO aims to encourage the worker to directly follow up with the party best positioned to address or resolve the matter, whether it be the Insurer, employer or another party (e.g. IRO, PIC, etc.). This is described as an "*Educational Discussion Referral*" and is recorded in the Salesforce CRM post-call summary report.

Physical Referrals

Where the CSO believes a matter is material, such that the CSO deems that a ("Physical") Referral to the insurer/employer is required in the first instance, the CSO will either directly transfer the call to the insurer/employer ("warm transfer") for action, or email the insurer/employer with relevant details with the expectation that the insurer/employer will follow-up directly with the worker.¹⁷

A Physical Referral, if appropriate may be made to an external organisation, such as the IRO, or internally to the SIRA Feedback and Complaints team.

¹⁶ This follows the SIRA threats to self-and/or other's procedures to confirm the customers safety is managed as appropriate. When appropriate the CSO should debrief with a people leader to discuss the interaction and be guided for next step.

¹⁷ Most workers prefer that WC Assist send an email to the Insurer Partner, for the Partner Insurer to make contact with them on matters Referred.

The outcome resulting from Referrals (Educational Discussion or Physical) are not tracked by the WC Assist Team.

Post-Call Summary Report entered into the Salesforce CRM System

After the call (or during the call), the CSO record into the Salesforce CRM a description of key elements of the conversion, with a combination of prepopulated responses, and freeform notes. The freeform notes are not systematically analyzed (or in a form that can be systematically analyzed) and are largely intended as a reference for when/if further contact is made with the worker.

Call summary details entered into the Salesforce CRM (below) are later incorporated into *Insights Reports* discussed with Insurer Partners (refer to page 24).

Table 3 Call Summary Details entered into Salesforce CRM System

Claims Journey
<ul style="list-style-type: none"> ○ How is your claims journey so far (Positive, Negative, Neutral) ○ How are you managing your Injury and Recovery (Positive, Negative, Neutral), This is the CSO's subjective assessment made during/after the call, supported by freehand comments
Return to Work
<ul style="list-style-type: none"> ○ Has the worker spoken to their employer/supervisor regarding RTW (Yes/No) ○ Has the worker spoken to their Insurer/Case Manager regarding RTW (Yes/No)
Other
<ul style="list-style-type: none"> ○ Did the worker access on-line resources to support their understanding of the WC scheme (Yes/No) Draw-down list records things the workers was unsure of in the claims journey (e.g., Entitlements, Liability, Approval of Treatment, Investigations, Return to Work, etc.) ○ Was 13 week entitlement was discussed with the worker (Yes/No)
Survey
<ul style="list-style-type: none"> ○ Did the worker consent to receiving the survey (Yes/No) ○ Preferred contact method (SMS, Email)
Closure: Call Outcome
<ul style="list-style-type: none"> ○ Caller Sentiment (Positive, Negative, Neutral) This is the CSO's subjective assessment, supported by freehand comments
Detail of Conversion
<ul style="list-style-type: none"> ○ Freeform summary of the discussion in bullet point form

Post Call Survey

A link to the post call survey is sent to the worker via email (or SMS), the list of questions asked is provided below (refer discussion in the next Chapter regarding the analysis of survey responses).

Table 4 Post-Call Survey Questions

Question	Attributes
Question 1: Thinking about the call you received, to what extent do you disagree or agree with the following statements:	Responses available- Likert scale (Strongly Disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree) Three statements: <ul style="list-style-type: none"> I have a better understanding about my claim and recovery journey. I have a better understanding of my options to return to work. I have a better understanding about my choices, rights and entitlements under the workers compensation scheme.
Question 2: (NPS) How likely are you to recommend SIRA's Outreach service to a family member, friend, or work colleague on a scale from 0 to 10?	Scale 0-10 (later transformed into a NPS rating)
Question 3: Please indicate to what extent do you disagree or agree with the following statements about SIRA's Outreach service:	Responses available- Likert scale (Strongly Disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree) Three statements: <ul style="list-style-type: none"> The service was designed in a way that understood my needs. I was treated with care. The team member was able to address any concerns I had.
Question 4: After submitting your claim, do you think SIRA's Outreach call was made at the right time?	Yes/No question IF "No" - Options available: Do you think the Call should be made sooner? Do you think the Call should be made later?
Question 5: Please provide any comments and suggestions on SIRA's Outreach service.	Free text entry
Question 6: Thinking about your overall experience in the workers compensation scheme.	Responses available- Likert scale (Strongly Disagree, Disagree, Neither agree nor disagree, Agree, Strongly agree, Not sure or Prefer not to say) <ul style="list-style-type: none"> To what extent do you disagree or agree that you trust the workers compensation scheme to help you get back to work?
Question 7: Do you consent to SIRA contacting you in the future to follow up on your experience with your claim?	Yes/No question

Operational Delivery - Insights Meetings (Overview)¹⁸

At the commencement of the SIRA WC Assist Pilot, a monthly 'Insights Meeting' with representatives from WC Assist and Insurer Partners/employer was held. The purpose of this meeting is to provide feedback on the outcomes of outbound calls, survey responses from workers, and relevant Referrals.

For Self Insurers and Specialised Insurers, the Insight Meeting is attended by a member of SIRA's WC Assist Team member, and a representative from SIRA's Insurance Supervision Team (and relevant claims agent if applicable).

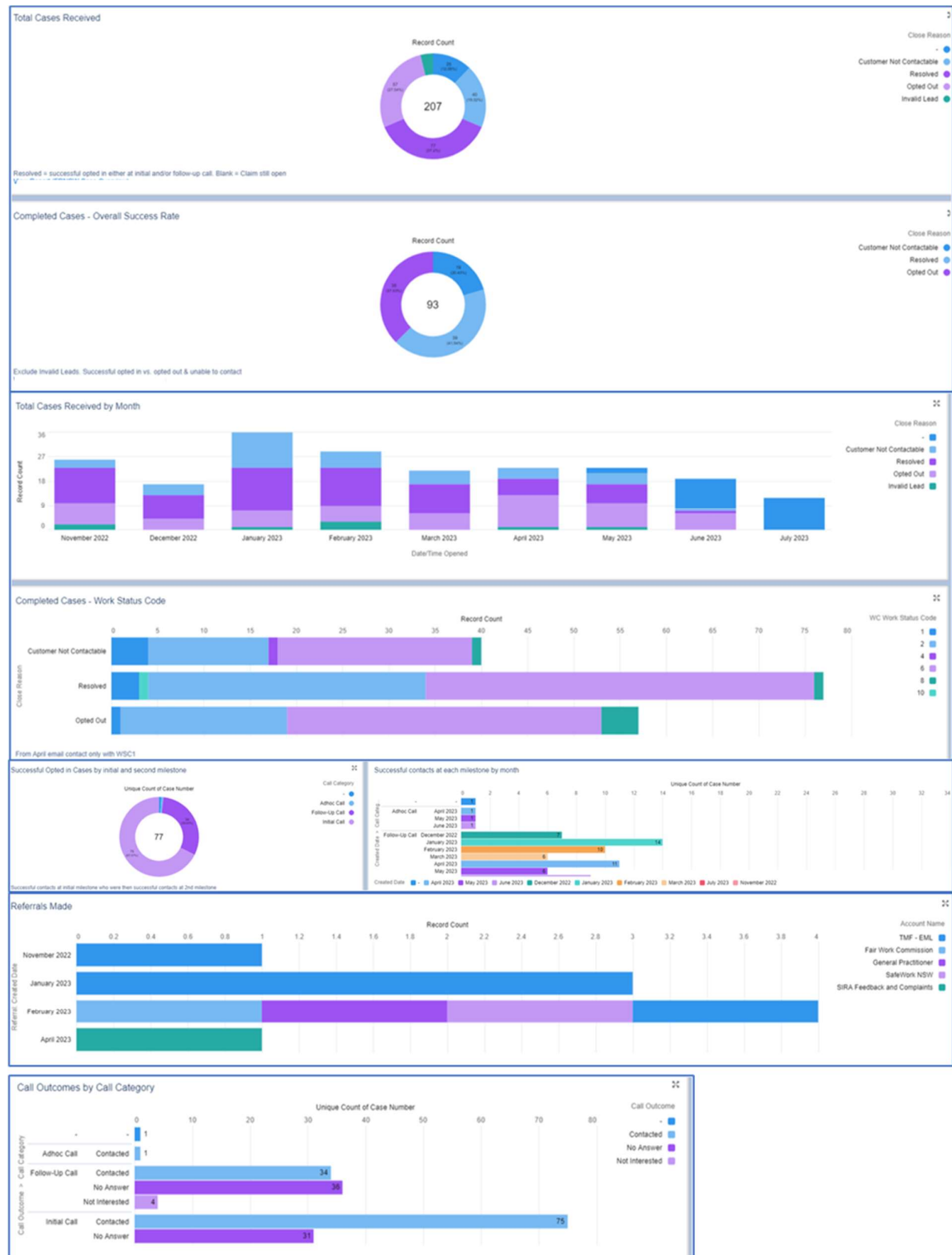
For TMF agencies the insights meeting is also attended by a representative from icare and the relevant claims agent.

Typically the Insights Meeting runs for approximately 45 minutes, depending on the volume of outreach contacts that have been made each month.

Recently, these meetings have moved from monthly to quarterly to allow for a sufficient volume of cases to be discussed, also enabling better insight into systemic issues to be identified that may be [more] apparent over time.

¹⁸ A detailed flowchart of activity in this section is provided at **Appendix 3**.

Figure 2 Insurer Partner Insights Report (Sample)



Rationale for Timing of Outbound Calls at 5 weeks and 10 weeks post DoL

Initial Outbound Call

The selection of timing for the initial outbound contact at five weeks is premised on aligning with the [Standard of Practice 34](#) that Insurers are expected to actively manage the first four weeks of a claim for a significant injury to establish effective relationships, assess for risk of delayed recovery and work loss, and identify and agree the tailored actions to optimise recovery and work outcomes.

[Standard Of Practice 34. Return to work - early intervention](#)

One of the actions under the 10-Point Plan, was for SIRA to introduce a return to work and early intervention Standard of Practice. Following a consultation process with insurers, [Standard of Practice 34](#) ("SoP34") was released effective from 4 April 2022 with the expectation that all insurers in the NSW workers compensation system follow this Standard to achieve best practice claims administration practice.¹⁹

The Standard is underpinned by a philosophy that Insurers will actively manage the first four weeks of a claim for a *significant injury* to establish effective relationships [with the worker, employer, and, where appropriate and reasonably practicable], assess for risk of delayed recovery and work loss,²⁰ and identify and agree the tailored actions to optimise recovery and work outcomes (SoP34 §1-3).

From a worker's perspective, Insurers are expected to: maximise the worker's input to their recovery, build the worker's understanding of the health benefits of recovering at work, and consider the worker's capabilities, preferences and goals (SoP34 §4).

Outbound (Follow-Up Contact) Contact

The rationale for timing the Follow-Up Contact at about 10 weeks post DoL, is to not allow too much time to pass from the Initial Contact, and also a point in time where the worker may be approaching the 13 week step-down.²¹

¹⁹ SIRA, (2022). [New return to work Standard of Practice in force](#). [SIRA Website. Accessed 15 July 2023]

²⁰ Across the four domains: personal, workplace, insurance and healthcare.

²¹ Refer: SIRA. (n.d.). [14-130 weeks: Second entitlement period](#). [SIRA Website. Accessed 28 July 2023].

CHAPTER 3: OVERVIEW OF ACTIVITY AND OUTCOMES

When the WC Assist Pilot commenced in June 2022, the record of activity was aggregated in an Excel spreadsheet, pending the development of a CRM (Salesforce platform) to support the program. The Salesforce CRM system became operational in November 2022, and historical operational data was not migrated.

Where possible, this Chapter will present data from June 2023, however, where data provided was solely reliant on data extracts from the Salesforce CRM, only data for the nine-month period November 2022 to June 2023 is presented.

Initial Outbound Calls

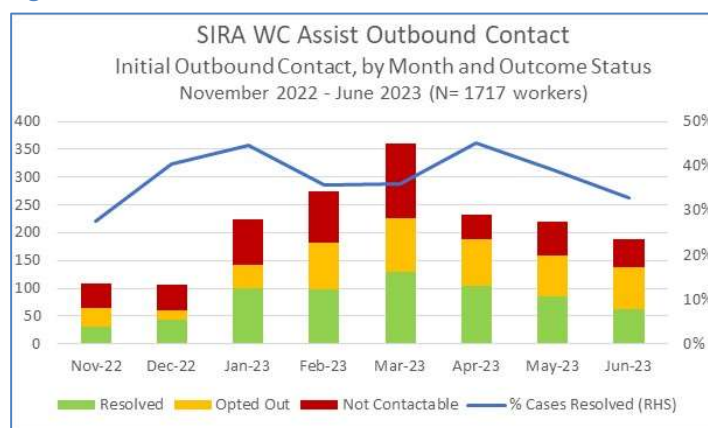
Call Volume and “Resolved” Cases

Over the nine months November 2022 to June 2023, there were 1,721 workers contacted by an Initial Contact outbound call,²² with peak activity over the period January 2023 to April 2023, reflecting new Insurer Partners entering the Pilot.

Since March 2023 there has been a gradual reduction in outbound calls, the fall in June 2023 in part attributable to the withdrawal of Catholic Church Insurance (CCI) from the program after declaring they were handing back their Specialised Insurer licence. The other contributing cause is lower referrals of cases is from TMF Insurer Partners who have diverted resources to support SIRA's current [TMF Review](#).

Overall in the period, the Successful contact rate (“Resolved” - recorded when contact was made with the worker and a discussion with the CSO resulted, and the worker did not elect to “Opt-Out”) was about 40%. Of workers that were attempted to be contacted, the “Non-Contactable” rate was about 30%, and “Opt-Out” rate was about 30%.

Figure 3 Workers Contacted with an Initial Outbound Call



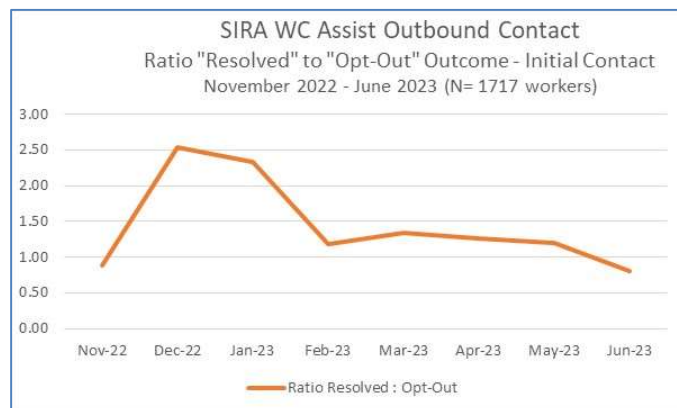
Note From June – July 2022 – October 2022, there were about 25 workers contacted each month, 50 workers in August, and 75 workers in September-- October 2022²³

²² On average there are about 2 calls (outbound and inbound) to complete the contact process for a worker prior to closing the initial outbound call case.

²³ SIRA. (2023). *NPS Dashboard Report* [extract 12 May 2023, internal management report]

The ratio of cases “Resolved” relative to “Opt-Out” has tracked in the range 1.0-1.5 (i.e., more workers when contact is made with a WC Assist CSO agree to have a discussion, rather than “Opt-Out”).

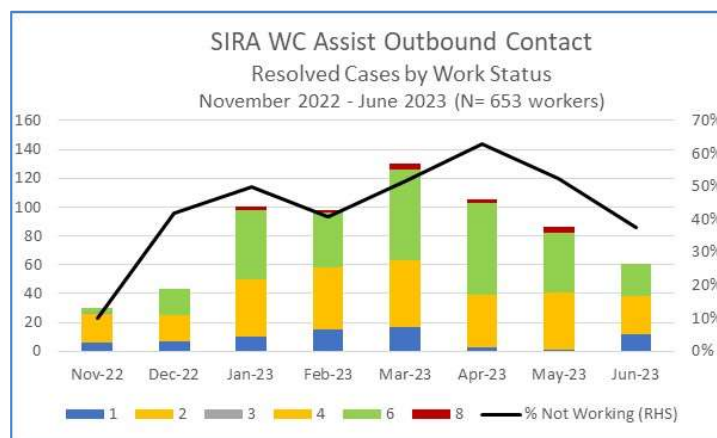
Figure 4 Ratio of “Resolved” to “Opt-Out” Outcome - Initial Outbound Contact



Taking an average over the period November 2022 – June 2023, about 45% of workers were ‘not-working’ at the time the case was submitted by the Insurer Partner for WC Assist to make contact (data recorded in Salesforce is not updated with the worker’s work status at the time of an outbound call is made). For the same period, on average, about 10% of workers were working with *full work capacity*, and 40% were working with a *current work capacity*.²⁴

Note: During the period early April – mid May 2023, to manage CSO workloads, workers who were at full work capacity (work status code “01”) were sent email correspondence to alert of support available from WC Assist, rather than an outbound call being made (about 95 workers were in this cohort). These cases were recorded as “Resolved”.

Figure 5 “Resolved” Cases by Work Status – Initial Contact



²⁴ With same employer in employment in work for which the worker is currently suited but not in their pre-injury employment due to a reduced capacity; this may be due to the employee working fewer hours than prior to the injury/disease or due to the employee working the same hours but in a job with lower remuneration or working suitable employment with full income and full hours. This also includes those claimants who are working less than 15 hours and earning less than the amount specified in the current Workers Compensation Benefits Guide to be used as the amount in sections 38, 40 and 41 of the 1987 Act.

"Opt-Out" and "Not Contactable" Cases

Of workers who were recorded as "Opt-Out" and "Not Contactable" on average about 45% were 'not working' at the time the case was submitted by the Insurer Partner as a prospect for WC Assist to make contact.

Figure 6 "Opt-Out" Cases by Work Status – Initial Contact

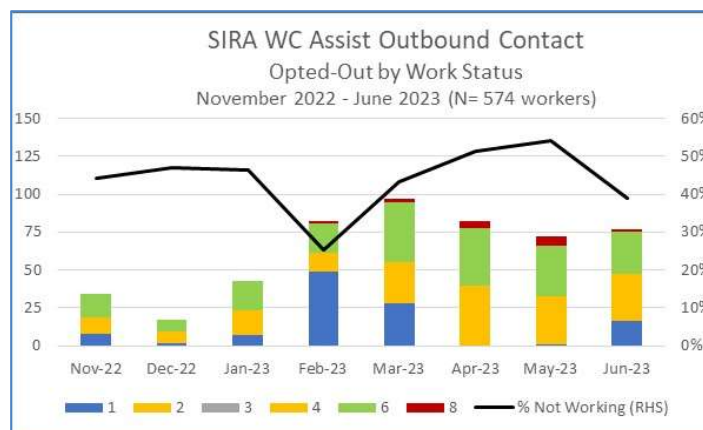
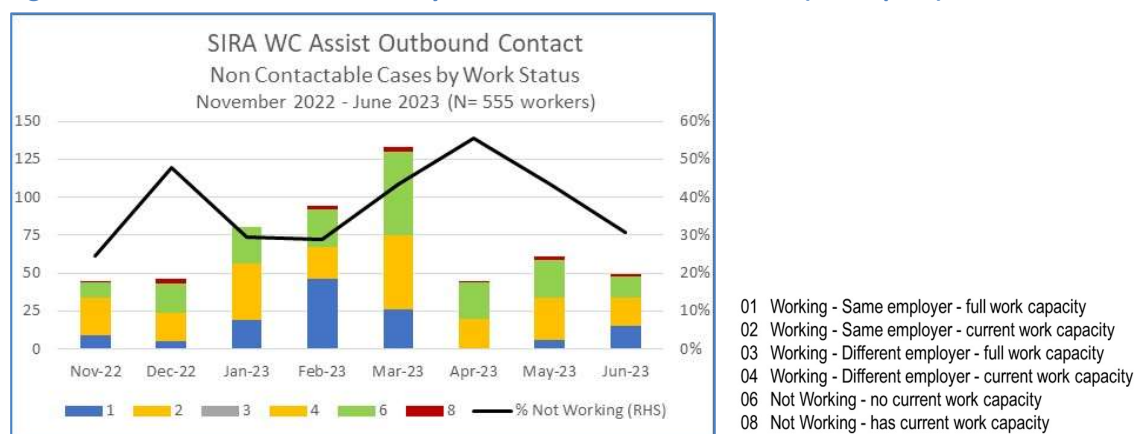


Figure 7 "Non-Contactable" Cases by Work Status – "Initial Contact" (Attempted)



Follow-Up Contact

Call Volume and "Resolved" Cases

About 85% of workers whose case was "Resolved" in the Initial Contact, have a *Follow-Up Contact* via an outbound call about five weeks after the Initial Contact.

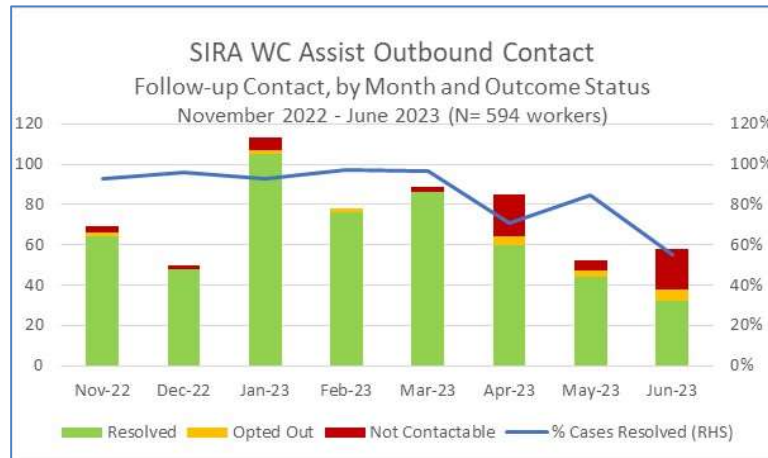
Over the nine months November 2022 to June 2023, there were 594 workers were contacted by an outbound call, with peak activity over the period January 2023 to April 2023, reflecting new Insurer Partners entering the Pilot program.

Since April 2023 there has been a gradual reduction in outbound calls, the fall in June 2023 in part attributed to the withdrawal of Catholic Church Insurance (CCI) from the program after declaring they were handing back their Specialised Insurer licence. The other

contributing cause is lower referrals of cases from Insurer Partners associated with SIRA's TMF Review (discussed earlier).

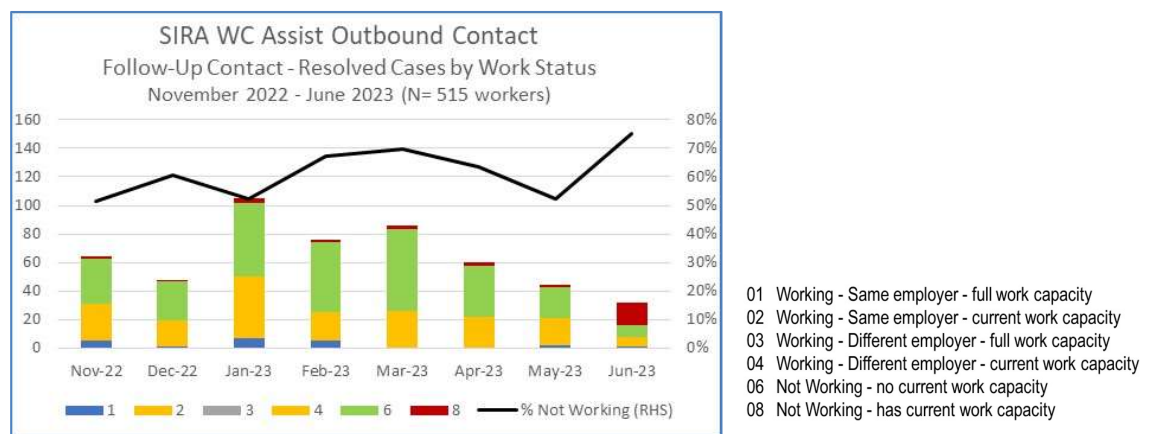
Overall in the period, the Successful contact rate ("Resolved" cases) was in the range of 80-90%, noting an increase in the proportion of workers "Not Contactable" in April-2023 and June 2023.

Figure 8 Workers Contacted with a Follow-Up Outbound Call



Taking an average over the period November 2022 – June 2023, about 60% of workers were coded as 'not-working' at the time the case was submitted by the Insurer Partner for WC Assist to make contact (data recorded in Salesforce is not updated with the worker's work status at the time of an outbound call is made).

Figure 9 "Resolved" Cases by Work Status – Follow-Up Contact



“

"Opt-Out" and "Not Contactable" Cases

Only a small proportion of workers "Opt-Out" when contact was made by a CSO (19 cases, representing a "Opt-Out" rate of 3.5%), The "Non Contactable" rate was 10% (60 workers) which is significantly lower than the rate at Initial Contact (30%).

The increase in workers who "Opt-Out" and "Not Contactable" from April 2023, in part is due to a procedural change of not making an outbound call to workers whose primary reason for not working at the time of Initial Contact was due to COVID-19 isolation requirements - these cases were coded as "Opt-Out".

Figure 10 "Opt-Out" Cases by Work Status – Follow-Up Contact

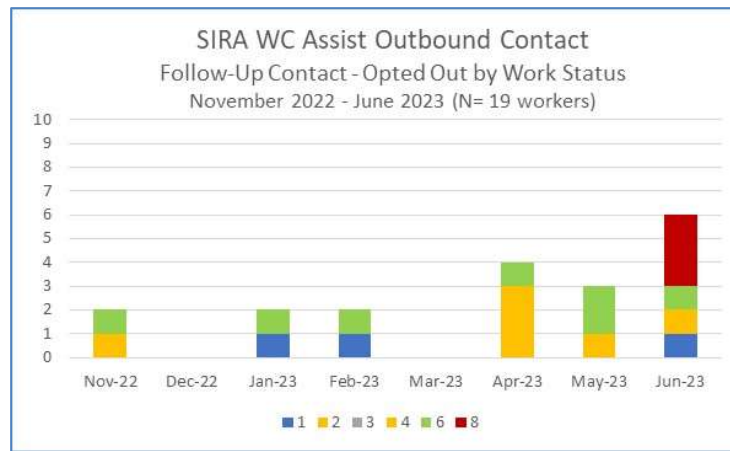
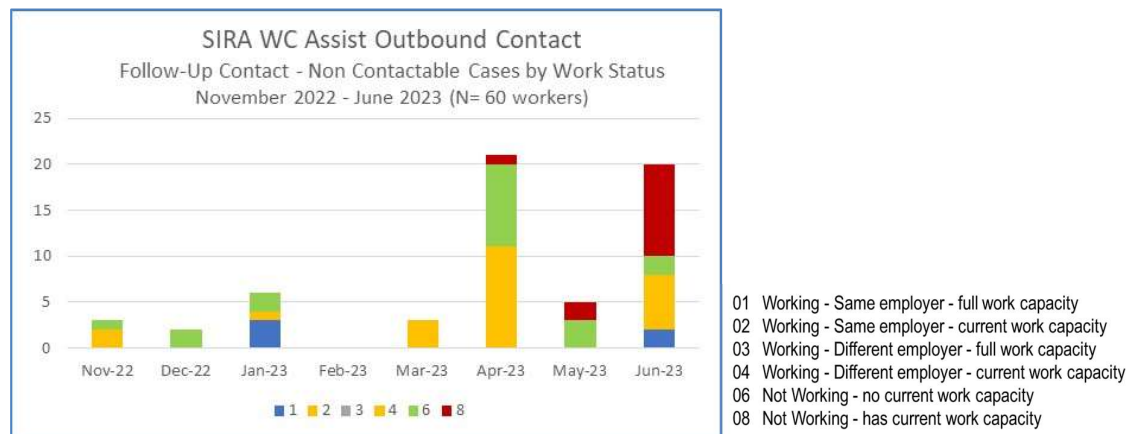


Figure 11 "Not Contactable" Cases by Work Status – Follow-Up Contact



Call Handling - Profile

Over the period 01 November 2022 – 10 May 2023²⁵ (the average call handling time (excluding calls under four minutes) across all inbound and outbound calls is consistently tracking in the range of 800 – 900 seconds (about 15 minutes).

Over the period about 3,897 calls were handled.²⁶ Over February – May 2023 the call handling load was tracking at about 32 calls per working day (excluding public holidays).

Figure 12 Calls Handled – Initial Contact

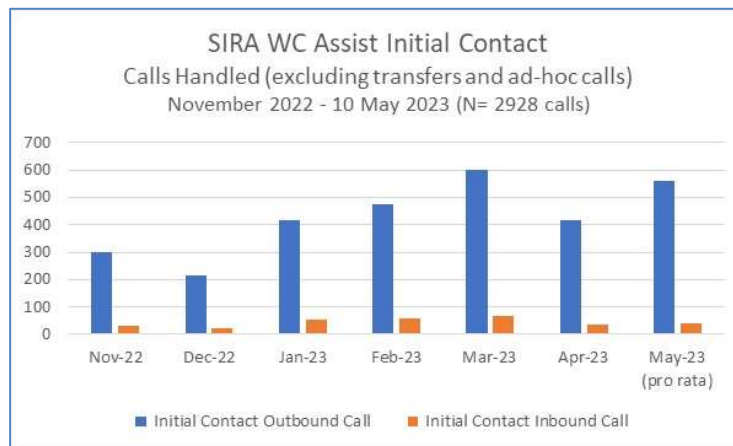


Figure 13 Calls Handled – Follow-Up Contact



The peak call load time is between Tuesdays – Thursdays. The source of calls handled was about 90% outbound, and 10% inbound.

²⁵ SIRA. (2023). *Overall WC Assist Contact Centre Performance Dashboard* [data extrat11 May 2023. Internal Management Report].

²⁶ Comprising 3,613 Initial Contact and Follow-up Contact, 254 Ad-Hoc Calls and 30 Transferred calls.

Figure 14 Average Call Handle for calls over 240 seconds (4 minutes)

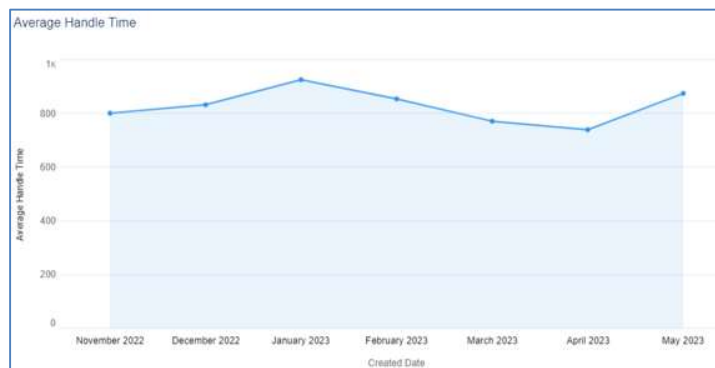


Figure 15 Call Handling profile by weekday, all calls (N=3,897)

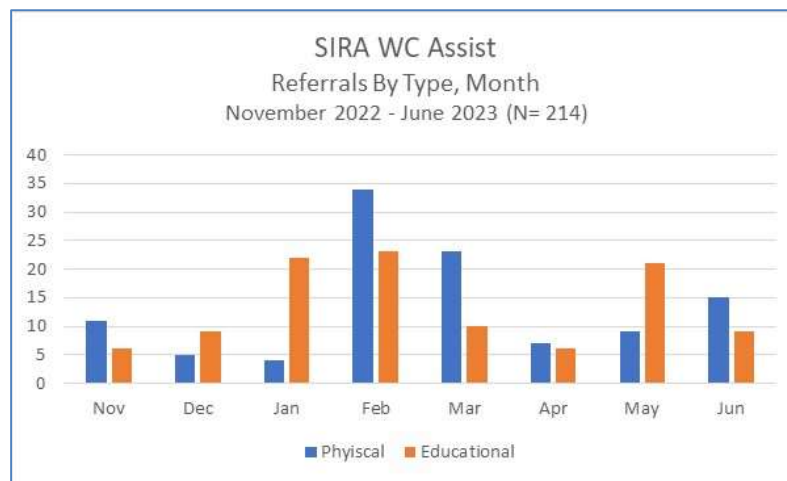


The time taken to complete tasks associated with calls over 4 minutes (*Team After Conversion Work*) tracked in the range of 120 – 150 seconds (2 – 2.5 minutes).

Referrals

Over the nine months November 2022 – June 2023, a total of 108 'Physical' referrals (covering 106 workers), and 106 'Educational Discussion' Referrals (covering 89 workers) were made - refer to page 21 for definitions.

Figure 16 Referrals by Type, Month



The Salesforce CRM does not capture the reason that a matter was subject to a Referral (other than what may be recorded in freehand notes by the CSO), nor whether a 'Physical' referral was via a *warm handover* (telephone transfer) or *correspondence to a third party* to follow up directly with the worker.

Table 5 Referrals by Type and Referral Entity (Nov 22 – Jun 23)

Entity Referred	Physical	Educat'l	Total
Insurer Partner	103	16	119
Independent Review Office (IRO)	1	31	32
SIRA Feedback and Complaints	2	21	23
Fair Work Ombudsman		12	12
Mental Health Services		10	10
Fair Work Commission		4	4
SafeWork NSW		4	4
Service NSW		3	3
General Practitioner		2	2
Health Care Complaints Commission (HCCC)		2	2
Other	2		2
Personal Injury Commission (PIC)		1	1
Total	108	106	214

As discussed in the prior Chapter, there is no formal follow-up from WC Assist as to the outcome of the referral. Of note, only one 'Physical' referral was made to the Independent Review Office, *versus* 31 'Educational Discussion' referrals (noting the

template correspondence letter sent to the worker post call does not make explicit reference to IRO's services).

Table 6 Physical Referrals - Entity Referred by Month (Nov 22 – Jun 23)

Entity Referred	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total
Insurer Partner	11	5	4	30	22	7	9	15	103
SIRA Feedback and Complaints				1	1				2
Other				3					2
IRO				1					1
Total	11	5	4	34	23	7	9	15	108

About half of all referrals involving Insurer Partners ('Physical' and 'Educational Discussion' Referrals) related to TMF.

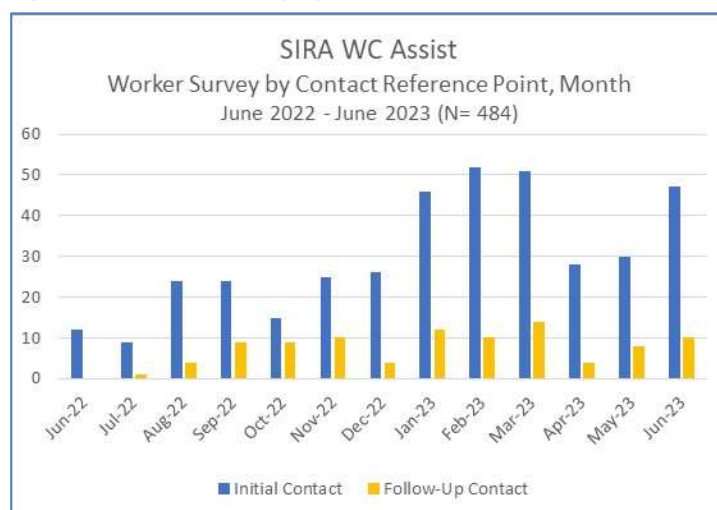
Table 7 Total Referrals- Insurer Partners (Nov 22 – Jun 23)

Insurer Partner	Physical	Educational
Aldi	11	
Catholic Church Insurances Limited	31	6
Nepean Blue Mountains LHD	1	
TMF - EML	5	5
TMF - QBE	46	4
Toll Holdings Limited	9	1
Total	103	16

Post-Call Feedback Survey

Over the thirteen months June 2022 – June 2023, a total of 484 post-call surveys were submitted by workers, 389 (80%) relating to surveys submitted after the Initial Contact call, and 95 relating to the Follow-Up Contact.

Figure 17 Worker Survey by Contact Reference Point, Month (Jun 22-Jun 23)



1st Survey Question – Understanding

In response to the first question of the survey, about 75% of workers post the Initial Contact, either Strongly Agreed/Agreed, with the question: *Thinking about the call you received, to what extent do you disagree or agree with the following statements:*

- I have a better *understanding* about my claim and recovery journey
- I have a better *understanding* of my options to return to work
- I have a better *understanding* about my choices, rights and entitlements under the workers compensation scheme.

Scores were slightly lower for “I have a better understanding of my options to return to work”, noting that a proportion of workers at Initial Contact during the Pilot were back at work with a full work capacity.

A similar response profile was submitted by workers in the Follow-Up Contact post-call survey, noting a slight shift away from a neutral ‘Neither Agree Disagree’ towards ‘Strongly Agree/Agree’, albeit the shift may not be statistically significant due to the small sample size.

Figure 18 Survey Response Question 1 [Understanding] – Post Initial Contact



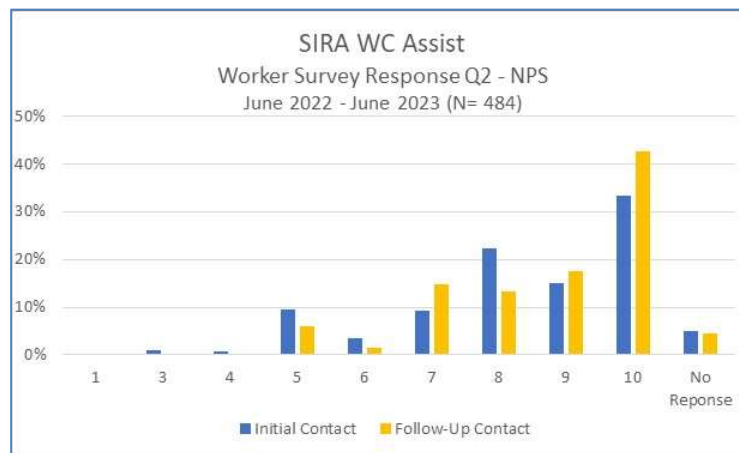
Figure 19 Survey Response Question 1 [Understanding] – Post 'Follow-Up' Contact



2nd Survey Question – NPS Score

In response to the second question of the survey, “*How likely are you to recommend SIRA's Outreach service to a family member, friend, or work colleague on a scale from 0 to 10? “* the results were skewed to scores of seven and higher. The skewness was stronger in the survey response post the 'Follow-Up' Contact (i.e. slightly higher scoring profile).

Figure 20 Survey Response Question 2 [NPS]



3rd Survey Question – WC Assist Service

In response to the third question of the survey, more than 75% of workers post the Initial Contact, either Strongly Agreed/Agreed, with the question: *Thinking about the call you received, to what extent do you disagree or agree with the following statements:*

- The service was designed in a way that understood my needs
- I was treated with care
- The team member was able to address any concerns I had.

Scores were relatively higher for *being treated with Care* (88% Strongly Agreed/Agreed), A similar response profile was submitted by workers in the follow-up survey, noting a slight shift away from 'Agree' to 'Strongly Agree', albeit the shift may not be statistically significant due to the small sample size.

Figure 21 Survey Response Question 3 [WC Assist Service] – Post Initial Contact

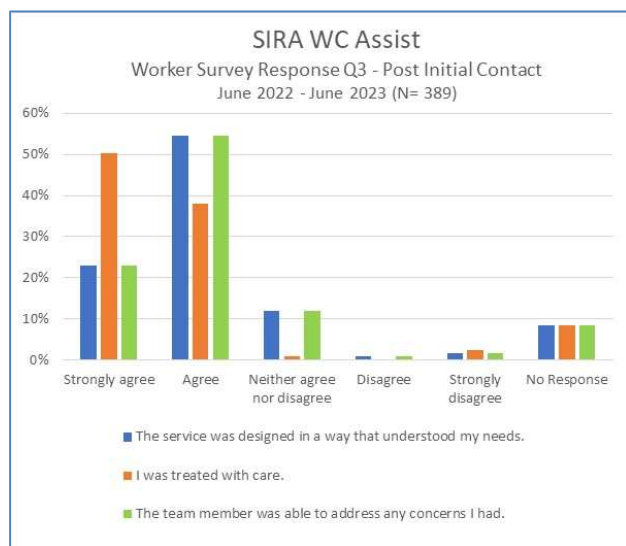
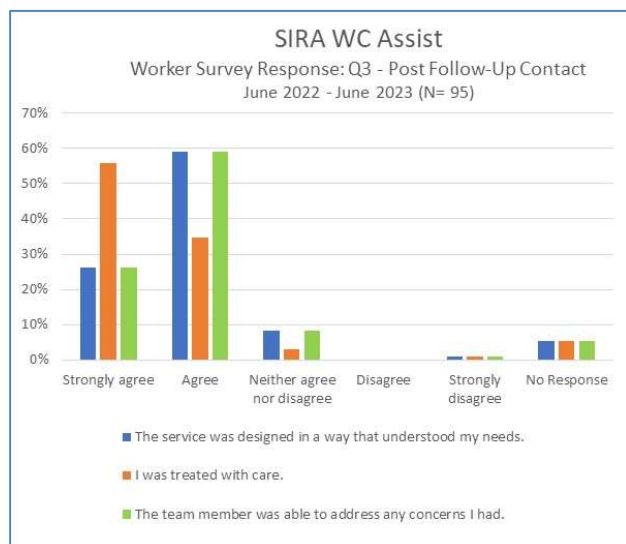


Figure 22 Survey Response Question 3 [WC Assist Service] – Post Follow-Up Contact



4th Survey Question – Timing of Contact

In response to the fourth question of the survey: *"after submitting your claim, do you think SIRA's [WC Assist] outreach call was made at the right time?"*, 55 workers responded that the call should be made earlier - 50 in the Initial Contact post-call survey response (12% of respondents) and five in the Follow-Up Contact post-call survey (5 % of respondents). Only one worker from the Initial Contact post-call survey provided feedback that the call should be made later but provided no comment to support this.

Only 30 workers made comments to explain why they thought the call should have been made earlier. The general theme for suggesting earlier contact was to gain a better understanding (and confidence) of the claims process ahead. A couple of responses centered on information on entitlements as the worker believed they had been getting inappropriate advice regarding their claim.

A select list of comments by workers suggesting that earlier Initial Contact is provided overleaf, extracted from feedback from workers submitted under Q.5 (see page 40).

Table 8 Post-Call Survey – Comments from workers suggesting earlier Initial Contact (unedited)

Select Comment for NPS Detractors

I got a call from SIRA's almost at the end of my treatment and when I didn't have more questions I have almost completed my requirements for my claim so the outreach service may have been a help as soon as my claim was made

No problems just my claim is already over so a bit late. Some of the doctors recommended by you guys were a bit interesting

[If] the info that is to be emailed to me was sent closer to the injury date... that may help with a better understanding the timeline of the events of a claim .

Select Comment for NPS Neutral

As most problem[s] arise in the 1st week I believe it would be advantageous to contact within the 1st week as most people haven't had a work place injury

I believe the call could be more valuable 4 weeks after the claim submission

I found that the call came too late in the process. Any questions that I'd had, I had to do my own research to answer which hasn't been very clear. Now I've been provided with the necessary resources to answer my questions. [REDACTED] was lovely to talk to on the phone as well!

In terms of understanding the recovery journey, and my rights & obligations I think the call could have been made within 2-3 weeks of the initial injury.

It would be nice if the call was introduced by stating the intention of the call more-so than the fact that it is recorded, I can get a bit anxious with calls like this and while the worker that I was talking with was very pleasant and communicated that they were there to help me, I was a bit nervous.

Select Comment for NPS Promoters

Earlier the better - will get the proper information

Earlier would have been beneficial for my understanding of the process. However everyone has been kind to me from SIRA and the Allianz case workers

I believe that a call within 2-3 weeks of the claim and a 'Follow-Up' Contact is necessary. It would benefit the claimant to know their rights and entitlements early on especially with the case officers at work resisting legitimate claims and belittling the claimant to dissuade from pursuing help

I had received good advice and care from my case manager at work and the insurance company but if I hadn't, I would have liked to know more sooner.

I would have benefited [from] a phone call a week or 2 after my initial claim. However the outreach call still addressed all my concerns and issues.

In a perfect world, all stakeholders should be working together from the first day. In my case this hasn't happened and I have been very isolated. [REDACTED] call today was a breath of fresh air and has provided the info to guide me moving forward

The call could be made earlier, especially for those with more severe injuries. I have been provided with all the relevant information for my injury and amazing support but I'm sure there are people who would definitely appreciate and need a call much sooner.

While I appreciate the contact, I feel I would have benefitted having received the information earlier to address the misinformation I had previously received which was confusing. I look forward to continuing participation in the pilot program thank you.

5th Survey Question – Open Comments

In response to the fifth question, *Please provide any comments and suggestions on SIRA's Outreach service.* There were more than 180 responses mostly positive/complementary. Below is a sample of extracts where specific feedback was provided:

Table 9 Post-Call Survey - Sample of general comments (unedited)

Positive / Complementary

It is good to have a company unrelated to your work or your works insurance be able to confirm the information you have received is correct

A good service providing an opportunity to ask questions and voice any concerns.

After SIRA's \intervention [REDACTED] finally acted on my issue after 5 weeks of stressful chasing.

During the [claims] process it can become very overwhelming & you can feel uncomfortable asking the Stakeholders questions. So it's great to know there is another place for answers so you receive the correct information

I am blessed i received this call today to give you a clearer picture as I have no support or guidance

I do like the fact that I am able to call back anytime if I had any more questions, concerns or issues with my Workers Compensation claim. They were super helpful, and I also like the 'Follow-Up' Contact in 5 weeks' time

I had a concern that I had not seen a pay slip and didn't understand how my pay was calculated by the insurance company. The representative ensured me that she would pass on my concern and someone will call me back regarding this

I spoke with a very empathetic rep who was informative and listened, but unable to address my 'worker's comp payment' issues with [my insurer/employer]

In my conversation I was able to address my concerns. It was more relieving to find I was doing the right thing

It is reassuring to know that I can contact SIRA if I have any questions or concerns about my claim in the future

"It was good to know NSW government is overlooking the works comp, to make sure the employer is doing the right thing by the employees

the lady that spoke with was extremely understanding of my concerns. She is going to look into a few things for me so that I can hopefully move forward

My advocate was brilliant, she was empathetic and advised me in my course of action since my insurance company has been keeping me in the dark.

[The WC Assist] lady I spoke to told me I have more right[s] than I think and gave me more strength about myself [that] I can be control of this

SIRA's outreach service is very helpful for me, I have better understanding about my workers compensation claim. My insurer wasn't responsive to my email, SIRA emailed them and right away I received a call from my case manager which I am very happy about.

The representative provide important information with regards to my entitlements being injured from work.

Negative

Maybe sending an introductory email to expect a call so as to not be taken by surprise, especially in these days of scam callers

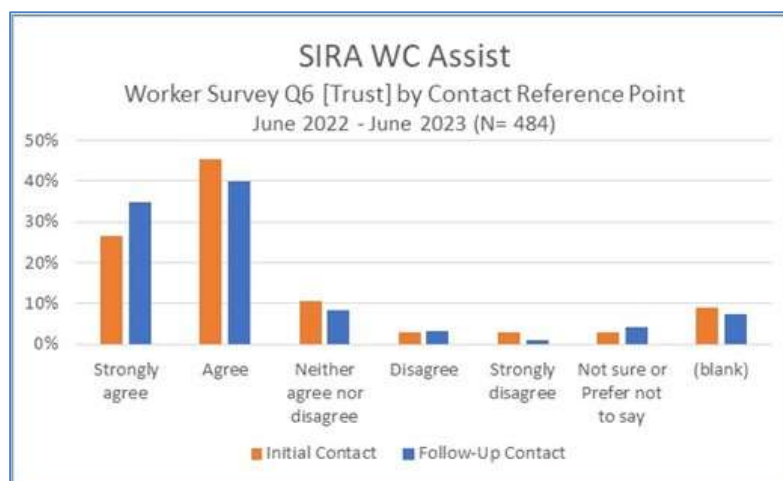
Read the claim first so you know their work situation- most of today's call didn't apply to me

I am still unsure what the [WC Assist]. service provided.

6th Survey Question – Trust in Workers Compensation Scheme

In response to the sixth question of the survey, 72% of workers post the Initial Contact, either Strongly Agreed/Agreed, with the question: *Thinking about your overall experience in the workers compensation scheme, to what extent do you disagree or agree that you trust the workers compensation scheme to help you get back to work?*

Figure 23 Survey Response Question 6 [Trust]



Summary of Post-Call Survey Results

Inter alia following an Initial Contact and Follow-up Contact conversation, most workers perceived they had a better *understanding* of their claim and recovery journey; options to return to work; and choices, rights, and entitlements.

The conduct of service provided by WC Assist CSO in their discussion with the workers overall rated as very positive, with workers using the opportunity to highlight issues associated with their claims that resulted in a Referral ;(Educational Discussion or Physical Referral – see page 21 for definition), or perceived they were now more certain of the claim process.

In this context, about one in eight workers completing the post-call survey thought the Initial Contact should have been made earlier. Constructive criticism was only provided by a few workers and included: the WC Assist CSO call coming unexpectedly; the WC Assist CSO not knowing their claim circumstances; and a request not to call school teachers between 8:30 am– 3:30 pm when they were likely to be at work.

CHAPTER 4: STAKEHOLDER PERSPECTIVES (QUALITATIVE)

Introduction

This Chapter reviews the perspectives of a range of key stakeholders on the following matters, via a qualitative assessment based on semi-structured interviews (conducted early June – early July), to gain insight into the following:

1. The perceived purpose and benefit of the WC Assist Pilot
2. Implementation challenges/issues & concerns
3. Considerations for developing the program moving forward.

Workers Participating in the Program (Sample)

Introduction

Six randomly selected workers who participated in an “Initial Contact” and Follow-Up Contact conversation with a WC Assist CSO between January – May 2023 agreed to provide feedback on the service. A scheduled time for the Reviewer to contact the worker via telephone was arranged by the WC Assist team.

Questions and Summary of Responses

The structure of the interview was based on a mix of closed and open questions (below) with a dependence on unprompted recollection by the worker. It is noted that for some workers, six months had expired from the “Initial Contact” with a WC Assist CSO. For confidentiality, feedback where a worker is cited, is assigned a randomly allocated code [A] – [F] not reflective of the order the interviews took place.

Q1. When a consultant from the WC Assist Outreach program first contacted you, were you aware beforehand that they may have contacted you, and if so, were you aware who SIRA was?

Five of the six workers interviewed, advised they were unaware that a WC Assist CSO would contact them regarding their claim. None of the workers at the point of “Initial Contact” were aware of who SIRA was.²⁷

One worker [E] only had a “vague” recollection that someone would contact them about their claim (having received prior verbal advice from their HR department).

One worker [A] first thought the inbound call may have been a “scam” and made an internet enquiry to first find out who SIRA was before committing to talk. They described the conversation as “awkward” as they were busy at the time, and felt they did not get a great deal of information to specifically help with their claim, also stating *“I’m not a phone person, especially when I don’t know who I am talking to”*.

²⁷ Noting It is the responsibility of the Insurer Partner to communicate this to the workers whose case is referred to WC Assist to make initial contact.

All other workers were happy to talk to the WC Assist CSO once they had explained to them the role of WC Assist/SIRA.

Q2. In the first conversation with the WC Assist consultant, what was your understanding of the purpose of the call with respect to your claim (and benefit to you after the call)

Apart from worker [A] who found no value in the WC Assist CSO outbound call, the unprompted recall perception of the purpose of the call varied by worker, ranged from the provision of information and explanation of entitlements and rights [three workers], and checking that the employers/Insurer were doing the right thing [two workers]. Of note, there was no reference to the purpose of the call covering *understanding the health benefits of good work*.

A thematic summary of the *perceived purpose* is presented below:

- [B] Explain benefits and entitlements having raised an issue/concern
- [C] Independent body to explain your rights
- [D] Provision of information on the claims process, and there to offer support if there is a problem
- [E] Make sure the claim is on track, check that the insurer is doing the right thing
- [F] Way to make sure compensation is provided appropriately.

The perceived benefit of the call varied, ranging from no value [one worker], the information provided enabled the worker to better discuss specific issues/concerns about their claim with their employer/insurer [three workers] the fact SIRA had checked-in made the employer/insurer became more attentive to the claim [one worker], and assurance that SIRA was someone they could turn to if they had an issue with their claim [one worker].

A thematic summary of the *perceived benefit* is presented below:

- [A] *"no value/benefit"* (was more interested in talking to someone who could give specific treatment advice regarding physiotherapy treatment)
- [B] Information sent by [WC Assist CSO] after the conversation (via email) gave me information that I could discuss with my employer to get money [income support benefits]... *"I found that I was entitled, rather than using my sick leave"*
- [C] Information [from material sent via email after the conversation] *"enabled me to talk to employer to resolve concerns I had about working duties/hours"*
- [D] When I mentioned to my employer/insurer I was contacted by SIRA, *"every mention I then made of SIRA they jumped and have become so polite [to me], things on my claim are smoother now and not slow to advance [as had been in the past]"*
- [E] My claim was going OK at the time of call ... *"have more assurance to know there is someone else I could turn to if there is a problem"*
- [F] I have significant trouble comprehending things, such as not understanding information on the workers compensation process provided/explained to me by my employer. The [WC Assist CSO] was very [extremely] patient in explaining what I can do on my claim, leading to me changing my medical practitioner... *"since then things have been going well"*

At the end of the "Initial Contact" discussion, one worker was still unclear who SIRA was.

An underlying theme, is that **all** workers contacted found the workers compensation system difficult to understand concerning their rights and entitlements, and the claim process. One worker **[B]** also cited they were confused about who was managing their claim – whether it was the insurer or employer, and was frustrated by the turnover of case managers.

Q3. Do you recall a Follow-Up Contact several weeks later – if so, what was your understanding of the purpose of the call?

With the exception of Worker **[A]** who had no interest in talking further about the WC Assist program, all other workers could recall a Follow-Up Contact, the purpose described as a following up on matters discussed in Initial Contact.

Of the **three** workers advised that information provided by WC Assist helped them discuss issues/concerns over their claim (see above), **one** worker was still experiencing issues at the time of the Follow-Up Contact and in that discussion agreed that SIRA refer the matter to their employer, for the employer to contact them directly.

Q4. Having the conversation(s) with the WC Assist consultant, what action did you take if any, that would have not otherwise occurred concerning your claim?

Three workers referred back to information provided by the WC Assist CSO (Correspondence with hyperlinks to SIRA website resources) that helped them talk to their employer/insurer about their claim.

When prompted, **none** of the workers could claim that the Initial Contact and Follow-Up Contact conversation had an impact on their recovery or return to work journey. It is noted that at the time of "Initial Contact" most were working at either partial or full work capacity.

Q5. Is there any other comment you would like to add regarding the service that may be relevant to the Review?

All workers (including worker **[A]**) advised that prior warning of an inbound call, and information of who SIRA was ahead of time would be beneficial.... Worker **[B]** stated *"if I had been pre-warned of the call, with a guide of what I might be expected to talk about, I would have been better prepared"*.

Two workers upon receipt of the first Initial Contact call suspected it was a "spam" call, and were reluctant at first to talk. **One** worker, talking with two other fellow workers who were also injured, found those workers did not wish to participate in a conversation with WC Assist when they were first contacted as they feared it might be a "scam" and did not know who SIRA was.

Two workers commented that there were a lot of people talking to them about their claim at about the time of the "Initial Contact" call, adding to the confusion.

Worker [C] on the day of the "Initial Contact" call, already had meetings with their doctor, and physiotherapist, received a cold-call from someone he did not know claiming to be an independent physiotherapist, then received an [unexpected] call from WC Assist, and was left pondering *"how many phone calls am I going to receive?"*

Worker [E] was dealing with his employer and several other people involved in their claim journey, then a WC Assist CSO called, and they pondered *"who is SIRA and why are they ringing me"*.

Insurer Partners

Introduction

Four partners in SIRA's Workers Compensation Assist Outreach program (two Self Insurers, one Specialised Insurer, and one TMF agency) were interviewed over early June – mid July 2023 to gain their views on the Pilot program. The Insurer Partners interviewed are assigned the codes [A] – [D] when referred to in the commentary below.

All Insurer Partners advised they had received briefings from SIRA before the commencement of the Pilot program to explain the objectives and operational structure. In recent times, Insurer Partners have advised they are screening out workers they deem to be at risk, such as complex psychological injury claims.

Perceived Purpose

Purpose

The purpose of the WC Assist Pilot was generally described [by all Insurer Partners] as a means for SIRA to proactively engage with workers as a form of information/education on benefits and entitlements (and where to go to/pathways to resolve issues/complaints), promoting the health benefits of good work, and providing the worker the opportunity to ask questions.

Insurer Partner [B] was also of the view that the WC Assist program aimed to improve customer [worker] experience, which may have a positive impact on return to work.

Insurer Partner [D] was also of the view that the program was providing an assurance function: *"... ensure injured workers are receiving care and support consistent with the legal entitlements, and insurers are adhering to the Guides"*.

Across all Insurer Partners interviewed, there was a general understanding that when concerns were raised by a worker in discussion with a WC Assist CSO, the onus was placed on the worker to take action. In matters where a [Physical] Referral was made to Insurer Partner; the onus was on the Insurer Partner to take action. It was generally understood that for such Referrals, there is no formal reporting requirement back to WC Assist of the

outcome, other than the matter may be discussed at Partner Insights meetings.

Perceived Benefits

Insight to inform process Improvement through collaboration, rather than a [heavy-handed] regulatory response alone

Insurer Partner [B] upon commencing the program, was of the view that participation in the WC Assist Pilot program was an opportunity to gain feedback to improve their claims management performance to *"go above and beyond the improvement sought"*. This was despite the view that initially they were not clear of the commencement of the program, as to how SIRA could *"navigate the role being the Regulator, but yet not start dabbling into active case management"*. There was also concern about whether the WC Assist program could be used as an auditing exercise during the Pilot phase.

Feedback provided to Insurer Insights meetings (and Referrals) has led to process improvement. For example, Insurer Partner [D] improved communication between the employer case managers and their internal Work Health and Safety team when dealing with matters where the workers believed their injury was a result of a safety matter. Insurer Partner [A] improved processes for workers being able to get in contact/get information from their case managers in a timelier manner, and improved practices surrounding wage reimbursement... *"shone a light on our problems, that we have [now] improved processes moving forward ... "if the WC Assist program were to shut down tomorrow, we [now] know what to focus on"*.

Workers are more likely to raise matters of concern with an Independent Body

Insurer Partner [A] advised an indirect benefit was workers hearing from an independent body may reinforce [confirmed] the validity of claims decisions. Moreover, Insurer Partners [A] and [D] viewed the WC Assist program can help identify matters that the worker may not feel comfortable reporting to the insurer fearing possible reprisal from the employer *"[SIRA] with a neutral set of ears, workers are more likely to open up more [to discuss matters]"* - that potentially identify matters of concern to a worker that can be actioned before being escalated to a formal dispute/complaint.

Feedback of positive experience with their insurer for most workers

Another indirect benefit identified by Insurer Partner [A] was that the regular feedback provided by the WC Assist CSOs at Insights Meetings showed that the majority of workers had a positive experience with their insurers, which was motivating for case managers to hear. Partner Insurer [B] made a similar comment.

Perceived Challenges/Issues

Efficacy of Worker Feedback & Regulatory Response

A challenge identified by Insurer Partner [A] was the efficacy of feedback the workers provided to the WC Assist CSO, in that it may not reflect actual circumstances – citing a case where a Physical Referral focused on the worker complaining that their insurer was not communicating with them – but when checked (as substantiated by the case-file

notes) there had been frequent contact. Another matter related to a matter relating to a lack of response to a surgery request that was never submitted by the worker for approval in the first instance.

Thematically, the generalized concern is that although the majority of workers say positive things, some workers may raise matters/concerns that are not able to be substantiated, which in turn may trigger an unnecessary regulatory response... *"without arbitrating consequences of our actions, we don't want SIRA [just] to tell us off, but give us insight into improving the design of our processes - working under a collaborative approach to gain and leverage insight"*.

Inability to measure RTW rate due to the impact of WC Assist alone

Insurer Partner [A] was of the view that it would not be possible to measure the impact of the WC Assist program on RTW rates due to many other confounding factors that influence RTW rates. Partner [B] reported deteriorating RTW rates since commencing the WC Assist program (due to a myriad of factors), and questioned... *"whether RTW rates should be performance criteria to gauge the success of the program"*.

Insurer Partner [C] noted a larger majority of workers referred to the WC Assist had full work capacity or had returned to work with a partial work capacity, and questioned whether the RTW rate should be a performance criterion.

Guarding against the risk that SIRA does not step into conducting a claims management role)

A risk identified by Insurer Partner [A], was SIRA inadvertently overlapping with the case management role of the Insurer Partner, by giving workers suggestions/advice on a course of action in response to issues that workers may raise. Nonetheless, WC Assist Pilot was perceived as *"SIRA providing an extra set of hands"*.

Need for Insights at a level of detail that can be practically applied

Insurer Partner [B] advised that feedback from the WC Assist was not sufficiently specific to further improve processes.. *"nice to get positive feedback, but we are [more] interested in the negative"*.

Officers interviewed for Insurer Partner [C] had mixed views. While some were keen to continue participating in the program, some were neutral in being able to articulate the benefits of participation based on limited specific feedback on systemic issues (with appropriate sample size) that could be practically applied to improve processes. In the view of one senior officer interviewed provided the perspective *"based on initial insight meetings, we don't feel there has been a huge impact... a huge amount of resources for not much feedback - we can't see the return on investment, especially if the aim is to improve RTW rates"* – deeper insight would be generated if higher contact rates were achieved in outbound calls.

Suggestions for Future Direction

Voluntary Opt-In to for Insurer Partners to participate

Insurer Partners [A] and [D] were of the view that participation in any future WC Assist program should be a voluntary opt-in.

Integrate/Expand the outreach service into broader stakeholder education programs

Insurer Partner [A] offered the opinion *"whether an employer/insurer education program would be an alternative [better] approach - targeting high-risk employers & industry sectors"* ... specifically invest resources in collaboratively working with Insurers/Employers by establishing forums to share ideas/initiatives aimed at better practice to align/best meet SoP34, scalable for broader application across the sector.

Insurer Partner [C] raised the question of whether the investment in WC Assist could be directed to information and education programs broader than just workers, to capture educating doctors on workers' compensation.

More specific data collected of types and causes of matters of concern to workers

Insurer Partner [B] was of the view that if the program was to have value moving forward, there needed to be a better system to collect feedback and structure data that was in sufficient detail that could be used systemically to improve processes and provide clarity on performance outcomes expected from the WC Assist program.

Timing of Contact

There were mixed views on the ideal timing of Initial Contact with workers

Insurer Partner [D] was also the view that Initial contact at 5 weeks was "ideal" as it gave space in the first 4 weeks for the insurer/employer to engage with the worker (consistent with SoP34). There was also the view that Follow-Up Contact is necessary, to demonstrate to the worker that the WC Assist CSO has *"buy-in and care"* by checking in on matters discussed in the Initial Contact.

Partner Insurer [B] expressed the view that contacting workers at 5 weeks was far too late in the claims management process if looking to influence better outcomes - 2 weeks would be better.

Referrals: where to direct -Insurer vs Employer

Insurer Partner [D] noted that the arrangement they have with their managing Claims Agent was for the workers to make initial contact [on most matters] with the case coordinator at the employer. This conflicted with advice from WC Assist CSOs that directed workers to the Claims Agent. This was resolved early in the Pilot to get alignment.

A recommendation was made that for new Insurer Partners entering the program, a protocol be established to clearly define the Referral process ('Educational Discussion' and 'Physical').

WC Assist Customer Support Officers –Workshop

Introduction

Four Team members (*Customer Support Officers*), an *Advisor Knowledge and Training*, and an *Acting Assistant Manager* attended a workshop, facilitated by the Reviewer. The purpose of the workshop was to discuss team members' perception of the purpose/benefit of the WC Assist service, implementation challenges, and brainstorm ideas for improvement. The *Substantive Assistant Manager* of the team attended as an observer to respond to any technical matters that should arise during the workshop.

The CSO's description of operational practice was consistent with the Call Manual and other Insurer onboarding materials. The only exception was that Insurer partners have been asked to submit cases to WC Assist that were open claims where the worker was back at work in full work capacity (work status Code "01"). This practice commenced early in the Pilot with the view to building sufficient case volume for the team to manage. This practice has largely continued.

It was noted that cases are referred by the Insurer Partners as prospects for WC Assist to make Initial Contact. No information is provided by Partner Insurers on cases withheld, and there is "*trust that Partner Insurers are not 'cherry-picking' [good] claims to refer*".

Perceived Purpose

When asked the question of the purpose of the WC Assist service, it was noted that the Service was part of the 10-Point Plan to improve poor RTW rates. The following is a transcript of responses to the question, which were a meld of purpose and benefit statements:

- *Promote the benefits of [good] work*
- *Educate and empower the injured worker to [navigate] their claim [process]*
- *Make sure workers are aware of their entitlements*
- *Allow workers to ask questions- SIRA's role is limited to advice on claims process only]*
- *Independent advice, not connected to employer or worker - safe forum for workers to ask questions*
- *Reduce complaints, before an issue gets out of control.*

It was clearly expressed that the WC Assist activity is **not** doing the Insurer's job. Notwithstanding, the WC Assist program was described as identifying gaps in matters that "*insurers should be covering but are not*", noting the high turnover of case managers. For this reason, the rationale for making the Initial Contact with a worker at about five weeks post DoL was perceived in the context of allowing Insurers to fulfill their obligations under Sop34.

Perceived Benefits

Improving the current RTW performance in the scheme

The workshop group was unable to articulate whether their activity has an impact on RTW rates given no regime to monitor and report this outcome has [yet] been established for the Pilot.

Improving the customer's experience in the scheme

The following matters were provided as examples of where workers equipped with a better understanding of their choices, rights and entitlements, was expected to contribute to an improved customer experience:

- *"Sometimes [workers] do not know they can change doctors or physio"*
- *"Sometimes [workers] are not aware they are a key player on the claims process"*
- *"Sometimes [workers] are not aware of the reduction of Income support] benefits at 13 weeks, and associated rules"*
- Identify issues early [via Referrals] *"heading complaints/disputes off at the pass"*

Some workers were providing feedback along the lines of: *"you should have called [me] earlier"*, indicating these workers perceived value in the service.

NSW employers/Partner Insurers

Potential lower caseload as a result of *heading complaints/disputes off at the pass* – *"workers are glad to talk to someone who is neutral"*.

Perceived Challenges/Issues

Many workers were unaware they were to be contacted by WC Assist

It was noted in the workshop that there is an inconsistent approach across Insurer Partners as to how workers are informed of potential WC Assist contact - some workers are advised in liability determination letters, some verbally.

One workshop participant stated that anecdotally *"30% of workers did not know that they would/could be contacted by SIRA"*.

Some workers think the "Initial Contact" call is a "scam"

When an outbound call is made, a random number shows on the call recipient's mobile phone as the incoming call.²⁸ A view was expressed that this may inhibit people answering the call, or listening to the message left behind by the WC Assist CSO.

Anecdotally, when the Initial Contact call is answered, reasons for people choosing to "Opt-Out" includes not knowing who SIRA was, and reluctance to provide three Points of Identification, many advising they were not comfortable providing this information, citing recent data breaches such as Optus.

²⁸ The WC Assist team are currently piloting "13SIRA" given the WC Assist telephone outbound telephone number is not publicly known, and not identifiable through an internet or SIRA website search.

[WC Assist is not visible on the SIRA Website](#)

Closely linked with the above matter, the WC Assist program is not listed anywhere on the SIRA website, such that workers with a query cannot confirm the validity of the program, or what to expect if they are contacted.

[No live data on the work status of cases recorded in the Salesforce CRM](#)

Detail of the claim (case) recorded in the Salesforce CRM is input from data submitted by the Insurer Partner at the time of submission of cases for WC Assist to action, and is not updated as 'live' claims data is progressively received by SIRA.

At the time of Initial Contact, and Follow-Up Contact, the worker's work status may have changed. Accordingly, the WC Assist CSO is required to look up SIRA's claims database to determine the claim status before an outbound call (noting at week-5 claims data may not be available in SIRA's claims database).

An issue arises, in that the work status at the time of Initial Contact and Follow-Up Contact is not reflected in operational reports generated through the Salesforce CRM, further confounding the ability to monitor and report any improvement in RTW for workers contacted by the program.

[Variable CSO Workload](#)

The volume of cases being submitted by Insurer Partners is insufficient to maintain a full establishment. In recent times, CSOs have been opening old cases to utilise surplus workload capacity, or are assigned periodically to support other areas within SIRA.

Suggestions for Future Direction

Noting the challenges above (that should be addressed in a future state), the following suggestions were generated during a 'brainstorming session'. The items below should be regarded as ideas only, and as such are not positions endorsed by SIRA, other than matters for consideration.

[Collection and Aggregation of Data to identify systemic issues](#)

Given there is a considerable amount of call-log data (including free-form notes), there is an opportunity to aggregate and analyse these data to identify systemic issues. Moreover, where systemic issues are identified, establish mechanisms/forums to share insights (with relevant stakeholders including other areas within SIRA) to best respond.

[Cross Skilling of CSOs](#)

Opportunity for cross-skilling and workload sharing with other CSOs within SIRA focused on outbound customer call functions. This would address issues associated with variable workloads, and aid job diversity and career mobility.

[Risk Based Targeting](#)

Expand the program to incorporate a Risk Based approach: targeting workers in Industries/employers where there is a risk of poor recovery and RTW outcomes.

[Specialised Call Scripting](#)

It was suggested that specialised call scripting (and the timing of Initial Contact) should be developed for managing calls relating to Culturally and Linguistically Diverse (CLAD) workers, and potentially workers with a primary psychological injury.

[SIRA Management](#)

Introduction

Several Senior Managers within SIRA (either directly overseeing the WC Assist Pilot) or those that had a potential interface were interviewed to gauge their views of matters that need to be considered, including considerations for future direction.

It was noted that some Insurer Partners participating in the program were lower performers and participation in the program reflected a genuine opportunity to improve performance through an open collaborative relationship mechanism with SIRA.

Perceived Rationale (context)

The establishment of WC Assist, in addition to being part of the 10-Point Plan in response to general deteriorating performance in RTW rates in the NSW scheme, also reflected a - customer-centric view– that for some, the claims journey was not working well, and from the customer's perspective there is a need to ensure workers are fully informed, in an appropriate way, of their rights and opportunities.... "*sort of safety net*" cited one manager.

All Managers agreed that SIRA's role is not to intervene directly in claims management operations (under normal circumstances) or become a *de facto* substitute for insurer obligations and decision-making. One manager cited "*SIRA should hold insurers accountable, rather than do the work of insurers*".

Perceived Benefits

As far as quantifying the impact of WC Assist on Return to Work performance, the general view was that this was not possible due to many other confounding factors impacting RTW, with many factors not modifiable in the Biopsychosocial domain. Moreover, although the scheme should strive to achieve a good level of customer experience (but not at any cost), good customer experience does not directly lead to recovery outcomes, although this has been shown that it is an important foundation for people achieving optimal health and social outcomes.

Notwithstanding these limitations, the WC Assist Pilot was perceived to enhance the following themes:

Improving Informational Justice

Several themes were identified under the category of informational justice: *"ensure workers are heading down the right track... make sure people are aware of services/benefits they are entitled, help workers understand how to navigate the claim process... etc."*. Indirectly this may lead to fewer complaints and disputes.

Process/Continual Improvement: Claims Handling

Linked to the above, several managers noted that Insights from the WC Assist Pilot can highlight issues that can lead to process improvement to improve the worker experience associated with their claims journey. One example provided was that many first sought information/certainty on the workers compensation from their employer (not the insurer), many of whom are unaware of the workers' compensation system claim process in sufficient detail to support workers when an injury occurs. Hence an opportunity exists to better educate employers (particularly SME and mid-sized employers).

Enhance Trust in Scheme

One manager observed that SIRA is independent of the employer/insurer and therefore that workers may perceive this as resulting in greater trust that information provided by SIRA is unbiased, therefore more likely to be actioned upon, or acknowledged.

Perceived Challenges/Issues

The challenges identified were similar to those identified in the two prior sections of this Chapter.

Suggestions for Future Direction

Purpose & Value of WC Assist –Statement of common understanding

Although WC Assist was part of the 10-Point Plan, several managers were of the view whether RTW should be the defining purpose/rationale of the program, one manager citing *"RTW is everyone's business [across all our activities]"*. One manager stated *"I don't mind outbound calling if there is a clear purpose, aligned to targeted interventions"*.

A purpose statement stating the problem and outcome to be achieved (highlighting the interventions to attain this) would provide better insight for SIRA to determine whether an outbound call is the best mechanism to attain the desired outcomes – noting there may be alternative more effective/efficient mechanisms to attain the desired outcome (or complementary services that sits alongside an outbound call service).

An "Opt-In: Advisory Service has a place

Under WC Assist the current service delivery model is premised on collaboration, with effort required from SIRA/Insurers and Employers to effect the program. On this basis, WC Assist is potentially best provided as an "Opt-In" service for an Insurer (or large employer) to access... *"Imposing [WC Assist] on insurers who are not willing partners may create friction, which will result in high levels of [implementation and reputational] risk"*.

Caution using WC Assist as a Compliance Audit Tool

A view was expressed that it would be difficult to use WC Assist as an audit tool, as information provided by workers may be perception based and therefore may not be wholly reliable for compliance/regulatory intervention. The WC Assist CSO does not have full visibility of the claim file to understand the individual workers' circumstances and context. Moreover, workers are not necessarily experts in legislative requirements. *"A file review is a more reliable process for compliance auditing – therefore resources off the phone may offer a better result"* (noting evidence of compliance against SoP34 is based on a file review).

An outbound Call Service may have a broader application than just targeting workers

A suggestion was made that employers could also be targeted via an outbound service, to provide relevant information on best supporting injured workers in the navigating claims process.

Risk-Based Targeting and Stratified Interventions

Longer term, should SIRA have earlier access to claims information, risk triage algorithms could be developed to target workers most at risk of poor recovery and RTW outcomes (rather than attempting to contact all workers).

With an effective Risk Based targeting mechanism in place, it would be feasible to expand the outbound call service to target high-risk industry sectors, with specific education and information interventions for target audiences.

Insurers who declined to participate in the Pilot (Self Insurer & Specialised)

Introduction

Two insurers (one Self-insurer and one Specialised Insurer) who declined to participate in SIRA's Workers were interviewed in early June 2023, to gain their views on the program, and the reason(s) they declined to participate in the Pilot. The insurers interviewed were assigned the codes [A] and [B] when referred to in the commentary below.

Perceived Purpose & Benefit:

Representatives from both insurers interviewed were aware of the WC Assist Pilot. Insurer [A] before the interview had been in touch with an Insurer Partner participating in the WC Assist Pilot, who described their experience as "very positive".

Insurer [A] commended the intent of the WC Assist Pilot, to identify gaps in workers understanding and navigating the workers compensation system, however, noted that the SoP34 implicitly controls what ought to be good practice, and queried whether the underlying intent of the WC Assist Pilot was a *"compliance auditing – thereby imposing an administration burden for the sake of auditing"*.

Insurer [B] understood the WC Assist Pilot was initiated in response to poor RTW rates (included within SIRA's 10-Point Plan), and was aimed at providing workers with

"informational support to navigate [the claims process]", but viewed the program to be a regulatory over-step, noting they [the insurer] already had a rigorous program to govern effective service delivery, with a minimum of two audits per year to review capability within the business.

Perceived Challenges/Issues

Risk of Regulatory Overstep

Insurer [A], noting the positive feedback from a current Insurer Partner in the WC Assist Pilot (see above), cited *"it could be wonderful today, but a change in SIRA management could see the program being used to expand its regulatory reach beyond what might be reasonable"*. It was also noted that *"the workers compensation system different to CTP Insurance, upon which the WC Assist Pilot is modelled, in that most injured workers know who to talk to at the time of injury"*.

Another party talking to a worker early in the claims process may add confusion

Another concern raised by Insurer [A] was that contact by WC Assist adds another party already talking to a worker in their claims journey. Moreover querying *"what is the WC Assist CSO going to say [to the worker] that is valuable to aid their RTW? ... with employers, insurers and WC Assist all talking to the workers, there is a risk of misalignment of messages"*. Insurer [B] also noted that within their organisation, the injured worker currently had the support of their line manager, Insurer along with additional support from an internally resourced health and wellbeing consultant who is assigned to workers within the first few weeks of a claim, and collectively they build a RTW plan – workers are already overwhelmed with the process and *"adding another person [WC Assist CSO] into mix is not necessarily helpful... I'm not sure what value is added by [introducing] another person"*, also noting in the determination letter, workers are advised of *current* avenues of support offered by IRO and SIRA that the worker can freely access.

The objectivity of worker feedback when matters of concern are raised

Insurer [B] noted that worker dissatisfaction with the employer [where it materially exists] carries the risk of this dissatisfaction being manifested in the claim, independent of the claims administration process. This may cause a biased view by SIRA if wholly relying on worker's comments during a WC Assist CRO conversation, to *"judge"* insurer performance, *"creating drama for something that was not there in the first place"*. Insurer [B] noted they do see value in proactive outbound calling in the CTP Insurance environment where the injured person does not have support where SIRA can act as an intermediary - in contrast, in the workers compensation environment the workers have support available from the employer and other parties from the very start of the claims journey.

Defining Measures of Performance, and Quality Assurance

A further matter raised by Insurer [A] was defining success measures for the WC Assist program – if RTW is a focus, what has the WC Assist program [in Pilot] shown to date whether it has been a success? It was noted that WC Assist partner insurers may pick and choose who is referred to SIRA as prospects to contact, and high call drop-out rates, mean

that observations/insights may not be representative of the overall portfolio. Unless measures of success can be defined and targeted, there is a risk of being *“busy with no benefit”*.

Integration with other SIRA activities such as RTW Inspectorate

A query raised by Insurer [A] and was how the WC Assist program integrates with other functions of SIRA such as the RTW inspectorate, offering the view that *“the best place for SIRA is to educate employers, and insurers should be educating workers and those that support their recovery/RTW journey”*. Moreover, insights from discussing *“are you happy with [the way your claim is being managed by your] insurer” – “there are many other means to get this feedback... for example insurer worker surveys, compliant tracking and Net Promotor Score”*.

Suggestions for Future Direction

Keep as an Opt-In service, Complemented with an Employer Education program.

Partner Insurer [A] was of the view that participation in any future WC Assist program should be a *voluntary “Opt-In”*, and offered the opinion whether an employer education program would be an alternative [better] approach to address the root cause of issues that have become evident from WC Assist Pilot program findings, targeting high-risk employers and industry sectors.

Independent Review Office

Introduction

The statutory functions of the Independent Review Office (IRO) are set out in section Schedule 5, Part 3, clause 6 of the *Personal Injury Commission Act 2020*, the IRO has the following roles:

- Find solutions for persons injured at work or in motor vehicle accidents with complaints about insurers²⁹
- Administer the Independent Legal Assistance and Review Service (ILARS)³⁰
- Conduct inquiries into matters arising in connection with the operation of the *Personal Injury Commission Act 2020* and the workers compensation and motor vehicle accident legislation.

²⁹ IRO. (2022). *Annual Report 2021/2022*. In 2021/22 IRO received 6,936 complaints relating to workers compensation, and 7,502 enquiries. **Complaints** – 28% related to a delay in determining liability, 21% delay in payment and 15% relating to weekly benefits. **Enquiries** are more likely to be of a general nature. In FY2021/22, the most common type of WC enquiry was how to make a claim (26% - 2,072 enquiries), followed by WC benefits (17%,- 1,325 enquiries) and general case management (15% - 1,170 enquiries).

³⁰ ILARS provides access to free, independent legal advice for injured workers in circumstances where there is a disagreement with insurers regarding entitlements. ILARS is managed by the IRO.

Table 10 Workers Compensation Resolution pathways - complaints and disputes³¹

Matters and Forum for Resolution		
Workers who have a workers compensation enquiry, or a complaint about the insurer, which they have been unable to resolve with the insurer in the first instance, please contact the Independent Review Office (IRO)	Workers who have a complaint about their employer or a provider (e.g. treatment provider) which they have been unable to resolve with the insurer in the first instance, should contact the State Insurance Regulatory Office (SIRA) .	Workers who disagree with all or part of an insurer's decision have the right to request a 'review'. A worker can ask for a review by the insurer, or lodge a dispute directly with the Personal Injury Commission (PIC) Workers who are unsure who to speak with can reach out to IRO for support.

An interview was conducted with two representatives from the IRO to gain their views on the WC Assist Pilot. The interview was conducted in early June 2023.

IRO's relationship with SIRA was described as collaborative, with a [MoU](#) governing the interactions within the relationship, with regular engagement meetings to discuss cases of concern and trends.

Perceived Purpose & Benefit

The WC Assist Pilot was viewed to be modelled on CTP Assist, to provide information and educate about the workers compensation process.

When an issue (complaint) is identified that is under the IRO's jurisdiction, where necessary such matters should be referred directly to the IRO, ideally via a "warm handover" (noting the need to distinguish between what is a compliant vs dissatisfaction with a decision).

Perceived Challenges/Issues

[Is 5/10 weeks the most appropriate time to contact a worker?](#)

Whilst IRO recognised the benefit workers may perceive from the WC Assist service (in particular, filling information gaps), the question was raised whether the current outbound call contact points (5/10 weeks) were the best times to contact the injured worker. No specific view was held on what would be the best time, other than it should be a matter that the Review should consider.

[WC Assist should not reach into IRO's realm of responsibility, noting the IRO also provides workers with information about the claims process](#)

Critically important, was that WC Assist activity does not duplicate IRO's role, noting the IRO also provide information to workers that assist them to self-navigate the claims

³¹ SIRA. (n.d.). [Workers compensation pathways for complaints and disputes](#). [SIRA Website. Retrieved 23 July 2023]

process, noting the IRO does not have jurisdiction over complaints involving employers.

Interaction with workers is already a “crowded space” – potent to cause confusion

The comment was made that interaction with workers is already a “crowded space” involving the insurer; employer; treatment providers; and potentially legal representatives, IRO/ILARS, and PIC. Hence whilst there is merit to addressing “loss [absence] of information” workers may have, there is also “the risk of [unintentionally] creating confusion in a worker’s mind through multiple overlapping messages”.

Workers Compensation has far more support available in the early stages of a claim vs CTP

The premise that CTP Assist is successful, therefore a model based on this will equally be successful in workers compensation is a spurious deduction. This is in the context that injured workers are well supported (also with support also available from unions), versus injured motorists who have limited access to legal costs, with insurer/employer decisions/interactions not as prescriptive as workers’ compensation...“more gaps in CTP Insurance to play [fill]”.

WC Assist Branding should emphasise the service is not a dispute resolution service

Another concern raised is the need for clear branding of the scope of the WC Assist service. In the absence of this, the word “Assist” has the risk of being misconstrued to convey the impression that WC Assist is an active part of the dispute resolution process, rather than a service focused on information, education, and highlighting pathways for the worker in situations where they believe the insurer/employer may not be meeting their obligations.

Suggestions for Future Direction

Statement Intent is needed to define the WC Assist service

The intent of the WC Assist services needs to be clear (making explicit the service does not replicate the legislative functions of IRO/PIC).

Need to define Measures of Performance to define what success looks like

There was uncertainty about the value proposition the WC Assist brings, given no data is published by SIRA on activity outcomes, and measures of performance to define what success looks like. For example, to what extent is RTW a focus, and if a focus how is RTW outcomes/impact to be assessed?

Defining what good/success looks like for the WC Assist service (and reporting performance against this) is required, which would form the basis of an explicit value proposition statement.

Insurance and Care NSW (icare)

Introduction

Representatives from Insurance and Care NSW (icare) provided feedback SIRA's WC Assist Outreach Program (in Pilot) via video, in mid-June 2023, followed by a written submission.

The feedback (summarised below) was premised on the perception of WC Assist being rolled out on scale (at the extreme, an attempt to make outbound contact with the majority of workers), hence feedback should be interpreted in this context.

Perceived Purpose & Benefit:

icare acknowledged the WC Assist Pilot program's overarching aim is to help injured workers direct their claims journey, understand the benefits of good work, and take an active role in their recovery.

Perceived Challenges/Issues

Duplication of existing programs aimed at improving return to work

Concern was expressed that WC Assist duplicates existing icare initiatives to enhance return to work (RTW) and will exacerbate the existing complexities of the workers compensation scheme (refer below). Duplicating these processes may lead to poorer outcomes for those we serve and lead to operational inefficiencies.

Introducing another point of feedback into the process could be confusing for the injured worker.

It was recognised that navigating the workers compensation process is complex and injured workers have interactions not only with frontline personnel but with other stakeholders such as service providers, rehabilitation coordinators, RTW coordinators, icare personnel and case managers. icare considers increasing the number of stakeholders contacting injured workers, such as through SIRA's WC Assist program, was viewed to create confusion in an already complex system especially for injured workers with psychological injuries, and when existing programs are yielding good results. Confusion around who to contact with issues and in the passing of information around issues could delay the RTW journey.

Differences in scheme design of workers compensation and CTP schemes

The support network available to injured people in the Compulsory Third Party (CTP) scheme is viewed as different from the one available in the workers compensation scheme, making programs such as CTP Assist valuable for injured people.

In the workers compensation scheme, the injured worker's support network includes RTW initiatives coordinated by icare, the CXM program, icare's new claims management model, Unions, Employer Groups and free and independent legal advice through ILARS. In light of all these programs already available, icare considers that careful consideration should be given to the value of rolling out the WC Assist program [on scale].

Suggestions for Future Direction

Defining the Problem & assessing whether existing programs can address the problem

icare considered the WC Assist program would benefit by specifying the challenges it is attempting to address, then consider whether those challenges can be overcome by the existing support avenues for injured workers. The following examples were provided in a written submission:

- icare has in place an array of return to work (RTW) initiatives that target early recovery and have a focus on psychological claims. Further, in the Nominal Insurer, icare's new claims management model will offer specific and tailored support for injured workers and their claims journey.
- Icare understands that negative customer experience can impact RTW outcomes, icare has a well-established *Customer Experience Measurement* (CXM) program which provides all injured workers with an opportunity to provide feedback on their experience so it can be improved, aiming to resolve issues in a timely manner to ensure optimal outcomes for injured workers.

The CXM program allows icare and its Claim Service Providers (CSPs) to identify, address, and resolve issues experienced by injured workers during the claim process. As part of the program, icare sends survey invitations at varying points through the claim process to the injured worker i.e. at claim lodgement, when a payment is made, at 12 weeks (if applicable) and when the claim is closed. A core part of the program is the Short Loop Service Recovery (Service recovery) that allows CSPs to identify, address and resolve issues experienced by workers. *Service recovery* is initiated when an injured worker gives a score of 1 or 2 to the customer satisfaction question and permission to contact. Contact is made with the customer by the CSP by telephone within 48 hours for urgent issues, and the issue is resolved, where possible within 7 days.³²

The CXM program more broadly allows icare to measure other facets of the customer experience that are closely aligned with the RTW experience. For example, when rating their CSP, injured workers are asked if they have understood the steps in the process, and if they have understood what is needed of them throughout the claims process. Moreover, for those injured workers who are yet to return to work, the CXM program measures whether the injured worker is confident their CSP will help them to return to work. These measures enable icare and CSPs to review their experience when it comes to preparing for RTW.

³² -For the financial year to date, 4,525 injured workers have provided their feedback as part of the CXM program.

CHAPTER 5: ALIGNMENT

Alignment with Act 1998 – Section 23(1)(n)

Context

The 1998 Act contains the following clause relating to the functions of the Authority (SIRA)

§23(1)(n) to provide advisory services to [workers, employers, insurers](#) and the general community (including information in languages other than English) (refer **Annexure B**).

Alignment with §23(1)(n) 1998 Act

There is no definition of the term “advisory service” in the 1998 Act. The Collins Dictionary describes the word “*advisory*”, as an adjective [to the word Service}, and in the context of service provided by a group, provides the following illustration example of “*an advisory group regularly gives suggestions and help to people or organisations, especially about a particular subject or area of activity”.*

The clause also refers to information, implying the Advisory Service operated in the domain of information provision.

In Australia, the term “advisory service” is used in the context of a *public service* (generally provided free of charge) or *commercial services* such as in the field of management/business consulting or personal services – that leads to the provision of specific advice charged on a commercial basis.

The following are examples (website extract) of “Advisory Services “ offered as a *public service*:

Box 1 Examples of Public Advisory Services (Australia) – Website Extracts

[Employer Advisory Service](#) (EAS) is a free service offered by the Fair Work Ombudsman to help small businesses *understand their workplace obligations.... help you understand your workplace obligations* as an employer under the Fair Work Act, the National Employment Standards, awards and enterprise agreements. For example, issues like wages and allowances, leave and record keeping.

Want your workplace to be safe and well everyday? Our Advisors can help you. Our service is free and we offer ongoing support.

[WorkSafe Advisory Service \(Tasmania\)](#), Want your workplace to be safe and well everyday? Our Advisors can *help you*. Our service is free and we *offer ongoing support*. Advisors can visit your workplace and help you: identify hazards, conduct your own risk assessments, recognise opportunities for improvement, *understand* and meet your work health and safety obligations, ensure your policies and procedures are up to date and effective, communicate with your workers.

[CTP Legal Advisory Service](#) (SIRA NSW) The CTP scheme provides supports that can assist individuals through the claim's lifecycle. For motor crashes on or after 1 December 2017, the CTP scheme provides funding for legal costs for certain dispute types when a matter proceeds to the Personal Injury Commission. In some instances where these costs are not covered, [by the CTP Scheme] SIRA provides injured people access to funded legal advice through the CTP Legal Advisory Service..... contact CTP Assist on 1300 656 919 to confirm your eligibility and arrange a telephone-based consultation between you and a lawyer from the service. CTP Assist can also arrange for an interpreter for you, if required. {Note: in this example, the *help* provided by SIRA is arranging for the injured person to talk to an external third party (i.e. lawyer) who provides advice.

Defining the WC Assist “Service” (Synthesis)

Since the concept of making outbound calls to workers, as part of the 10-Point Plan (December 2022), the program has evolved. Starting from the ‘Problem Pack’ that outlines the intent of the Pilot signed-off by SIRA ELT in May 2022, the following documents illustrate the continued refinement of the service offering: Letter of Invitation for Insurer Partners to join the Pilot (August 2022), explanation of the program's outworking as presented in *Insurer On-Boarding Presentations* (November 2022), and the processes outlined in the WC Assist internal documents: *Call Manual* and *Insurer Onboarding Requirements* that were current at the time of the Review coding (July 2023).

At present, there is no definitive statement for the current WC Assist service.

Based on a linguistic analysis of the above documents, the following service statement under Box 2 is derived (refer to **Appendix 5** for detail on the progressive emergence of themes leading to this derivation).

Box 2 Statement on the [Current] Service provided by WC Assist (Synthesis)

WC Assist provides an outbound call service, by SIRA Customer Support Officers (CSO), to workers who reach a specified time early in their claims journey, who are in a class of workers considered to be at risk of poor RTW outcomes, and who have been referred by the Insurer Partners for contact by SIRA, subject to agreed criteria.³³

The **purpose** of the [initial] contact is to discuss with workers their experience in the claims journey, and provide information and advice to address any gaps in their understating and navigation the worker compensation systems, and respond to any questions. It is envisaged this will equip workers to be better empowered to navigate and direct their claim and return to work, understand the health benefits of good work, and take an active role in their recovery.

It is voluntary for workers to participate in a discussion and they may "Opt-Out". For workers who are "Not Contactable" (or "Opt Out"), correspondence is sent to the workers explaining the intended purpose of the call and detailing where to find information on the workers compensation scheme.

Should a discussion proceed, this presents the opportunity for the workers to discuss and raise concerns/questions they have relating to their claims journey. The CSO may provide *relevant information* (via educational-styled discussion), that may *help* workers in any of the categories below:

- *Navigate the claims journey (recovery and RTW)*
- *Understand:*
 - their choices, benefits and entitlements³⁴
 - their RTW options
 - the health benefits of good work
 - where/who to contact for assistance on matters of concern/issues that may have.

A Follow-Up Contact may be made by the WC Assist CSO to workers to check-in on matters discussed in the Initial Contact, should the worker agree.

Where a material matter is identified in the conversation, and where relevant, the WC Assist CSO may (with the worker's permission) refer the matter to a third party with jurisdiction to address/resolve the matter concerned, and to respond directly to the worker.

Insights from discussions with workers and post-call surveys (subject to privacy constraints) may be shared with Insurer Partners/Employers to help improve operational processes that support the workers' experience in the claims journey (broadly defined), which may also have wider application across the scheme.

Based on the above, the WC Assist service (as defined in the observed service offering above) in the opinion of the Reviewer can be defined as an "Advisory Service", in the context of providing suggestions and help to people and organisations. A key element is centered on information provision (and help to understand), that ultimately may prompt insight or progressive action by the recipient.

³³ At present, unless otherwise agreed, are week 5 post Dol with partial and no current capacity, provisionally or accepted liability, and Not a high risk or no contact request customer and have been referred by their insurer to SIRA as prospects to contact.

³⁴ This reflects WC Assist Pilot current description used in correspondence. This is inconsistent wording used under **SIRA Claims Management Principles** that cites "...their rights, entitlements and responsibilities, and making clear what workers and employers can expect from insurers and other scheme participants".

Finding 1

The WC Assist service can be defined as an “Advisory Service” in the context of providing suggestions and help to people and organisations. A key element is centred on the provision of relevant information (and help to understand), that ultimately may prompt insight or progressive action by the recipient.

On the presumption that WC Assist is not a forum for resolving disputes and complaints, it is not unreasonable to affirm that the WC Assist Pilot is in alignment with §23(1)(n) of the 1998 Act.

Alignment with SIRA 2025 Strategy

SIRA2025 was launched in March 2022³⁵. It establishes seven goals and a set of strategic priorities to strengthen SIRA's performance as a customer-centric, intelligence-led, risk-based regulator ³⁶ and deliver improved outcomes for the people of NSW (refer **Annexure C**).

SIRA2025 introduces seven goals focused on enhancing organisational capability and driving improvements in the areas that will have the greatest impact.

1. Putting customers at the centre
2. Building and supporting our talent
3. Enhancing our capability through digital
4. Setting the benchmark for governance, culture, and accountability
5. Strengthening our regulatory capability
6. Holding regulated entities to account for outcomes
7. Maintaining a contemporary regulatory environment.

Putting Customers at the Centre

SIRA positions itself as a customer-centric regulator that always takes decisions and actions that will lead to the best possible outcomes for customers, and takes decisions and actions accordingly. The following set of focused strategic priorities will guide SIRA's work until the end of 2025 concerning “putting customers at the centre”.

- **Customer voice:** SIRA actively engages with and advocates for customers to ensure its programs, actions, and initiatives have a positive impact
- **Customer research:** SIRA uses qualitative and quantitative research and insights to ensure that scheme design and supervision are evidence-based
- **Improved customer support:** SIRA provides proactive support through information, direct contact, and easy to access services to optimise customer journeys
- **Education and information:** SIRA makes it easy for customers to understand their choices, rights, and entitlements

³⁵ SIRA. (2022). *Strategy*. [SIRA Website. Retrieved 24 July 2023].

³⁶ SIRA. (n.d.). *Regulatory Framework*.

SIRA takes a risk based outcomes focussed approach to regulation, giving flexibility to select the most appropriate response for the situation. SIRA takes the following factors into account to ensure a proportionate response: Seriousness, Harm, Entity behaviour, Regulatory behaviour, and Impact. *Education* is part of the Regulatory toolkit. SIRA educates, increases awareness and build capability through the provision of guidance, insights and the sharing of knowledge and research (pp. 18,22).

- **Setting the standard:** SIRA's Customer Service Conduct Principles drive improved outcomes
- **Transparency:** SIRA publishes clear and transparent information about its activity and the performance of the schemes, insurers, and other regulated entities
- **Trust in schemes:** SIRA actively measures trust and the impact the schemes have on equipping and empowering people to drive their recovery.

In the opinion of the Reviewer, the WC Assist Pilot is in alignment with the strategic priorities of *Improved customer support*, and *Education and information*.

However, operationally this should be interpreted in the context of the SIRA's overarching Regulatory Framework, in that the factors such as the risk of harm and seriousness should drive a proportionate response.

Finding 2 It is not unreasonable to affirm that the WC Assist Pilot is in alignment with SIRA 2025's Goal of "*putting customers at the centre*", specifically concerning the strategic priorities of "*improved customer support*" and "*education and information*" to guide this work.

Notwithstanding, operationally this should be interpreted in the context of SIRA's overarching Regulatory Framework, in that the factors such as the risk of harm and seriousness should drive a proportionate response.

Alignment with NSW Government Customer Commitments

The NSW Government outlines a set of customer Commitments intended to give a clear picture of what to expect when interacting with services, to ensure customers have a first-class experience, every time.³⁷

The six customer commitments are stated, comprising: easy to access; act with empathy; respect my time, explain what to expect, resolve the situation, and engage the community (refer **Annexure D**).

In the opinion of the Reviewer, the design and conduct WC Assist Pilot is in alignment with NSW Government Customer Commitments.

Finding 3 It is not unreasonable to affirm that the WC Assist Pilot is in alignment with NSW Government Customer Commitments.

An area that requires improvement is strengthening efforts to ensure workers are better aware they may be contacted by WC Assist, and what is expected from them.

³⁷ Government of NSW. (n.d.). *Customer Commitments*. [NSW Gov't Website. Retrieved 24 July 2023].

Alignment with Department of Customer Service (DCS) Values

The Department of Customer Service (DCS) is a service provider, regulator and central agency of government, under which SIRA falls. DCS was established on 1 July 2019. Its role is to help:

- establish the customer at the centre of all programs and initiatives across the NSW Government
- deliver a more consistent and efficient digital experience with government
- use data and behavioural insights to drive customer service improvements
- engage more effectively with the people of NSW.

DCS employees are bound by four core public sector values of integrity, trust, service and accountability. These core values are aimed at helping employees remain fair, ethical and transparent³⁸ (refer **Annexure D**).

The Vision and Culture statement to which the WC Assist team has committed (below) in the opinion of the Reviewer is strongly aligned with the DCS Values.

Figure 24 WC Assist – Vision and Culture Statement

Our Vision and Culture statement

- **Our team vision statement – What we will achieve**
To empower customers through quality education and information about their choices, rights and entitlements in their Workers Compensation journey.
- **Team Culture statement – How we will achieve it**
We work together within a team environment of mutual respect, honesty and integrity.
We are energetic, knowledgeable and we are accountable to our work and our team.
We support a diverse and inclusive team environment which fosters collaboration and new ways of working.
We create intentional connectedness by investing in our wellbeing and personal growth to promote a culture of recognition and trust which ultimately links back to the business.
We create opportunities to serve our industry as well as our community.

Finding 4 The WC Assist team culture statement, in implementing the WC Assist Pilot is strongly aligned with the Department of Customer Service Values.

³⁸ Government of NSW. (n.d.). [Department of Customer Service](#). [NSW Gov't website. Accessed 24 July 2023]




CHAPTER 6 – IMPLEMENTATION ASSESSMENT

This Chapter provides an assessment summary of whether WC Assist, activities have been implemented as intended, key challenges encountered in implementation, and whether there have been any unintended positive or negative consequences of how WC Assist (in Pilot) is delivered.

It is noted that the WC Assist program is a Pilot, and therefore would be expected to evolve. The assessment of whether activities have been implemented as intended is based on the “Solution and Expected Outcomes” as presented in the “*Problem Pack*” published in May 2022, and signed off by SIRA's ELT.



Have the WC Assist, activities been implemented as intended?

Table 11 Assessment of WC Assist Pilot Implementation: Solution

Element	Assessment
Solution	
<i>Develop evidence to support a decision about whether and how best to design an ongoing service (including which customers to target and when) at the conclusion of the Pilot</i>	
Partner with insurers to provide regular, early data of new claims	 This has been fully implemented and executed as intended. Claims data on new claims is provided by Partner Insurers at an agreed period (4 weeks Post DoI), which is earlier than SIRA would have otherwise would have received claims data from Insurers under licensing agreements,
Referral to other services where appropriate – e.g. insurer, providers, IRO, PIC & inspectors	 There is strong evidence of ‘Physical’ Referrals to Partner Insurers have been issued, to resolve individual matters, that in some cases have led to process improvement by the insurer/employer. It is noted there have been very few Physical Referrals to IRO, PIC and the RTW Inspectorate during the Pilot. There is recorded evidence of “ <i>Educational / Discussion</i> ” Referrals occurring during conversations, whereby the workers are provided information to help them progress a matter(s) of concern. Improvement could be made to this process by explicitly referencing/linking points of contact raised in <i>Educational Discussion</i> within post-call correspondence. Generally, improvement can be made to collect data on the <i>reason causing the need for Referral</i> which is required to identify and respond to underlying systemic causes/improvement opportunities
Explicit focus on CX and other ‘personal domain’ factors that impact RTW	 There is strong evidence of a very good customer experience in the service delivered by WC Assist CSOs (post-call feedback survey). The Call Manual scripting provides the opportunity to discuss personal domain factors. An area of improvement is the recording of data on which CX/personal domain factors were perceived by the worker as inhibiting their recovery and RTW to provide insight to identifying and responding to systemic issues/improvement opportunities.

Element	Assessment
<p>Actively test-and-refine of service variables – e.g. when and how often to call, skills of caller, what to say, what interventions to offer</p>	<p>It is difficult to assess this element given any procedural improvement appears to be informal/dynamic, rather than facilitated through a structured testing regime that is documented. Although the Call Manual has remained unchanged during the pilot, it is noted that WC Assist daily "huddles" (informal group meetings) provides the opportunity to discuss issues and ways to improve service. In interviews with Insurer Partners one insurer stated that CSO work practices in providing Referrals had changed to better align with support to the workers offered through the employer. Another example is feedback in the CSO Team Member workshop (conducted as part of the Review) where there is now a general understanding not to contact teachers between 8:30am – 3:30pm following feedback from a worker.</p>
<p>Develop evidence to support a decision about whether and how best to design an ongoing service (including customers to target and when) at the conclusion of the Pilot</p>	<p>A considerable amount of information has been compiled through data collected in the Salesforce CRM and post-call feedback surveys.</p> <p>However much data is unstructured (such as freehand notes) with reported insights focused on activity/outputs, rather than perceived underlying causes of poor CX/barriers that may detract recovery and RTW. This limits insights that can be derived on opportunities for better risk targeting of workers contacted, and the design of interventions to address systemic issues.</p> <p>It is noted that a proportion of workers contacted during the Pilot had already returned to work with full work capacity when contacted, and the utility of effort in targeting these workers is likely to be marginal.</p> <p>An insight from analysis undertaken in the conduct of the Review, is that one in eight workers thought there would be benefit from earlier contact, regarding informational support on entitlements and navigating the claims process. This is useful to consider in designing a future state.</p> <p>There was also anecdotal evidence collected as part of the Review on barriers to service delivery, that can be considered in future state design. This includes a proportion of workers perceiving the Initial Contact call to be a "scam", and the lack of real-time claims data available to CSOs, and date stamping the current work status code at time of CSO contact in Salesforce CRM activity record.</p>

Table 12 Assessment of WC Assist Pilot Implementation: Expected Outcomes

Element	Assessment
Expected Outcomes	
<i>SIRA will have strong evidence on which to make a decision about whether and how to establish an ongoing outreach service in WC, including whether the Pilot met its target of:</i>	
achieving the successful contact rate of 30% seen with CTP Assist	 <p>The contact ("Resolved") rate is in excess of 30% of workers attempted to be contacted.</p>
... equates to reaching 690 injured people a month	 <p>On average less than 100 workers per month were contacted with a discussion closed as "Resolved" (i.e. completed discussion occurred as per the Call Manual, the worker with no "Opt-Out").</p>
improving CX or other factors known to impact RTW ³⁹ for 45% of the people responding to its survey.	<p>It is unclear how this element was intended to be empirically measured and reported</p> <p>It is noted from the post-call survey, about 75% of workers post the Initial Contact, either Strongly Agreed/Agreed, with the question: <i>Thinking about the call you received, to what extent do you disagree or agree with the following statements:</i></p> <ul style="list-style-type: none"> • I have a better <i>understanding</i> about my claim and recovery journey • I have a better <i>understanding</i> of my options to return to work • I have a better <i>understanding</i> about my choices, rights and entitlements under the workers compensation scheme. <p>However, it is unclear how the above relates to improving CX or other factors known to impact RTW, noting a proportion of respondents to the survey were back at work with a full or partial work capacity.</p>

Unintended Consequences Implementing the WC Assist Pilot

Chapter 4 (stakeholder perspectives) identifies perceived benefits and challenges/issues associated with implementing the WC Assist Pilot. None of these point to a failure of the Pilot, rather they are matters that should be considered in the design of any future state.

³⁹ Five modifiable personal domain factors are; **Self-efficacy** – workers with greater belief in their ability to achieve goals have better RTW, **recovery expectations** – workers with stronger expectations of recovery have better RTW, **perceived work ability** – lower perceived work ability is associated with worse RTW outcomes, **pain catastrophising** – workers who describe a pain experience in exaggerated terms, ruminate on or feel helpless, or avoid situations, have worse RTW outcome, **concern about making a claim** – a positive response from a worker's supervisor is associated with a durable or sustainable RTW.

Unintended (Indirect) Positive Consequences

A key indirect benefit of the Pilot was feedback from Insurer Partners that Referrals made by WC Assist CSOs had resulted in the matters of concern being resolved with workers before escalating to a formal complaint and dispute.

In several cases, feedback to Insurer Partners (via Referrals and Insights Meetings) helped the Insurer Partner to identify process improvement opportunities in managing claims.

Information provided to the worker by the WC Assist CSO (to understand the claims process, and their rights and entitlement) was perceived to have a two-fold indirect benefit on the basis the SIRA was independent of the Insurer/Employer, and therefore the information/education provided was unbiased.

From a Partner Insurer's perspective, having an independent body (SIRA) provide education/information, had the potential to confirm/validate [in the worker's mind] that the Insurer had acted appropriately when a correct action/decision was made (therefore avoiding an unnecessary complaint or dispute).

From a worker's perspective, where there was a matter of concern, the fact that SIRA was an independent body, the information provided was unbiased, therefore giving greater confidence in navigating the claims process, and a better understanding of rights and entitlements when discussing matters of concern with their employer/insurer.

One insurer was also of the *opinion* that due to a worker perceiving SIRA to be independent of the Insurer/Employer, they would be more likely to discuss matters of concern with a WC Assist CSO in the first instance (rather than raising with the employer/insurer fearing reprisal).

Unintended (Indirect) Negative Consequences

The six [randomly selected] workers interviewed in the course of the Review advised were not expecting an Initial Contact call when received, did not know who SIRA was, nor the purpose of the call. Some workers thought the call was a "scam". This has the potential to reduce the number of workers willing to discuss their claims journey (i.e. "Opt-Out") or result in a guarded conversation that limits the utility.

Post the First Outbound Contact, two of the six workers unprompted recall was that they thought the purpose of the call was for *SIRA to check that the insurer/employer was doing the right thing* - this is not consistent with WC Assist's intended call purpose.

Two of the six workers interviewed, also commented that they were already dealing with many people about their claim at the time of the Initial Contact call (i.e. the Insurer, Employer, treatment providers, etc.), and SIRA was now another party to talk to. For one worker providing this feedback, the discussion with the WC Assist CSO had a positive outcome, for one worker the call was very unhelpful. This issue needs to be addressed in the design in a future state service delivery model.

One Insurer Partner's perspective raised concern that the WC Assist outbound call regime, in the longer term and with change in SIRA management, could transform into a compliance auditing tool (a concern also expressed by an Insurer not willing to participate in the Pilot). If this were to eventuate, there are two material issues: *First*, is reliance on the efficacy of worker feedback, which if unchecked may result in an unnecessary regulatory response. *Second*, was that using WC Assist as an adjunct compliance tool undermines the collaborative partnership model upon which WC Assist is based.

CHAPTER 7: DISCUSSION AND RECOMMENDATIONS

Discussion and Recommendations

Program Logic of the WC Assist Pilot

The WC Assist Pilot origin derives from being part of a suite of programs aimed at improving RTW performance across the NSW workers compensation system, under the 10-Point Plan launched in December 2021. In this context, the concept of a WC Assist service cannot be regarded as the one singular activity that will improve RTW performance across the scheme.

The WC Assist implementation approach for the Pilot as formulated in May 2022, under the '*WC Assist Outreach Service Problem Pack*', clearly identified that "*given RTW complexity, impact on actual RTW outcomes from a small cross-sectional sample can't be evaluated*".

From this basis, the **Program Logic** took the following direction:

- (1) Modifiable factors in the personal domain that are known to affect *RTW outcomes could potentially be improved through an outreach call*, and
- (2) Some of those factors relate to *customer experience*, and
- (3) The number one issue customers across schemes say would improve their experience is *better contact and communication*,⁴⁰ and
- (4) A proactive outreach *information and advisory service* [to workers] could improve customer experience and/or other factors known to affect RTW outcomes for people injured at work.
- (5) SIRA is a trusted party to listen to and empathise with workers, the *information and advisory service* will provide
 - a. *Evidence-based support for optimal early intervention* (direct, objective, personalised advice on the worker's claims journey and experience)
 - b. *Referrals to further support where needed/appropriate* (e.g. insurer, providers, IRO, PIC & RTW Inspectors)
- (6) As the impact on RTW outcomes was unlikely to be measurable, customer experience measures would serve as a proxy (lead) indicator for the Pilot's success.

The above program logic, as presented in the '*WC Assist Outreach Service Problem Pack*' (May 2022), does not explicitly refer to the anticipated behavioral response from workers arising from the provision of information and advice.

⁴⁰ No reference was made for the evidence base to support this proposition. There is evidence however to support *better contact and communication* as a high ranking primary suggestion to improve *Trust* in the compensation scheme to help get back to work (refer to later discussion in the Chapter).

In this regard, there are several reference points to highlight the anticipated behavioral response. Under the 10-Point Plan, reference is made that *“contact will equip workers with the information they need to improve their understanding of the health benefits of good work and **drive** their recovery”*. The WC Assist team vision statement states *“**Empower** customers through quality education and information about their choices, rights and entitlements in their workers compensation journey”*. These concepts are expanded upon in a SIRA Press Release (August 2022):

- workers have the information and tools they need to **navigate** their claim and return to work
- [help] workers **direct** their claims journey, understand the health benefits of good work, and **take an active role** in their recovery.

Empowering the Worker

Empowering the worker, is a key element in the *National Return to Work Strategy 2020-2030*⁴¹ in that workers knowing how to access help from those who can advocate on their behalf is an essential support mechanism for the worker.

This support may come from formal advocates such as representative unions, lawyers and community organisations who can assist workers to navigate the workers' compensation system and return to work process, and understand the role that good work can play in their recovery. Having access to information on the process and the support to navigate it, and understanding the health benefits of good work and their own physical and psychological health will better enable the worker to aid in their own recovery and return to work (Safe Work Australia 2020, p.22).

What are “Modifiable Personal Domain Factors” Impacting RTW?

The Personal domain includes biological, psychological, behavioural and social factors as they relate to the worker⁴². There is moderate to strong evidence for sixteen RTW factors relating to the worker⁴³ of which eleven are unmodifiable⁴⁴, and five are readily modifiable highlighted below (refer **Appendix 6**).

self-efficacy - workers with greater belief in their ability to achieve goals have better RTW

recovery expectations - workers with stronger expectations of recovery have better RTW

perceived work ability - lower perceived work ability is associated with worse RTW

⁴¹ Safe Work Australia, (2020). *National Return to Work Strategy 2020-2030*.

⁴² SIRA/ (2020). *Reversing the trend Improving return to work outcomes in NSW*. [Published October 2020. Retrieved SIRA website 16 July 2023].

⁴³ Collie, A., Lane, T. di Donata, M, and Illes, R. (2018). *Barriers and Enablers to Return to Work: Literature Review*. Monash University. [Published August 2018. Retrieved Monash University website 16 July 2023]. This publication is also available at. <https://doi.org/10.26180/23682051.v1>.

⁴⁴ The non-modifiable factors include demographic and injury or pre-injury characteristics of the worker such as their age, level of education, income or socio-economic status, and their history of prior sickness absence. It should be noted that several non-modifiable factors are likely to influence the extent to which other factors are modifiable. For example the ability to change a workers' perception of their work ability may be related to their age or level of education (ibid. p.14).

pain catastrophising - workers who describe a pain experience in exaggerated terms, ruminate on or feel helpless, or avoid situations, have worse RTW

concern about making a claim - workers who are concerned about making a claim have poorer RTW outcome. A positive response from a worker's supervisor is associated with a durable or sustainable RTW.

A measure to verify the extent that the outcomes of an outbound call [by WC Assist] directly impact these factors in the early stages of the claims process (and feedback loops to improve the design of Call Scripting) has not been defined. However, there is evidence that the following WC Assist contact in the Pilot, the majority of workers perceived that they better understanding of the claims process and how to navigate, and where/whom to contact with matters of concern. it would not be unreasonable to assume they would have an impact on the following factors:

- a. Positively impact the personal domains of 'self-efficacy', 'recovery expectations', and better equip workers to deal with matters relating to 'concern about making a claim'.
- b. Better equip workers to participate in the RTW planning process (RTW improves when the process is planned and the actions of the worker, the workplace and external parties are coordinated)

It should be noted that these questions measure changes in perceived understanding, not necessarily resultant actions and impact on recovery and RTW (at present this can only be inferred). Data collected and modification to the post-call survey question for the WC Assist Follow-Up Contact would provide greater insight.

Customer Experience through Better Contact and Communication

While good customer experience does not directly lead to recovery (including RTW), it has been shown that it is an important foundation to people achieving optimal health and social outcomes.⁴⁵

The opportunity to improve customer experience, through "better contact and communication" appears to be inferred from the 'State Insurance Regulatory Authority Customer Experience, Trust and Outcomes Survey'.⁴⁶ In this survey 'Trust in the scheme to help get back to work' was strong when people felt that processes were working appropriately and when service providers were perceived as helpful, compassionate, or understanding of their situations. For respondents who were neutral or did not Trust the scheme help get back to work, in response to a question of the one change that could be made to increase their Trust, the highest ranked responses were 'Improve communication, contact or follow-up' and 'Improve information, explanation or advice'.

⁴⁵ SIRA. (n.d.). *Summary of the SIRA (2020) Customer Experience and Health Outcomes Study*. [Retrieved SIRA Website 20 July 2023].

⁴⁶ Social Research Centre. (2023). *State Insurance Regulatory Authority Customer Experience, Trust and Outcomes Survey– Final Report* [Published February 2023. Report commissioned by SIRA]. The trends presented throughout this report are based on bivariate analysis, that is, analysis examining the relationship between two variables in isolation. This is appropriate for reporting data at an overall level but will not fully account for other factors such as the persons demographics or experiences. Due to these considerations, causality should not be inferred (p.149).

The survey comprised a cross-sectional sample of workers who had made a claim and received benefits for various periods - with about three quarters between 0-60 weeks (claims were either open or finalised at the time of the survey).

64% of respondents stated they had Trust in the scheme to help get back to work, and 36% stated they did not (or were neutral).

Of the workers who were neutral or did not Trust the scheme to help get back to work, about one in eight (12%), suggested the one thing that would most improve their Trust was "*Improve communication, contact or follow-up*", followed by 11% suggesting "*Improve information, explanation or advice*".⁴⁷

It should be noted that the above survey, focused on the interaction with Insurers, and service conduct generally. Customer experience overall was relatively strong,⁴⁸ with negative perceptions of insurers more common among those experiencing pain, who hadn't returned to work and had a probable serious mental illness.

Recommend Strategic Approach

SIRA's publication '*Recovery Through Work Measurement Framework*'⁴⁹ summarised research evidence of modifiable factors that positively influence RTW across four key domains that work together to influence outcomes. The four domains were (a) personal, (b) workplace, (c) healthcare, and (d) insurance and compensation.

There was moderate-strong evidence of the need to address modifiable factors across in at least two of these domains to improve outcomes, noting that RTW improves when the process is planned and the actions of the worker, the workplace, and external parties are coordinated (ibid. pp. 4-5).

This is consistent with the *National Return to Work Strategy 2020-30* that highlights a multi-faceted approach underpins better practice in supporting recovery and return to work.⁵⁰

⁴⁷ Ibid. pp. 68-69.

⁴⁸ The highest scoring sentiment domains were '*Treated me with dignity and respect*' (81% agree/strongly agree) followed by '*Kept me informed about my claim*' (73%) and '*Advised me of my rights, be that in writing or verbal*' (72%). From a justice perspective, the two highest scores were *Interpersonal Justice* (4.1 out of 5 in 2022 – consistent with 2020 results) and *Informational Justice* (3.7 in 2022 vs 3.4 in 2020, the change not statistically significant), followed by *Distributive Justice* and *Procedural Justice* (each scoring 3.7 – consistent with 2020 results).

⁴⁹ SIRA. (2021). *Recovery Through Work Measurement Framework* [Published August 2021. Retrieved SIRA website 16 July 2023].

⁵⁰ Safe Work Australia. (2020). *National Return to Work Strategy 2020-2030*.

Crystallising the value of WC Assist through a Collaborative “Opt-In” Model

For the WC Assist Pilot, the degree to which there has been a positive impact on the personal (workers) domain, can be inferred from the post-call survey results. The survey results indicate that the majority of workers [successfully contacted] found value across multiple dimensions, including a better understanding of the claims process/journey ahead, and their benefit entitlements, and felt comfortable talking to a neutral party (SIRA) about matters of concern without fear of retribution by the insurer/employer. Contact with workers had led to a significant number of Referrals, and for some, greater confidence/assurance regarding appropriate claim decisions.

However, the potentially greater value of the WC Assist Pilot has been derived through a “collaborate partnership” with the Insurer and Employers in being open to receiving and acting upon Referrals from WC Assist; having regular evidence-informed dialogue from Insights Meetings, which has led to early resolution of matters of concern of workers (avoiding costly disputation and complaints; and helping to identify opportunities to systematically improve processes to improve the workers claims experience.

It is important to note that WC Assist Pilot is based on a collaboration model, that requires establishing procedural and governance structures that define roles and responsibilities. This also helps to mitigate the risk of SIRA as a Regulator (and provider of an Advisory Service) inadvertently stepping into the Insurers' domain of claims management.

Finding 5

Under the WC Assist Pilot, the majority of workers [successfully contacted] found value through a better understanding of their claims process/journey, benefits/entitlement, and being comfortable talking to a neutral party (SIRA) about matters of concern without fear of retribution.

As a program overall, the greater value had been derived from a “Opt-In” collaborative partnership model, with Insurers/ employers being open to receiving and acting upon Referrals, and having a regular evidence-informed dialogue about insights generated from the program. This has led to the early resolution of matters of concern to workers (avoiding costly disputation and complaints) and helped to identify opportunities to systematically improve processes to improve workers' claims experience.

Recommendation 1

On the basis that an “Opt-In” collaborative partnership model between SIRA: Insurer: Employer is perceived to generate value for workers and Insurer Partners, subject to resource constraints, there should be no reason that the WC Assist program as an outreach advisory service (whether by phone or other communication channels) should cease post the Pilot phase.

This is predicated on the basis that entry into the WC Assist program is a voluntary “Opt-in” participation by Insurers (or large employers), with defined procedural, governance, quality assurance, and worker safeguard protocols. Such an agreement, should at a minimum state roles and responsibilities, making it explicit that WC Assist is an Advisory Service that does not step into the legislative obligations of Insurers, Employers, or parties responsible for the resolution of complaints and disputes. In matters of material concern to workers, WC Assist may suggest Referral avenues for the worker to pursue resolution.

Forced "Opt-In"

Recommendation 2

Having established the WC Assist program as an ongoing Advisory Service, with the view to realising benefits in process improvement, there is an opportunity to leverage the program, where appropriate, as a "Forced Opt-In" associated with a remediation plan under SIRA's Regulatory Framework.

Duration for "Opt-In" Partners

Premised on WC Assist providing insights that can lead to process improvement within Partner Insurers/Employers, that are likely to have a positive (sustainable) impact on future workers' experience and recovery/RTW prospects, there will come a point where the ongoing cost of maintaining the service (for SIRA as well as Partner Insurers/Employers) outweighs the benefit.

On this basis, Partner Insurer/employer continued participation in the WC Assist program, should be reviewed periodically. Indicatively, Partner Insurers/employers entering the program should commit to at least 12-24 months, with periodic reviews thereafter (not less than annually) to continue on the program with mutual agreement.

Recommendation 3

Partner Insurer/Employer continued "Opt-In" participation in the WC Assist program should be reviewed periodically. Indicatively, Partner Insurers/Employers entering the program should commit to at least 12-24 months, with periodic reviews thereafter (not less than annually) to continue on the program with mutual agreement.

Under what circumstances could WC Assist Advisory Services extend beyond an "Opt-In" collaborative partnership model?

There are two streams to consider in responding to this question. *The First* is concerning a proactive outreach service. *The second* is concerning whether the service extends into a responsive inbound service (responding to unsolicited inbound calls and enquiries).

Proactive Outreach Service

There are several elements of the "Opt-In" collaborative partnership model under the WC Assist Pilot, that overlay the provision of pure informational advice:

- Workers are advised by their Insurer (or Employer as the case may be) that SIRA's WC Assist may contact them regarding their workers compensation claim journey
- The Insurer refers cases to SIRA for WC Assist to make contact with a worker, along with a base-level of claim information that may not yet be available to SIRA through the regular insurer claims data transmissions
- The Insurer may screen out high-risk claims (e.g. some psychological injury claims) or where workers have requested no-contact
- The WC Assist outbound call is integrated into a process agreed upon by SIRA /Insurer/ Employer, with formal feedback loops structured to discuss insights that may lead to process improvement

- With the worker's permission, Physical Referrals are provided by WC Assist to the Insurer (or the employer where this process has been agreed) for the Insurer/Employer to follow up directly with the worker on matters of concern. This enables concerns to be addressed early before escalating to a formal dispute or complaint.

In considering whether there is potential for the WC Assist service to extend beyond the "Opt-In" collaborative partnership model, two elements should be considered.

First is through the lens of SIRA's Regulatory Framework⁵¹, in that regulatory action by SIRA should be proportionate *inter alia* to the risk of harm and the expected impact that regulatory action will achieve⁵² (i.e. as a result of worker contact by WC Assist); and

Second is the extent that WC Assist (operating outside the "Opt-In" collaborative partnership model) can best be structured to align/integrate with broader initiatives operating under SIRA 2025 aimed at delivering improved outcomes. This element is premised on strong evidence that interventions across at least two domains (personal, workplace, insurance and compensation, and healthcare) significantly reduce time away from work following an injury - coordination and collaboration between all stakeholders involved in supporting the worker to recover at work is necessary to align expectations, develop a common goal and plan, and optimise outcomes.⁵³

Using a program-logic-styled approach, under the first element of consideration, activity by the regulator (that is appropriate, proportionate, and effective) should be directed/targeted to those most at risk⁵⁴. The question arises as to *what is the risk that needs to be addressed - that can be mitigated through informational advice, with resultant worker better understanding/ empowerment?* Is it (a) risk of a poor claims experience,⁵⁵ **or** (b) risk of a poor recovery/RTW outcome (in which poor claims experience may be a contributing factor)?

To help answer this question, reference should be made to the construction of the 1998 Act and SIGC Act objectives, and functions of entities under these Acts. If one assumes the order of subsections in the Acts reflects their primacy (cascading order of importance to which subsequent sections should have regard), this suggests the focus primacy should be addressing the *risk of a poor recovery/RTW outcome (in which a poor claims experience may be a contributing factor)*.

A "threshold test" for proceeding, is to define and confirm the efficacy/value of the program, specifically as to why SIRA contact with the worker will have an impact, that would not otherwise occur under activity to comply with the obligations of

⁵¹ SIRA. (n.d.). *Regulatory Framework*.

⁵² Ibid., p.18.

⁵³ SIRA. (2021). *Recovery Through Work Measurement Framework* pp. 4-5.

⁵⁴ Under SIRA's *Regulatory Framework*, 'customer risk' is one of four domains of regulatory focus (i.e. risk specific to a policy holder or a person with a claim, p.10).

⁵⁵ The term '*claims experience*' used in this discussion means: workers are empowered to navigate the claims journey and drive their recovery/RTW, through understanding: their choices, benefits and entitlements; RTW options; and the health benefits of good work.

insurers/employers/workers under the Act,⁵⁶ Regulations and Guidelines. Part of the response to the "threshold test" may include evidence of workers perceiving value discussion with an independent/unbiased party (SIRA) in the early stages of the claim journey that leads to (a) improved understanding and empowerment to workers better driving their claims journey that results in improved recovery/RTW outcomes,⁵⁷ (b) mitigation of disputes/complaints through early identification of matters of concern that would otherwise not be visible to the insurers/employer, and (c) insights from feedback from WC Assist and workers that leads to improving employer/insurer claims management and communication processes. If process improvement is the key benefit/value that can be derived/quantified, then it calls for a short-term rather than an enduring program.

To identify those most at risk of poor recovery/RTW outcomes, use of a computerised predictive model program (as used by SIRA's RTW Inspectorate to target employers who have workers at risk of poor RTW outcomes) can be employed. The predictive model algorithm(s) would require two refinements: *first*, to enable the output to list workers (not employers); *second*, to adjust the parameters of the model to give greater weighting (where possible/feasible) to factors that are "modifiable" in the *personal domain*, and underweight "unmodifiable" factors.

It is noted that SIRA does not receive data from Insurers for a least a month of DoL, hence allowing time for data cleansing and processing through the predictive model program. As such, any Initial Contact outreach may not be possible until 5 -6 weeks post DoL.

In addition, it will need to be resolved whether Initial Contact with a worker is to be via voice or correspondence (email or SMS), and defining the desired behavioral response from the worker following contact to guide the drafting of messaging/call-scripting guides. If Physical Referrals are to be an outcome arising from WC Assist contact, mechanisms will need to be established to ensure they can be appropriately actioned, which will require consultation with insurers and employers to design.

The second element of consideration is the merit of integrating with broader initiatives operating under SIRA 2025 aimed at modifiable factors in the *employer domain* that may support improvement in recovery/RTW⁵⁸ (refer to the earlier discussion on the need to address modifiable factors in more than one domain to be effective). It is also worth noting that there was some evidence emerging from the WC Assist Pilot that injured workers first sought information on the claims journey and entitlements from the employer/immediate supervisor (rather than the Insurers) and the information provided

⁵⁶ Refer 1998 Act, Chapter3, Part 2: *Obligations of Insurers, Employers and Workers*

⁵⁷ The design of the WC Assist Pilot was not conducive to quantifying the impact that contact with WC Assist had on empowerment (analysis of post call survey freeform commentary suggests that there was a positive impact for some), and the perceived impact on their recovery/RTW (this question was not asked in post-call surveys).

⁵⁸ Current SIRA initiatives operating in the *employer domain* include: the "Top 100 Employers" project; initiatives that may result from the "TMF Review" when it concludes in 2023; redesign of SIRA's predictive modeling algorithms to provide greater focus on larger employers for proactive engagement (outbound visitation) by the SIRA's RTW Inspectorate; and expansion of the volume of engagements by the Inspectorate that potentially may involve out-bound cold calling to employers.

was unclear or incomplete (indicating an opportunity for improvement).⁵⁹

It would seem prudent that employers (and insurers/claims agents where appropriate) impacted by the above SIRA 2025 initiatives are aware that workers may be contacted by WC Assist, and the purpose/expected outcomes from such contact.

Moreover, alignment with initiatives under SIRA 2025 can provide an effective mechanism/forum to (a) develop feedback effective loops for the sharing of insights, (b) design processes to effectively manage Physical Referrals (if they are to be generated), and (c) ensure WC Assist activity is optimally designed to reinforce broader SIRA 2025 initiatives and other insurer/employer programs (rather than inadvertently detracting from them⁶⁰).

Recommendation 4

It is feasible for periodic WC Assist outreach campaigns to be designed and implemented targeting workers within specific industry segments/ larger employers, that align with and reinforce broader SIRA 2025 initiatives aimed at assisting employers to best support injured workers to return/stay at work

This is predicated on a *program-logic-styled approach* to guide the design of a campaign (as used in the discussion leading to this recommendation), in consultation with employers and insurers to establish structured mechanisms to provide feedback on insights for process improvement, effectively managing referrals (if any), and the development of communication materials for workers on the role SIRA, the purpose of WC Assist contact, and informational advice as to whom they should direct matters of concern for resolution.

The above approach could potentially also be used to design a program aimed at workers at risk of relatively poor outcomes for a specific injury type, should this be a future SIRA 2025 priority.

Responsive Inbound Service Model

At present, the SIRA website defines its role in directly helping workers to recover at work as “*assisting to resolve worker complaints relating to their employer or providers (health, workplace rehabilitation provider, etc.)*”, and indirectly by “*supervising insurers so they comply with legislation, and understand their obligations to workers and employers*”.⁶¹

⁵⁹ This finding is consistent with findings of the report published by The Behaviour Change Collaboration. (2022). *Australian workers' understanding of workers' compensation systems and their communication preferences*. ... “...most [workers] feel it is the employer's responsibility to guide them through the workers' compensation process. However, some workers had experienced situations where the employer was uninformed, and it fell on the worker to try to work out what to do” (p.19).

⁶⁰ Noting a range of people are in contact with the worker as part of the claims management and RTW process.

⁶¹ SIRA. (n.d.) *Who can help me recover at work?* [SIRA Website. Retrieved 26 July 2023].

The SIRA website also provides *general educational* material that explains how to recover at work, who can help, and SIRA-funded programs to support recovery at work.⁶² A webpage is also dedicated to explaining the different types of compensation benefits available for work-related injury, and eligibility.⁶³

Workers with an enquiry relating to workers compensation who contact the SIRA (e.g. through the 13 10 50 support line) if it is a complaint against an employer/provider the call is transferred to the relevant area with SIRA to manage. For other enquiries, such as enquiry about benefits and entitlements, the response from a SIRA support officer is along the lines that SIRA only explain the legislation (i.e. general advice), but for specific advice regarding benefits and entitlement against their claim, the caller should contact IRO. This is consistent with SIRA's published website content that advises workers who have a *workers compensation enquiry*, or a complaint about the insurer which they have been unable to resolve with the insurer in the first instance, to contact IRO.⁶⁴

For reference, in the six months to December 2022, IRO handled more than 3,840 enquiry matters relating to workers compensation (13% relating to enquiries on benefits and entitlements).⁶⁵

Finding 6

SIRA's general inbound call service model for managing workers compensation enquiries, (other than for directly handling disputes and complaints against an employer or provider) is structured to provide general advice such as explaining legislative rights and entitlements. Workers who have a workers compensation enquiry, or a complaint about the insurer which they have been unable to resolve with the insurer in the first instance, to are advised to contact the IRO.

It is unlikely WC Assist could sensibly operate as an open inbound (responsive) service, outside of calls that may result from an outbound Initial Contact by the WC Assist service. This observation is made on the basis that workers seeking to contact WC Assist - if it were to be promoted as the principal channel to handle workers compensation inquiries - would most likely expect that they could discuss matters specific to their claim, without being referred to a third party. Moreover, such an approach would conflict with IRO promoting itself for workers to direct worker compensation enquiries.

When is the best time for Initial and Follow-up Contact?

One in eight workers who completed a post-call survey indicated a preference for Initial Contact earlier than five weeks post DoL. Some Insurer Partners interviewed indicated they would be comfortable with this so that matters of concern to a worker are identified and addressed as early as possible, and also gain clearer insight on improvement opportunities within the first few weeks of a claim. One Insurer Partner preferred the

⁶² SIRA. (n.d.). *Workers compensation*. [SIRA Website. Retrieved 26 July 2023].

⁶³ SIRA. (n.d.). *Workers compensation claims*. [SIRA Website. Retrieved 26 July 2023].

⁶⁴ SIRA. (n.d.). *Workers compensation pathways for complaints and disputes*. [SIRA Website. Retrieved 23 July 2023].

⁶⁵ IRO. (2023). *IRO Periodic Performance Review. 1 July 2022 -31 December 2022*. [IRO Website. Retrieved 26 July 2023].

Initial Contact remain at five weeks post DoL to enable the Insurer/Employer space to provide support to workers (as required under SoP34).

Based on the above, the timing of Initial Contact with the worker should be agreed upon between WC Assist and the Insurer/Employer Partner, whether it be at 5 weeks post DoL or earlier.

A follow-up at about five weeks after the Initial Contact was viewed as appropriate, and also necessary as it signals that the WC Assist team has a genuine concern for the worker (rather than *"I call you once and you never hear from me again"*).

There is limited appetite by Insurer Partners for a further Follow-up Contact call, as by this stage matters in the Initial Contact should be largely addressed, and post 13 weeks there is likely to be a range of broader psychosocial issues impacting the claim, and other processes in the treatment regime occurring that the WC Assist CSO would not have visibility, therefore the call unlikely to be of benefit and potentially unhelpful to the worker.

Recommendation 5

The timing of Initial Contact with the worker should be agreed upon between WC Assist and the insurer Partner/Employer, whether it be at 5 weeks post DoL or earlier. There is limited value in conducting a further Follow-Up Contact post contact made at 10 weeks.

WC Assist Program should not be used as a compliance Audit Tool

Common elements of practice in publicly accessible Advisory Services operating in Australia are the provision of unbiased/independent information provision, education, and suggestions for participants to act upon, without fear of retribution.

A concern from some Partner insurers and stakeholders is that WC Assist may transform into a compliance auditing tool, that may ultimately result in a heavy-handed regulatory response. This would be inconsistent with the collaborative nature of WC Assist "Opt On" model to provide insight on issues that may lead to process improvement, which also may have a positive impact on worker experience. Moreover, a regulatory response that is prompted solely reliant on the efficacy of workers' comments and recollections in the absence of facts to support such claims is a dangerous precedent. It is noted the SoP34 Benchmarks for gauging whether an Insurer is meeting expectations, are solely based upon evidence on the claim file.

Notwithstanding, where WC Assist CSO identifies a matter where a breach of the legislative obligations is evident, a referral to the appropriate body with powers of investigation and enforcement should occur.

Recommendation 6

The WC Assist program should not be used as a compliance audit tool against Standards of Practice.

Addressing Stakeholder Concerns with an Explicit Statement of Purpose

Stakeholders consulted and providing input to the Review cited several concerns relating to the outworking of a WC Assist program post the Pilot phase. A number of these concerns have arisen, in part, due to three interrelated factors:

First the absence of a definitive statement issued by SIRA that explains in sufficient detail, *the intent of the Pilot (problem to be addressed), why the program is best suited to address the problem, and the measures of success*. The information that is published under the 10-Point Plan, initial briefing meetings/letters of invitation to join the Pilot, and the SIRA Press Release of August 2022 are only at a high level. Notwithstanding it can be validly argued that issuing a definitive statement at the time of establishing the Pilot may have been premature given the Pilot would be expected to evolve. *However, it is feasible that information asymmetry surrounding the intent of the Pilot has prompted stakeholder several concerns: (i) whether the WC Assist program will evolve into a compliance audit tool (ii) inadvertently inject SIRA into an active claims management role beyond its regulatory oversight function, and (iii) potentially confuse workers in the early stages of their claim with another party now wanting to talk to them.*

Second is that reference to modelling WC Assist on the success of the CTP Assist has resulted in comments that the information gaps confronting injured motorists are fundamentally different compared to workers. In the workers compensation scheme, from the date of notifying an injury, workers have information and support available through the employer and insurer. Moreover, there are legislative obligations on the employer to ensure workers are informed on what to do in the event of an injury; promptly notify the Insurer of a claim; to have a pre-established RTW Program in place; and develop a RTW Plan for the injured worker. These legislative elements do not exist in the core CTP Insurance system. Notwithstanding, it can be argued that injured people in both systems face information gaps regarding their knowledge of the claims process and benefits/entitlements. *However, the perception that WC Assist is replicating CTP Assist, without explicitly recognising the additional supports in the WC system, has led to an objection to WC Assist program on philosophical grounds.*

Third is the perception that to effect WC Assist post Pilot phase, it would be rolled out on scale. That is, seeking to contact all injured people who made a claim (as exists under the current CTP Assist service delivery model). This has led to concern over the *cost imposed on the scheme versus the benefit to be derived*.

The above concerns are largely ameliorated in the context of the WC Assist program, being implemented as a collaborative "Opt-In" model, and risk-targeted as proposed in Recommendations 1 and 4. To address stakeholder concerns, a definitive statement on the purpose and service provided by the WC Assist program should be published on the SIRA website. At a minimum, this statement should describe the problem/opportunity (*raison d'être*), the service to be provided (outputs), and measures of success (expected impact). An illustrative statement is provided at [Box 2 in Chapter 5](#) that may serve as a starting point for further consideration and refinement.

Recommendation 7

A definitive statement on the purpose and service provided by the WC Assist program, as envisaged under Recommendation 1 (and Recommendation 4 if to proceed) should be published on the SIRA website. At a minimum, this statement should describe the problem/opportunity (*raison d'être*), the service to be provided (outputs), and measures of success (expected impact).

Is WC Assist providing General Advice or Personal/Scaled Advice?

The WC Assist program is structured to provide **factual information**. However, factual information may be likely to be **advice** if it is presented in a way that is intended to, or can reasonably suggest or imply an intention to, make a recommendation about what a customer should do.⁶⁶

From a base level and **general advice**, should the advice be more specific, tailored or having regard to the customer's (workers) personal circumstances and aspirations (such as personal goals), it transforms into **personal advice**.

The WC Assist program should have a statement that explicitly states/clarifies the scope of advice provided. *In the Opinion of the Reviewer*, extension into *personal advice* carries risk, in that the WC Assist CSO does not have full visibility of facts that may be recorded on the claim file, with a limited time to discuss and fully comprehend a worker's personal circumstance. Moreover, the provision of personal advice runs the risk of the WC Assist service inadvertently extending into the domain of claims management.

Recommendation 8

The WC Assist program should have a statement that explicitly states/clarifies the scope of advice provided. Specifically, whether the service is providing 'general advice', as distinct to 'personal advice'.

⁶⁶ ASIC. (2012). *Regulatory Guide 244. Giving information, general advice and scaled advice*. p.11.

Operational Considerations

Several opportunities to improve the effectiveness and efficiency of the WC Assist have been recommended by Stakeholders, or observed during the conduct of the Review

Risk Targeting

During the Pilot phase, to build WC Assist CSO experience and test systems with sufficient case volume, workers who had made a claim, and working at full work capacity in their pre-injury employment, were included in cases when Initial Contact was made.

For an ongoing program, with the primary aim to target people at risk of delayed/poor recovery or RTW outcome. These workers should be excluded from the program. Contacting these workers would offer marginal insight, consume their time, and confounds the statistical analysis and reporting of program outputs, outcomes, and survey responses.

Recommendation 9

Workers who are working at full work capacity in their pre-injury employment should be excluded from the pool of cases scheduled for Initial Contact.

Workers to be more aware of a pending Initial Contact call from WC Assist

Although procedures were established that the Insurer/Employer inform the worker of the WC Assist Pilot program and that they may be contacted by SIRA/WC Assist, five of the six workers interviewed in the Review advised they were not aware they would be contacted, one worker only had a vague recollection. All workers advised they did not know who SIRA was at the time of the Initial Contact call, one worker was still unclear other than SIRA was someone they could contact if they had a problem with the claim.

Recommendation 10

SIRA implement practices to ensure workers who receive an Initial Contact call, better understand the role of SIRA, are aware that they would be contacted, and understand the purpose of the call and what is sought from them in the call. Reliance on verbal or written advice from the Insurer/Employer at the time of claim, or notation in the liability determination letter alone is not sufficient.

Workers need to be more aware of the purpose of the Initial Contact and what is expected from them during the call

Following on from the above recommendation, it is noted that the WC Assist Call Manual (discussion guide) at the opening of the Initial Contact call, does not disclose the purpose of the call and what is sought for the worker during the call. The purpose of the call is only stated in the post-call correspondence.

Recommendation 11

WC Assist Call Manual (discussion guide) for the opening of an Initial Contact call, should include scripting to advise the workers of the purpose of the call and what is expected to be sought from them during the call.

Calling Number Display

Workers receiving a call from WC Assist, have a random number (or unpublished number) displayed on their mobile phone. For some workers, this results in a reluctance to answer, with concern that it may be a telemarketer or scam call.

Recommendation 12

WC Assist adjusts its telephony systems to enable Outbound Caller Display to identify calls as originating from SIRA.

Refinement of data captured regarding Referral to better inform Insights for process improvement

At present the entity to whom a Referral was made (or advised for the worker to contact) is recorded in the Salesforce CRM. The matter of concern that prompted the referral is not captured. This limits the ability to identify systemic issues, and hence target process improvement opportunities (or areas of focus for improving communication with workers).

For example, IRO in their *Periodic Performance Review* reports classifies enquires they received about workers compensation under 17 categories.⁶⁷

Recommendation 13

WC Assist capture and report data on the reason for Referrals in the Salesforce CRM

Data should be captured on the worker's intent or action that resulted from the informational advice provided

At present, the post-call survey captures the worker's perception of an *improved understanding* of their claim and recovery journey, options to return to work, and their choices, rights, and entitlements under the workers compensation scheme.

However, there is no systematic capture of data on the worker's intent to act upon information provided, or in the Follow-Up Contact the perceived impact from the Initial Contact. The design of the questions to capture this data needs careful thought to ensure insights can be derived. Elements that could be captured include: did the worker perceive the information provided had a positive impact on their recovery/RTW journey; did it help the worker to resolve a matter of concern rather than escalate to a formal complaint; and whether the worker perceived they were better able to direct their claim and recovery/RTW journey.

Recommendation 14

WC Assist capture and report data on workers' intent to act upon information provided, or in the Follow-Up Contact the perceived impact from the Initial Contact

⁶⁷ IRO. (2023). *IRO Periodic Performance Review. 1 July 2022 -31 December 2022*. Pages 9-12.

Management Reporting

Current reporting of WC Assist is through the "Insight Report", which mostly reflects activity (outputs) as an auto-generated report from the Salesforce CRM.

Whilst the above report is suited for operational oversight purposes, from a management and governance oversight perspective it lacks sufficient detail on outcomes/impacts resulting from the program.

Recommendation 15

A periodic management reporting be established not less than quarterly, that at a minimum discusses performance against the domains of (i) outputs (activity), (ii) worker outcomes, (iii) Insurer/employer impacts (such as process improvement, mitigation of disputes/complaints, etc.), and (iv) planned future activity/challenges.

Operational Structure

WC Assist, being structured as an "Opt-In" regime, with the potential to expand into targeted outreach campaigns for high-risk industry segments (or larger employers), means that the resourcing levels need to be dynamic to respond to variable demand.

Consideration should be given to integrating the WC Assist team within a cadre of CSOs within SIRA who specialise in outbound contact with customers with a similar advisory service function.

CSOs require high levels of technical skills to navigate complex legislation, and high levels of interpersonal and emotional quotient (EQ) skills to conduct interpersonal conversations with workers (with empathy) , and the ability to discern material matters of concern and determine the root cause of those concerns.

Recommendation 16

WC Assist, being structured as an "Opt-In" regime, with the potential to expand into targeted outreach campaigns such as high-risk industry segments (or larger employers), means that the resourcing levels of WC Assist need to be dynamic to respond to variable demand.

Consideration should be given to integrating the WC Assist team within a cadre of CSOs within SIRA who specialise in outbound contact with customers in relation to information provision and educational service..

Calculus of Return on Investment

Stakeholders involved in the WC Assist Pilot generally perceived the benefit of the service, as discussed earlier in this Report. However, there was insufficient data collected in the conduct of the Pilot to empirically calculate a monetary value (benefit).

Calculating monetary benefit requires an actuarial assessment of the following factors, calculated with an appropriate discount rate to reflect uncertainty.

Impact on Workers contacted through the WC Assist Service

- Formal Complaints and Disputes avoided
- Impact on recovery (cost of rehabilitation and other benefits)
- Impact on durable Stay at Work (for those with partial work capacity)
- Impact on earlier Return to Work.

Impact from Resultant Process Improvement

- Net Present value for the expected impact of the above factors for other workers transitioning through the claims process, now and into the near future.

The calculation of benefits could also be extended to consider positive externalities (e.g. productivity gains to the employer), and from a societal perspective placing a value on non-economic factors such as internalization and utility impacts of the worker (e.g. less anxiety, stress in the claims management process).

Finding 7

It is highly probable that the WC Assist Pilot benefits (direct and indirect) exceeded the cost, however, the extent that this is the case is not quantifiable in monetary terms.

From a strategic perspective, the WC Assist program is part of a suite of programs (including short-term and long-term initiatives) aimed at improving recovery and Return to Work (also having a positive impact on customer experience), with each program having an interdependency on the other. Accordingly, a better approach to determine a value (and resourcing levels generally) is across the portfolio of programs that support improved recovery and RTW, rather than looking at an individual program in isolation.

APPENDIX 1

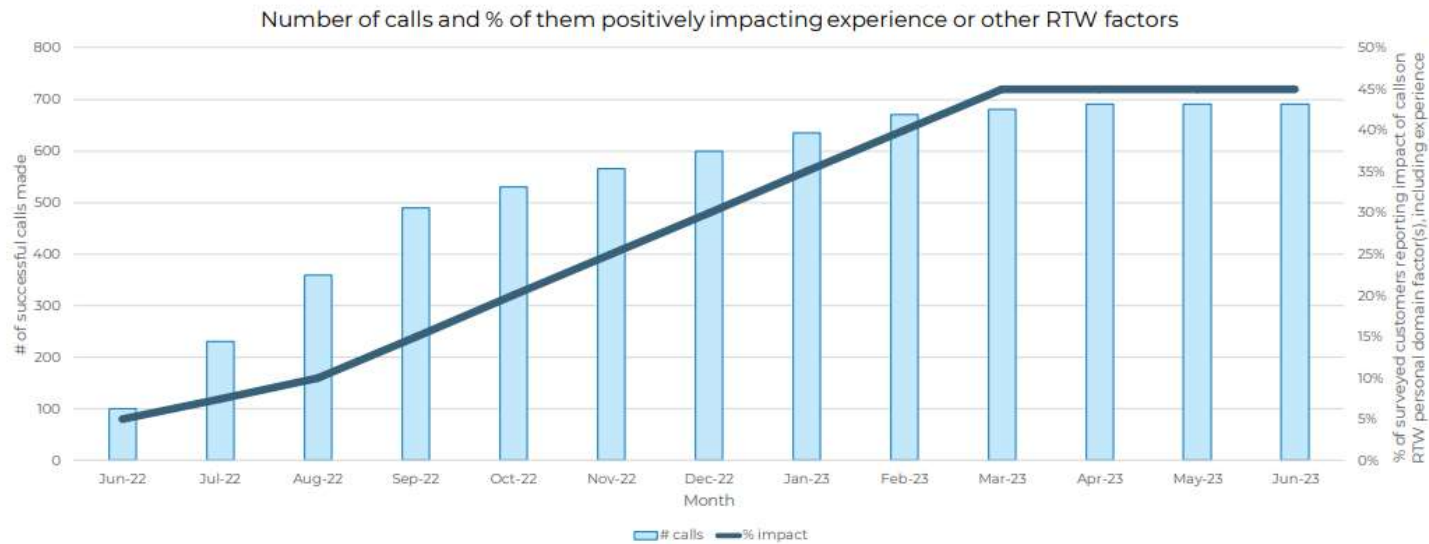
SIRA 10-Point Return to Work Action Plan (Announced December 2021)

1. SIRA has required all workers compensation insurers to resubmit their business plans with detail on how they will improve 4-week return to work performance. Resubmitted business plans are due to SIRA by 28 February 2022.
2. SIRA will review all insurers' return to work practices in the first half of 2022. The review will include an assessment of insurers' injury management program, file reviews, interviews with customers and claims staff, and a review of the systems and controls in place to identify workers at risk of not returning to work.
3. SIRA is introducing a return to work and early intervention Standard of Practice. The standard articulates SIRA's expectations when it comes to return to work and provides a checklist to help identify the risk factors for delayed recovery. SIRA is publicly consulting on the standard until 28 February 2022.
4. SIRA will commence publishing the return to work performance of all insurers in 2022. SIRA is committed to improving transparency in the workers compensation scheme and holding insurers accountable for their performance.
5. SIRA is establishing a dedicated return to work inspectorate. The inspectorate will seek to improve workers' recovery and return to work outcomes through education initiatives and, when necessary, enforcement action targeted at employers.
6. SIRA is funding a research fellowship at the Black Dog Institute for 2 years to focus on return to work for people with a psychological injury. This initiative will help SIRA understand barriers to recovery and help workplaces manage successful return to work for people with a psychological injury.
7. SIRA has expanded the scope of its review into the compliance and performance of Treasury Managed Fund (TMF) government agencies to audit return to work performance. The review will support the public sector to implement improvements where they are needed and ensure that it has best practice systems in place.
8. SIRA will use predictive modelling to identify and target employers with workers that may be at higher risk of delayed return to work. SIRA will seek to support and educate the employers through outbound calls, site-visits and the provision of information to improve workers' return to work outcomes.
9. SIRA is trialing its successful CTP Assist program in the workers compensation scheme for 12 months. As part of the program, SIRA will make outbound calls to workers at risk of delayed recovery as early as possible in the claims process. This contact will equip workers with the information they need to improve their understanding of the health benefits of good work and drive their recovery.
10. SIRA has partnered with the Australian Rehabilitation Providers Association (ARPA) to further explore the benefits of workplace rehabilitation providers on positive return to work outcomes. Recent research shows that the timely engagement of workplace rehabilitation providers improves return to work outcomes by up to 5% for physical injuries and 20% for psychological injuries. SIRA and ARPA will seek to expand on this research base to understand the circumstances and implement initiatives that allow workplace rehabilitation providers to have the greatest impact.

SIRA: WC Assist Outreach Service: Problem Pack (May 2022)

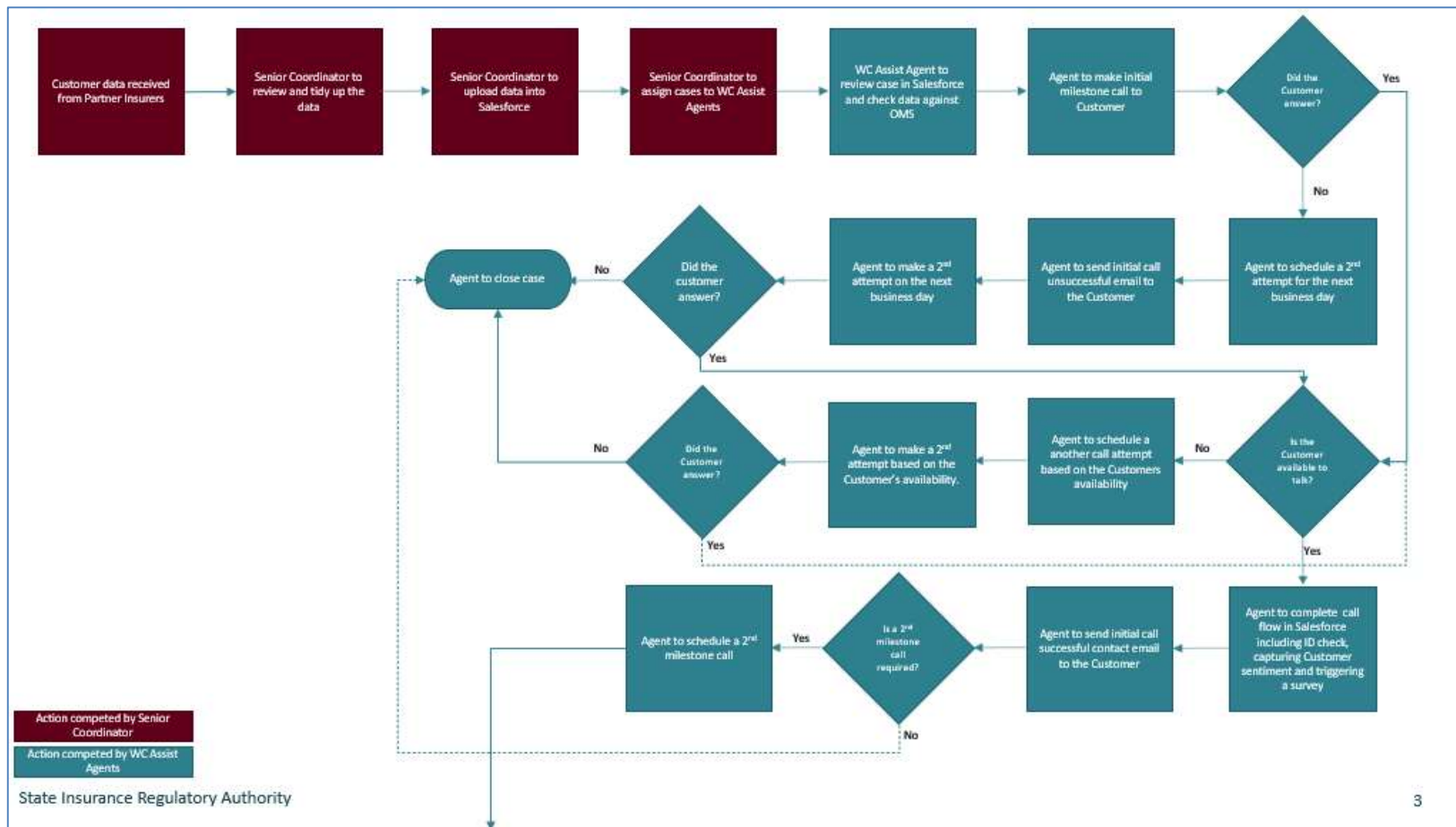


Delivery trajectory

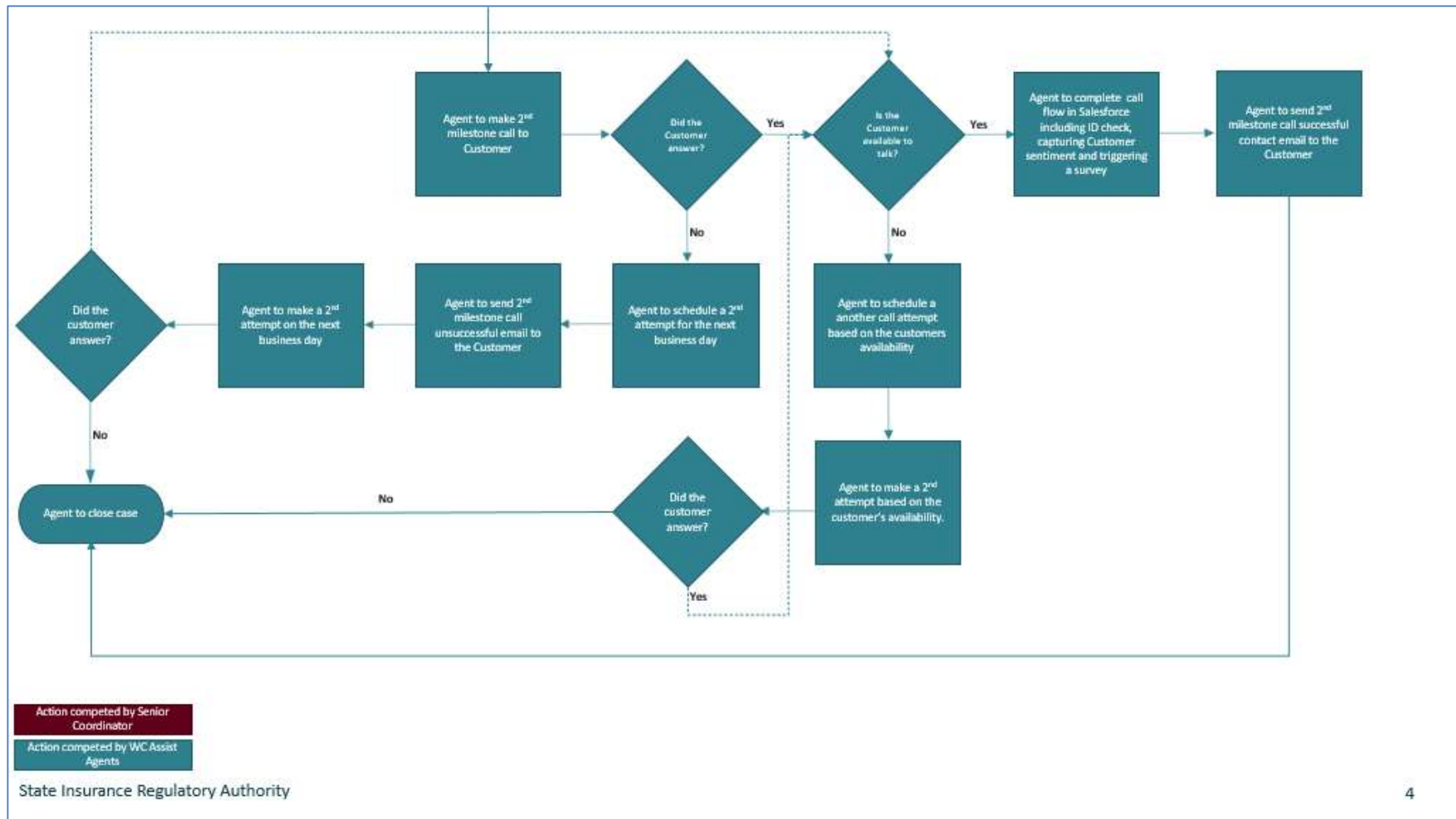


APPENDIX 3

Operational Flow Chart – Customer Journey WC Assist



Report of the Independent Review of SIRA's Workers Compensation Assist Outreach Program (Pilot)



APPENDIX 4

Template Letters sent via emails to Workers Post Outbound Call

4.1 First Milestone Call: Successful Call

Dear {{{Recipient.FirstName}}},

Thank you for taking the time to speak with me today.

As discussed, you have been selected as part of SIRA's pilot outreach service to talk about your claim, recovery and return to work.

The primary purpose of today's call is to assist you in understanding your choices rights and entitlements under the NSW Workers Compensation Scheme.

Please note, ongoing management of your claim will be carried out by your key claim stakeholders and SIRA recommend that you discuss any issues relating to your claim with these stakeholders in the first instance.

For practical and easy to understand advice to help you recover after an injury, we recommend to review our [Injury Advice Centre](#).

Please also visit our [website](#) for more information on

- [Entitlements](#)
- [Disputes and Complaints](#)
- [Benefits of Working While You Recover](#)

Next Steps

SIRA will contact you again during the week of xx/xx/xxxx to discuss your ongoing recovery and return to work.

Tell us about your experience

We are interested in your feedback about our services. You may be contacted by email to complete an optional short survey. Your response will help SIRA to understand and improve the performance of the schemes for everyone. If you do not wish to participate, please email us at wcassist@sira.nsw.gov.au and we will ensure that you are not contacted.

If you need any further assistance, please contact us on 13SIRA (13 74 72) or wcassist@sira.nsw.gov.au from 8:30am to 5pm Monday to Friday.

Regards,

{{{Sender.FirstName}}} {{{Sender.LastName}}}

Advisor Customer Support | Customer Service & Operations

State Insurance Regulatory Authority

P: 13SIRA | E: wcassist@sira.nsw.gov.au | W: www.sira.nsw.gov.au

92 – 100 Donnison Street, Gosford, NSW, 2250



State Insurance
Regulatory Authority

Note: For Exempt Workers, the template successful call has different hyper inks, to reflect relevant legislation

4.2 Letter to Workers already back at full capacity in pre-injury employment

Dear {{{Recipient.FirstName}}},

You have been selected as part of SIRA's Workers Compensation Assist Outreach pilot to talk about your current Workers Compensation claim, your recovery and return to work journey.

The primary purpose of WC Assist Outreach is to support you with tailored information to navigate through your choice's, rights, and entitlements under the NSW Workers Compensation Scheme.

Our records indicate that you may have already returned to work in some capacity, but we thought we would reach out and send you an email so you have an opportunity to contact SIRA, should you wish to talk more about your claims experience or have any questions.

You can contact us on **13SIRA (13 74 72)** from 8:30am to 5pm Monday to Friday.

Please note, ongoing management of your claim will continue with your key stakeholders and SIRA recommend that you discuss any issues directly relating to your claim with your insurer and/or employer in the first instance.

For practical and easy to understand advice to help you recover after an injury, we also recommend you review the [Injury Advice Centre](#).

Please also visit our [website](#) for more information on

- [Entitlements](#)
- [Disputes and Complaints](#)
- [Benefits of Working While You Recover](#)

Tell us about your experience

We are interested in your feedback about our services. You may be contacted by email to complete an optional short survey. Your response will help SIRA to understand and improve the performance of the schemes for everyone. If you do not wish to participate, please email us at wcassist@sira.nsw.gov.au and we will ensure that you are not contacted.

If you need any further assistance, please contact us on 13SIRA (13 74 72) or wcassist@sira.nsw.gov.au from 8:30am to 5pm Monday to Friday.

Regards,

{{{Sender.FirstName}}} {{{Sender.LastName}}}
Assistant Advisor Customer Support | Customer Service & Operations
State Insurance Regulatory Authority
P: 13SIRA | E: wcassist@sira.nsw.gov.au | W: www.sira.nsw.gov.au
92 – 100 Donnison Street, Gosford, NSW, 2250



State Insurance
Regulatory Authority

4.3 First Milestone Call: Unsuccessful Call

Dear {{{Recipient.FirstName}}},

We attempted to contact you today.

Workers Compensation Assist is a newly formed pilot program that is a complimentary support service provided by the NSW Governments State Insurance Regulatory Authority (SIRA). Our purpose is to assist you in understanding your choices rights and entitlements under the NSW Workers Compensation Scheme.

We can:

- Explain the Workers Compensation scheme
- Explain what your claims journey may look like and,
- Explain what your recovery and return to work may look like

While your key stakeholders are responsible for the ongoing management of your claim, SIRA would like the opportunity to speak with you about your recovery and claims journey.

Your Recovery

We want you to recover the best way possible, early treatment leads to a better recovery. You can also visit our [website](#) for more information.

Next Steps

We'll be calling you again in the following business days to check in and see how your claim is progressing.

Tell us about your experience

We are interested in your feedback about our services. You may be contacted by email to complete an optional short survey. Your response will help SIRA to understand and improve the performance of the schemes for everyone. If you do not wish to participate, please email us at wcassist@sira.nsw.gov.au and we will ensure that you are not contacted.

If you need assistance, please call us on 13 SIRA (13 74 72) from 8:30am to 5pm Monday to Friday, or you may reply to this email directly.

Regards,

{{{Sender.FirstName}}} {{{Sender.LastName}}}

Assistant Advisor Customer Support | Customer Service & Operations

State Insurance Regulatory Authority

P: 13SIRA | E: wcassist@sira.nsw.gov.au | W: www.sira.nsw.gov.au

92 – 100 Donnison Street, Gosford, NSW, 2250



State Insurance
Regulatory Authority

4.4 Second Milestone Call: Successful Call

Dear {{{Recipient.FirstName}}},

Thank you for taking the time to speak with SIRA again today.

As previously discussed, you have been selected as part of SIRA's pilot outreach service to talk about your claim, recovery and return to work.

The primary purpose of this call is to assist you in understanding your choices rights, and entitlements under the NSW Workers Compensation Scheme.

Please note, ongoing management of your claim will be carried out by your key claim stakeholders and SIRA recommend that you discuss any issues relating to your claim with these stakeholders in the first instance.

For practical and easy to understand advice to help you recover after an injury, we recommend to review our [Injury Advice Centre](#).

Please also visit our [website](#) for more information on

- [Entitlements](#)
- [Disputes and Complaints](#)
- [Benefits of Working While You Recover](#)

Next Steps

SIRA will contact you again during the week of xx/xx/xxxx to discuss your ongoing recovery and return to work.

Tell us about your experience

We are interested in your feedback about our services. You may be contacted by email to complete an optional short survey. Your response will help SIRA to understand and improve the performance of the schemes for everyone. If you do not wish to participate, please email us at wcassist@sira.nsw.gov.au and we will ensure that you are not contacted.

If you need any further assistance, please contact us on 13SIRA (13 74 72) or wcassist@sira.nsw.gov.au from 8:30am to 5pm Monday to Friday.

Regards,

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State Insurance
Regulatory Authority

4.3 Second Milestone Call: Unsuccessful Call

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We can:

- Explain the Workers Compensation scheme
- Explain what your claims journey may look like and,
- Explain what your recovery and return to work may look like

While your key stakeholders are responsible for the ongoing management of your claim, SIRA would like the opportunity to speak with you about your recovery and claims journey.

Your Recovery

We want you to recover the best way possible, early treatment leads to a better recovery. You can also visit our [website](#) for more information.

Next Steps

We'll be calling you again in the following business days to check in and see how you're claim is progressing.

Tell us about your experience

We are interested in your feedback about our services. You may be contacted by email to complete an optional short survey. Your response will help SIRA to understand and improve the performance of the schemes for everyone. If you do not wish to participate, please email us at wcassist@sira.nsw.gov.au and we will ensure that you are not contacted.

If you need assistance, please call us on 13 SIRA (13 74 72) from 8:30am to 5pm Monday to Friday, or you may reply to this email directly.

Regards,

{{{Sender.FirstName}}} {{{Sender.LastName}}}

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State Insurance
Regulatory Authority

APPENDIX 5

Evolution of Service and Outcome/Impact Themes of during the WC Assist Pilot

Source	Themes
<p>December 202110-Point Plan</p> <p>SIRA will make outbound calls to workers at risk of delayed recovery as early as possible in the claims process. This contact will equip workers with the information they need to improve their understanding of the health benefits of good work and drive their recovery</p>	<p>Service</p> <ul style="list-style-type: none"> Equip workers with Information Early Contact <p>Target Audience</p> <ul style="list-style-type: none"> Workers at risk of delayed recovery <p>Outcome</p> <ul style="list-style-type: none"> Improve workers understanding of health benefits of good work <p>Impact</p> <ul style="list-style-type: none"> Workers to "drive their recovery"
<p>May 2022Problem Pack</p> <p>How by mid-2023, can SIRA assess whether a proactive outreach information and advisory service can improve customer experience and/or other factors known to affect RTW outcomes for people injured at work? (Problem Statement)</p> <p>The [SIRA] measurement framework specifies what factors are known to affect RTW outcomes. Various factors – particularly in the 'personal domain' [in the framework] could potentially be improved through an outreach call...some of those factors relate to customer experience - <i>the number 1 issue customers across schemes say would improve their experience is better contact and communication.</i></p>	<p>Service</p> <ul style="list-style-type: none"> Information to workers (cited in Problem Statement) Advice to workers (objective, personalised advice on their claims journey and experience) Referrals where needed to other services Early Intervention, Proactive outreach (SIRA) <p>Target Audience</p> <ul style="list-style-type: none"> Not Explicitly stated <p>Outcome</p> <ul style="list-style-type: none"> improve customer experience and/or other factors known to affect RTW outcomes (particularly in the personal doing)... Target improving CX or other factors known to impact RTW for 45% of the people responding to its [WC Assist] service <p>Impact</p> <ul style="list-style-type: none"> Given RTW complexity, impact on actual RTW Outcomes from a small cross-sectional sample can't be evaluated. The RTW measurement framework [SIRA] specifies what factors are known to affect RTW outcomes Various factors – particularly in the 'personal domain' in the framework could potentially be improved through an outreach call Develop evidence to support a decision about whether and how best to design an ongoing service (including which customers to target and when) at conclusion of the pilot

Report of the Independent Review of SIRA's Workers Compensation Assist Outreach Program (Pilot)

Source	Themes
SIRA WC Assist Vision Statement We empower customers through quality education and information about their choices, rights and entitlements in their workers compensation journey	Service <ul style="list-style-type: none"> We empower customers through quality education and information about their choices, rights and entitlements in their workers compensation journey
SIRA Press Release 15 August 2022 ... boost the support available to injured workers.... SIRA makes outbound calls to their workers at risk of delayed recovery... extra support aims to ensure that workers have the information and tools they need to navigate their claim and return to work.... SIRA is stepping up to educate and empower workers. ... SIRA is calling workers with psychological injuries, COVID-19 claims, and people with physical injuries to help them direct their claims journey, understand the health benefits of good work, and take an active role in their recovery.	Service <ul style="list-style-type: none"> Information & Tools (tools to navigate their claims and RTW) Educate and Empower workers... Target Audience <ul style="list-style-type: none"> Workers at risk of delayed recovery Outcome <ul style="list-style-type: none"> workers have the information and tools they need to navigate their claim and return to work [help] workers direct their claims journey, understand the health benefits of good work, and take an active role in their recovery.
Invitation letter for Insurers to join the program August 2022... it involves a trained WC Assist officer making contact with injured workers to offer independent advice on navigating what can be a complex and procedurally challenging experience. Customers have responded very well SIRA are providing partners [Insurer Partners] with real time insights and feedback about their claims, allowing them to intervene as required to improve customer experience and outcomes. Although we are still in the early stages, to date 85% of contacted workers report having a better understanding of their claims journey following a call from a WC Assist officer, including their options to return to work and understanding of choices, rights and entitlements. Importantly, 82% of those contacted by WC Assist have indicated they trust the worker's compensation scheme to help them get back to work, as compared to 60% of injured workers that have not been contacted by the WC Assist team. The data collected throughout the pilot will help to inform future strategies for all employers and insurers to address the significant challenges we're seeing in supporting injured workers, particularly in the context of declining return to work performance and psychological injury	Service <ul style="list-style-type: none"> Advice - independent advice [to workers] on navigating what can be a complex and procedurally challenging experience Real Time Insights to Insurer Partners allowing them to intervene as required to improve customer experience and outcomes. Target Audience <ul style="list-style-type: none"> Not Explicitly stated Outcome <ul style="list-style-type: none"> workers report having a better understanding of their claims journey following a call from a WC Assist officer ... including their options to return to work and understanding of choices, rights and entitlements. Trust in WC Scheme (higher relative to benchmark) to get them back to work Impact <ul style="list-style-type: none"> inform future strategies for all employers and insurers to address the significant challenges we're seeing in supporting injured workers, particularly in the context of declining return to work performance and psychological injury

Report of the Independent Review of SIRA's Workers Compensation Assist Outreach Program (Pilot)

Source	Themes
<p>Insurer Onboarding Presentation Pack (November 2022)</p> <p><u>Reinforcing the message</u> Empower injured workers with information to drive their own recovery and return to work outcomes and support the successful implementation of Standard of Practice 34 – early intervention and return to work</p> <p><u>Recommendations in research</u> Research shows claimants who are informed about their rights and entitlements and about what they can expect are more likely to have a good outcome</p> <p><u>Proactive solutions</u> The outreach service offers the opportunity for issues to be solved before they become complex</p> <p><u>Improved scheme awareness</u> Creating opportunities to educate injured workers on who does what within the scheme, including referring them back to the insurer to resolve issues where appropriate</p> <p><u>Targeted Insights</u> Capturing data and insights from the from injured worker interactions, informing improved scheme outcomes and shared with all stakeholders</p> <p><u>Mutual Goals in collaboration</u> Additional opportunities for to collaborate and foster strong working relationships within the scheme</p>	<p>Service (Insurer Partners)</p> <ul style="list-style-type: none"> • Information to workers (rights and entitlements & alignment with SoP 34) • Referrals where needed to other services (e.g. Insurer) • First outbound call to target audience at 5 weeks <p>Target Audience</p> <ul style="list-style-type: none"> • aimed at customers who will benefit from a discussion regarding recovery and RTW. Specifically ... approaching week 5 (partial and no capacity), provisionally or accepted liability. not a high risk or no contact request customer (.Refer -SIRA 'Insurer Onboarding Requirements' document p.5) <p>Outcome</p> <ul style="list-style-type: none"> • Worker informed about their rights and entitlements and about what they can expect ... more likely to have a good outcome • Opportunity for issues to be solved before they become complex • Empower injured workers with information to drive their own recovery and return to work outcomes

Report of the Independent Review of SIRA's Workers Compensation Assist Outreach Program (Pilot)

Source	Themes
<p>WC Assist Call Manual (Current 2023)</p> <p>Good morning/afternoon (workers name). My name is (agents name) and I'm a Customer Support Officer, calling you today from the State Insurance Regulatory Authority which part of the NSW State Government to speak to you about your recovery and return to work journey following your Workers Compensation Claim... will send you an email at the end of today's call, highlighting what we've discussed. This email will have our contact details as well as some useful links to online resources. Note: purpose of call is not explained at the start of the call, only in post call correspondence.</p> <p>Post Call Correspondence [Successful Call]</p> <p>The primary purpose of today's call is to assist you in understanding your choices rights and entitlements under the NSW Workers Compensation Scheme.</p> <p>Please note, ongoing management of your claim will be carried out by your key claim stakeholders and SIRA recommend that you discuss any issues relating to your claim with these stakeholders in the first instance.</p> <p>For practical and easy to understand advice to help you recover after an injury, we recommend to review our Injury Advice Centre.</p> <p>Please also visit our website for more information on</p> <ul style="list-style-type: none"> • Entitlements • Disputes and Complaints • Benefits of Working While You Recover 	<p>Service</p> <ul style="list-style-type: none"> • Information to workers (Verbal) • Advice – static information available on SIRA website • Referrals (Educational Discussion and Physical) <p>Target Audience</p> <ul style="list-style-type: none"> • Cases referred by Insurer Partners... <p>Outcome</p> <ul style="list-style-type: none"> • Assist the workers in understanding their choices rights and entitlements (post call correspondence) • Workers as aware that that ongoing management of your claim will be carried out by your key claim stakeholders (not SIRA) <p>Impact - Refer Survey Questions</p> <ul style="list-style-type: none"> • WC Assist Interaction: Conduct <ul style="list-style-type: none"> ○ The service was designed in a way that understood my needs. ○ I was treated with care. ○ The team member was able to address any concerns I had. • WC Assist Interaction: Outcome <ul style="list-style-type: none"> ○ I have a better understanding about my claim and recovery journey. ○ I have a better understanding of my options to return to work. ○ I have a better understanding about my choices, rights and entitlements under the workers compensation scheme. • Overall Experience (with the Scheme) <ul style="list-style-type: none"> ○ overall experience in the workers compensation scheme. ○ trust the workers compensation scheme to help you get back to work?

APPENDIX 6

Barriers and Enablers with strong and moderate evidence of an effect on RTW in the personal/ worker domain

Table 13 Barriers and Enablers with strong and moderate evidence of an effect on RTW in the personal/ worker domain

Barrier / Enabler	Description	Strength of evidence	Direction of RTW effect	Modifiability
Older age	Twenty-four studies reported that older workers have worse RTW than younger workers or that younger workers have better RTW than older workers.	Strong	Negative	Not modifiable
Greater injury/symptom severity	Fifteen studies reported that workers with more severe injury and/or more severe symptoms post-injury have worse RTW.	Strong	Negative	Potentially modifiable
Higher self-efficacy	Ten studies reported that workers with greater belief in their ability to achieve goals (such return to work or recovery) have better RTW.	Strong	Positive	Modifiable
Better recovery expectations	Nine studies reported that workers with stronger expectations that they will recover from their injury/illness have better RTW, or that those with lower expectations have worse RTW.	Strong	Positive	Modifiable
Lower perceived work ability	Nine studies reported that those who perceive their ability to function in the workplace as lower than normal have worse RTW.	Strong	Negative	Modifiable
Prior sickness absence	Seven studies reported that workers with prior episodes of extended sickness absence or a history of workers compensation claims have worse RTW.	Strong	Negative	Not modifiable
Greater intensity / extent of pain	Seven studies reported that those with more intense pain, or where pain encompasses multiple body regions, have worse RTW.	Strong	Negative	Potentially modifiable
Specific injury type (mental health conditions, whiplash)	Five studies reported that workers with mental health conditions are observed to have delayed RTW. A further two studies reported this effect in those with whiplash type injuries.	Strong	Negative	Not modifiable
Better self-rated health	Six studies reported that workers who consider that they are healthy have better RTW than those who consider themselves less healthy.	Strong	Positive	Potentially modifiable
Pain catastrophizing / fear avoidance	Five studies reported that workers who describe a pain experience in more exaggerated terms, to ruminate on or feel helpless about pain (catastrophizing) or who avoid pain-related situations (fear avoidance) have worse RTW.	Strong	Negative	Modifiable
Presence of co-morbid conditions	Nine studies reported that those with co-morbid health conditions have worse RTW than those without or with fewer co-morbidities. Co-morbidities can include both physical and psychological conditions. Two studies reported no effect of psychological comorbidity.	Moderate	Negative	Potentially modifiable
Higher education	Seven studies reported that workers with higher levels of education have better RTW than those with less education. One study reported no effect of education on RTW.	Moderate	Positive	Not modifiable
Lower income / socio-economic status	Six studies reported that workers whose usual income is lower than others, or who live in areas of low socio-economic status, have worse RTW than those with higher incomes or from areas with higher SES. One study reported no effect of pre-injury income.	Moderate	Negative	Not modifiable
Specific / radiating pain	Three studies reported that workers with pain conditions that are isolated to a specific site or radiating down a limb have worse RTW. One study reported no effect.	Moderate	Negative	Not modifiable
Lower social support	Four studies reported that workers with little support at home, in the community or in the workplace have worse RTW than those with more support.	Moderate	Negative	Potentially modifiable
Concern about making a claim	Three studies reported that those who are concerned about making a claim have worse RTW. Concerns are often reported as being about the employer or community response to making a claim.	Moderate	Negative	Modifiable

Source:

Collie A, Lane T, Di Donato M, Iles R. (2018). *Barriers and Enablers to Return to Work: Literature Review. August 2018.* Insurance Work and Health Group, Monash University: Melbourne, Australia.

ANNEXURE A

Workplace Injury Management and Workers Compensation Act 1998 No 86

s.3 System Objectives

The purpose of this Act is to establish a workplace injury management and workers compensation system with the following objectives—

- (a) to assist in securing the health, safety and welfare of workers and in particular preventing work related injury,
- (b) to provide—
 - prompt treatment of injuries, and
 - effective and proactive management of injuries, and
 - necessary medical and vocational rehabilitation following injuries, in order to assist injured workers and to promote their return to work as soon as possible,
- (c) to provide injured workers and their dependants with income support during incapacity, payment for permanent impairment or death, and payment for reasonable treatment and other related expenses,
- (d) to be fair, affordable, and financially viable,
- (e) to ensure contributions by employers are commensurate with the risks faced, taking into account strategies and performance in injury prevention, injury management, and return to work,
- (f) to deliver the above objectives efficiently and effectively.

s.22 Objectives and general functions of Authority under WC legislation

- (1) The principal objectives of the Authority in exercising its functions under the workers compensation legislation are as follows—
 - (a) to promote the prevention of injuries and diseases at the workplace and the development of healthy and safe workplaces,
 - (b) to promote the prompt, efficient and effective management of injuries to persons at work,
 - (c) to ensure the efficient operation of workers compensation insurance arrangements,
 - (d) to ensure the timely and effective resolution of disputes arising under the workers compensation legislation,
 - (e) to ensure the appropriate co-ordination of arrangements for the administration of the schemes to which the workers compensation legislation relates.
- (2) The general functions of the Authority under the workers compensation legislation are as follows—
 - (a) to be responsible for ensuring compliance with the workers compensation legislation,
 - (b) to be responsible for the day to day operational matters relating to the workers compensation scheme,
 - (c) to establish procedures for dealing with complaints made by employers and by injured workers in relation to matters arising under the workers compensation scheme,
 - (d) to monitor and report to the Minister on the operation and effectiveness of the workers compensation legislation and on the performance of the workers compensation scheme
 - (e) to undertake such consultation as it thinks fit in connection with current or proposed legislation relating to the workers compensation scheme,
 - (f) to monitor and review key indicators of financial viability and other aspects of the workers compensation scheme,

- (g) to report and make recommendations to the Minister on such matters as the Minister requests or the Authority considers appropriate.

s.23 Specific functions [SIRA]

(1) The Authority has, in particular, the following functions—

- (a) to initiate and encourage research to identify efficient and effective strategies for the prevention and management of work injury and for the rehabilitation of injured workers,
- (b) to ensure the availability of high quality education and training in such prevention, management and rehabilitation,
- (c) to develop equitable and effective programs to identify areas of unnecessarily high costs in or for schemes to which the workers compensation legislation relates,
- (d) to foster a co-operative relationship between management and labour in relation to the health, safety and welfare of persons at work,
- (e) (Repealed)
- (f) to identify (and facilitate or promote the development of programs that minimise or remove) disincentives for injured workers to return to work or for employers to employ injured workers, or both,
- (g) to assist in the provision of measures to deter and detect fraudulent workers compensation claims,
- (h) to develop programs to meet the special needs of target groups, including—
 - workers who suffer severe injuries
 - injured workers who are unable to return to their pre-injury occupation
 - injured workers who are unemployed
 - persons who live in remote areas
 - women
 - persons of non-English speaking background
 - persons who have a disability,
- (i) to facilitate and promote the establishment and operation of return-to-work programs, (j) to investigate workplace accidents,
- (j1) to enter into arrangements with SafeWork NSW for or in connection with the enforcement of the work health and safety legislation,
- (k) to develop policies for injury management, worker rehabilitation, and assistance to injured workers,
- (l) to monitor the operation of requirements and arrangements imposed or made by or under the workers compensation legislation, including requirements and arrangements for all or any of the following—
 - injury management
 - worker rehabilitation
 - workers compensation insurance
 - workers compensation insurer licensing,and to commence and conduct prosecutions for offences in connection with any such requirements and arrangements,
- (m) to collect, analyse and publish data and statistics, as the Authority considers appropriate,
- (n) to provide advisory services to workers, employers, insurers and the general community (including information in languages other than English),
- (o) to provide funds for or in relation to—
 - measures for the prevention or minimisation of work injuries or diseases
 - work health and safety education,
- (p) to arrange, or facilitate the provision of, interpreter services to assist injured workers,
- (q) to provide and administer (subject to the regulations) a legal aid service for persons who are parties to proceedings relating to workers compensation.

Workers Compensation Act 1987 No 70

s.2A. Relationship to Workplace Injury Management and Workers Compensation Act 1998

- (1) The *Workplace Injury Management and Workers Compensation Act 1998* is referred to in this Act as the "1998 Act."
- (2) This Act is to be construed with, and as if it formed part of, the 1998 Act. Accordingly, a reference in this Act to this Act includes a reference to the 1998 Act.
- (3) In the event of an inconsistency between this Act and the 1998 Act, the 1998 Act prevails to the extent of the inconsistency.

State Insurance and Care Governance Act 2015 No 19

s.23 Principal Objectives of SIRA

The principal objectives of SIRA in exercising its functions are as follows—

- (a) to promote the efficiency and viability of the insurance and compensation schemes established under the workers compensation and motor accidents legislation and the *Home Building Act 1989* and the other Acts under which SIRA exercises functions,
- (b) to minimise the cost to the community of workplace injuries and injuries arising from motor accidents and to minimise the risks associated with such injuries,
- (c) to promote workplace injury prevention, effective injury management and return to work measures and programs,
- (d) to ensure that persons injured in the workplace or in motor accidents have access to treatment that will assist with their recovery,
- (e) to provide for the effective supervision of claims handling and disputes under the workers compensation and motor accidents legislation and the *Home Building Act 1989*,
- (f) to promote compliance with the workers compensation and motor accidents legislation and the *Home Building Act 1989*.

s.24. Functions of SIRA

- (1) SIRA has such functions as are conferred or imposed on it by or under this or any other Act (including under the workers compensation and motor accidents legislation and the *Home Building Act 1989*).
- (2) The functions of SIRA also include the following—
 - (a) to collect and analyse information on prudential matters in relation to insurers under the workers compensation and motor accidents legislation and the *Home Building Act 1989*,
 - (b) to encourage and promote the carrying out of sound prudential practices by insurers under that legislation and the *Home Building Act 1989*,
 - (c) to evaluate the effectiveness and carrying out of those practices.
- (3) In this section, a reference to an insurer under the *Home Building Act 1989* includes a reference to the provider of an alternative indemnity product under that Act.

s.10 Functions of ICNSW

- (1) ICNSW has the following functions—
 - (a) to act for the Nominal Insurer in accordance with § 154C of the *Workers Compensation Act 1987*,
 - (b) to provide services (including staff and facilities) for any relevant authority, or for any other person or body, in relation to any insurance or compensation scheme administered or provided by the relevant authority or that other person or body,

- (c) to enter into agreements or arrangements with any person or body for the purposes of providing services of any kind or for the purposes of exercising the functions of the Nominal Insurer,
 - (d) to monitor the performance of the insurance or compensation schemes in respect of which it provides services,
 - (e) such other functions as are conferred or imposed on it by or under this or any other Act.
- (2) Each of the following is a relevant authority for the purposes of this §—
- (a) the Workers Compensation (Dust Diseases) Authority constituted under the *Workers' Compensation (Dust Diseases) Act 1942*,
 - (b) the Lifetime Care and Support Authority of New South Wales constituted under the *Motor Accidents (Lifetime Care and Support) Act 2006*,
 - (c) the Sporting Injuries Compensation Authority constituted under the *Sporting Injuries Insurance Act 1978*,
 - (d) the NSW Self Insurance Corporation constituted under the *NSW Self Insurance Corporation Act 2004*,
 - (e) the Building Insurers' Guarantee Corporation constituted under Part 6A of the *Home Building Act 1989*.

State Insurance and Care Legislation Amendment Bill 2022

9A Principal objectives of ICNSW

The principal objectives of ICNSW in exercising its functions are as follows—

- (a) to ensure that access to compensation for claimants is balanced with the need to maintain the affordability of insurance and the efficiency and viability of State insurance and care schemes,
- (b) to promote efficiency, transparency and accountability in the conduct of its operations

s.23 Principal objectives of SIRA

The principal objectives of SIRA in exercising its functions are as follows—

- (a) to ensure that access to compensation for claimants is balanced with the need to maintain the affordability of insurance and the efficiency and viability of State insurance and care schemes,
- (b) to minimise the cost to the community of workplace injuries and injuries arising from motor accidents and to minimise the risks associated with the injuries,
- (c) to ensure that persons covered by State insurance and care schemes have access to treatment that will assist with their recovery.

ANNEXURE B

SIRA 2025

SIRA2025 was launched in March 2022. It establishes seven goals and a set of strategic priorities to strengthen SIRA's performance as a customer-centric, intelligence-led, risk-based regulator⁶⁸ and deliver improved outcomes for the people of NSW.

Goals

SIRA2025 introduces seven goals focused on enhancing organisational capability and driving improvements in the areas that will have the greatest impact. Under each of the goals, there is a set of focused strategic priorities that will guide SIRA's work until the end of 2025.

1. Putting customers at the centre
2. Building and supporting our talent
3. Enhancing our capability through digital
4. Setting the benchmark for governance, culture, and accountability
5. Strengthening our regulatory capability
6. Holding regulated entities to account for outcomes
7. Maintaining a contemporary regulatory environment

[Putting customers at the centre \(detail\)](#)

A customer-centric regulator that always takes decisions and actions that will lead to the best possible outcomes for customers. A customer-centric regulator that always takes decisions and actions that will lead to the best possible outcomes for customers

- **Customer voice:** SIRA actively engages with and advocates for customers to ensure its programs, actions, and initiatives have a positive impact
- **Customer research:** SIRA uses qualitative and quantitative research and insights to ensure that scheme design and supervision are evidence-based
- **Improved customer support:** SIRA provides proactive support through information, direct contact, and easy to access services to optimise customer journeys
- **Education and information:** SIRA makes it easy for customers to understand their choices, rights, and entitlements
- **Setting the standard:** SIRA's Customer Service Conduct Principles drive improved outcomes
- **Transparency:** SIRA publishes clear and transparent information about its activity and the performance of the schemes, insurers, and other regulated entities
- **Trust in schemes:** SIRA actively measures trust and the impact the schemes have on equipping and empowering people to drive their recovery

⁶⁸ SIRA. (n.d.). *Regulatory Framework*.

SIRA takes a risk based outcomes focussed approach to regulation, giving flexibility to select the most appropriate response for the situation. SIRA takes the following factors into account to ensure a proportionate response: Seriousness, Harm, Entity behaviour, Regulatory behaviour, and Impact. *Education* is part of the Regulatory toolkit. SIRA educates, increases awareness and build capability through the provision of guidance, insights and the sharing of knowledge and research (pp. 18,22)

Outcomes

The implementation of the seven goals and the underlying strategic priorities will move SIRA closer towards a set of outcomes it strives to achieve. These outcomes relate to the customer, compliance, sustainability, and trust. Ultimately, these outcomes will deliver better compensation schemes for the people of NSW. To measure progress towards each outcome, SIRA has set a range of measures that will track the scheme's performance and identify gaps for improvement.

Outcomes	Measures
People injured at work or on the road can access the benefits and support they are entitled to, and need, to recover, return to work or achieve the best possible quality-of-life outcome after an injury	<ul style="list-style-type: none"> Life back on track at 3 months Return to work rates at 4 and 13 weeks Rate of secondary injury Timeliness of liability decisions
Employers, homeowners, and motorists are well protected through affordable insurance policies	<ul style="list-style-type: none"> Premium variance over time Premium affordability Percentage of uninsured, including inappropriately insured Nominal defendant costs Capital adequacy of schemes
Scheme insurers, providers and policy holders comply with regulatory requirements and the Customer Service Conduct Principles, and are accountable for their actions	<ul style="list-style-type: none"> Adherence to Customer Service Conduct Principles Complaints and disputes per claim Successful disputes per claim Percentage of insurers improving performance Percentage of insurers with regulatory action Time to access treatment
Markets that underpin the State's statutory insurance schemes are ethical, innovative, and competitive	<ul style="list-style-type: none"> Investment in innovation Outcomes of innovation
Markets that underpin the State's statutory insurance schemes are ethical, innovative, and competitive	<ul style="list-style-type: none"> Scheme funding ratios Return to work Cost of complaints and disputes Healthcare costs Average claim duration and cost Regulatory burden Changes to scheme design Administrative costs
Customers, stakeholders, and the community trust that SIRA-regulated schemes are operating as intended and meeting the needs of customers and policy holders	<ul style="list-style-type: none"> Percentage of collected premium returned to customers Trust measures from the Customer Experience research Engagement with SIRA content, including consultations

ANNEXURE C

NSW Government Customer Commitments

Easy to access

Customers find our services easy to access when interactions are simple and services are readily available.

Act with empathy

Our services are focused on understanding and responding to the situations, needs and points of view of our customers.

Respect my time

Being respectful of time is key to a positive experience for customers using our services.

Explain what to expect

Customers need to understand what steps are involved and be contacted when they need to know something.

Resolve the situation

Customers expect us to deliver an outcome and be accountable for our actions along the way.

Engage the community

Customers expect us to meaningfully engage with them about how they want services delivered.

ANNEXURE D

Department of Customer Service (DCS) Values

We are guided by our core values of integrity, trust, service and accountability.

DCS employees* are bound by the core public sector values of integrity, trust, service and accountability. These core values help our employees remain fair, ethical and transparent.

Integrity

- Consider people equally without prejudice or favour.
- Act professionally with honesty, consistency and impartiality.
- Take responsibility for situations, showing leadership and courage.
- Place the public interest over personal interest.

Trust

- Appreciate difference and welcome learning from others.
- Build relationships based on mutual respect.
- Uphold the law, institutions of government and democratic principles.
- Communicate intentions clearly and invite teamwork and collaboration.
- Provide apolitical and non-partisan advice.

Service

- Provide services fairly with a focus on customer needs.
- Be flexible, innovative and reliable in delivering services.
- Engage with the not-for-profit and business sectors to develop and implement service solutions.
- Focus on quality while maximising service delivery.

Accountability

- Recruit and promote employees on merit.
- Take responsibility for decisions and actions.
- Provide transparency to enable public scrutiny.
- Observe standards for safety.
- Be fiscally responsible and focus on efficient, effective and prudent use of resources.

DCS employees are also expected to comply with the Code of Ethics and Conduct.

Note: "Employees" refers to all individuals employed, appointed or otherwise engaged. This includes permanent, temporary and casual employees, as well as consultants, contractors and agency employees engaged to perform work for or on behalf of DCS.

ANNEXURE E

SIRA Customer Service Conduct Principles

SIRA Customer Service Conduct Principles

Principle 1: Be easy to engage and efficient

The insurer must keep customer interactions simple and accessible to make the experience easier, so that the focus is on recovery and resolution. This means:

- customers should only have to provide or ask for information once
- information is clear and understandable enabling a streamlined experience
- complexity is reduced by communicating in simple language
- information is timely and accessible
- customers will experience visible support and information throughout the customer journey.

Principle 2: Act fairly, with empathy and respect

The insurer must be respectful of people's individual circumstances and needs and support them accordingly. This means:

- customers are treated fairly, receiving the same quality services, every time
- customers are shown compassion and understanding of their individual situation
- customers are treated with dignity, empathy and respect.

Principle 3: Resolve customer concerns quickly, respect customers' time and be proactive

The insurer must be proactive in supporting recovery and resolution. This means:

- resolve customer concerns at the first opportunity
- customers are supported early, leading to better recovery outcomes and resolution
- customers' time is valued
- customers will be contacted when they need to know something.

Principle 4: Have systems in place to identify and address customer concerns

The insurer must have systems in place to engage customers and listen to concerns and suggestions. This means:

- customer views will be sought on service design and improvement
- ensure transparency in addressing systematic issues as they are identified and rectified
- continuous improvement systems are in place.

Principle 5: Be accountable for actions and honest in interactions with customers

Customers will receive an acknowledgement when things don't go to plan. This means:

- customers will receive an acknowledgment when harms are caused, when customer expectations are not met or when legislative breaches occur
- poor service or behaviour will be acknowledged, and action taken.

ANNEXURE F

Overarching Claims Management Principles

These overarching *claims management principles* apply generally across all aspects of claims management, to provide direction for the handling and administration of claims under the workers compensation system. These principles support the workers compensation system objectives outlined in §3 of the 1998 Act.

Principle 1 - Fairness and empathy

The management of claims will be undertaken in an empathetic manner intended to maximise fairness for workers by:

- ensuring that workers understand their rights, entitlements and responsibilities, and making clear what workers and employers can expect from insurers and other scheme participants; and
- ensuring workers are afforded procedural fairness and decisions are made on the best available evidence, focused on advancing the worker's recovery and return to work.

Principle 2 - Transparency and participation

Workers, employers and other scheme participants will be empowered and encouraged to participate in the management of claims by:

- ensuring transparent and timely communication of the reasons and information relied upon for decisions and facilitating right-of-reply and prompt, independent review of decisions; and
- ensuring opportunities are provided to workers, employers and other scheme participants to contribute information that can support and inform claims management.

Principle 3 - Timeliness and efficiency

Claims management decisions will be made promptly and proactively, and claims will be managed in a manner intended to reduce delays and costs and maximise efficiency by:

- *promptly and efficiently processing claims, responding to inquiries, determining entitlements and making payments;*
- *progressing claims without unnecessary investigation, dispute or litigation.*