

**Submission
No 76**

**FIRST REVIEW OF THE WORKERS COMPENSATION
SCHEME**

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FIRST STATUTORY REVIEW OF THE 2012 WORKERS COMPENSATION CHANGES

Submission to the Law and Justice Committee

9 October 2016



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Introduction

It was Mahatma Gandhi that said "*the true measure of any society can be found in how it treats its most vulnerable members*".

On this measure, because of its treatment of injured workers, Mike Baird and the NSW Government are bankrupt.

The NSW Parliament need look no further than:

- the 100 personal stories told to the Unions NSW Return to Work Inquiry that are attached to this submission at Annexure A;
- the three reports from Macquarie University's Centre for Workforce Futures on the impact on injured workers of changes to NSW workers compensation system (Annexures B, C and D to this submission);
- the Report of the Legislative Council Standing Committee on Law and Justice, Review of the exercise of the functions of the WorkCover Authority, 17 September 2014;
- the Report of the Legislative Council, General Purpose Standing Committee No 1., Allegations of bullying in WorkCover NSW, 19 June 2014;
- the Report of the Centre for International Economics, Statutory review of the Workers Compensation Legislation Amendment Act 2012, Final Report Prepared for the Office of Finance and Services 30 June 2014; and
- Holley, Thornthwaite, Markey and O'Neill 's 'NSW Workers' Compensation Reform: A Parody of Evidence-based Policy Making' *Australian Journal of Public Administration*, published online 30 January 2015.

The evidence is plain to for those who will look, that the changes made to the NSW Workers Compensation scheme have caused untold damages to injured workers, their families and our society.

Unions NSW's submission to this first statutory review of the workers compensation laws by the Law & Justice Committee of the NSW Parliament will present overwhelming evidence of the complete failure of the workers compensation cuts.

We submit the Government can have no choice but to scrap NSW's system of workers compensation and start again. To support this proposition, Unions NSW will advance three main arguments:

1. That the harsh cuts to workers' compensation made in June 2012 have failed. Many sick and injured workers are **not** returning to the workforce, and are being left to fend for themselves;
2. Sick and injured workers have been driven to suicide and despair because workers compensation support is now so limited and the system treats them so badly;
3. The workers compensation system introduced under the stewardship of then-Treasurer Mike Baird has been constructed to serve the interests of insurers and employers. Sick and injured workers are not even a consideration.

The submission will then outline the principles Unions NSW proposes should underpin a new scheme, and canvas our top 17 short term fixes.

Section 1: The harsh cuts have failed with many sick and injured workers not returning to the workforce and having to fend for themselves

In this section of our submission, Unions NSW will organise our arguments around four elements of the cuts: income support; return to work; journey claims; and medical costs. Our submissions will be drawing on the evidence Unions NSW gathered during the Return to Work Inquiry we conducted in August 2016. Unions NSW took evidence at 11 different locations around NSW: Sydney, Penrith, Blacktown, Bathurst, Wollongong, Maitland, Newcastle, Central Coast, Coffs Harbour, Grafton and Lismore. We also held a separate hearing for one seriously injured worker and members of Asian Women at Work. Injured workers were also encouraged to tell us their stories online. Unions NSW also conducted hearings over the phone for those unable to attend in person.

The Inquiry was convened by Unions NSW Assistant Secretary Emma Maiden. Unions NSW was also represented by Shay Deguara and/or Kate Minter. Rowan Kernebone from the Injured Workers Support Network also sat on the Inquiry panel.

50 injured workers or their family members appeared before the Inquiry. A further 50 injured workers told us their story online or over the phone, taking our total number of case studies to 100 injured workers.

Each personal story has been de-identified at the instruction of the Law and Justice Committee Secretariat and are attached at Annexure A to this submission. We encourage members of the Law and Justice Committee to read every one of these stories. They are a testament to the damage caused by the workers compensation system, the failure of many employers and insurers to take their return to work obligations seriously and the failure of the system to require that they do so.

Injured workers are not receiving the income support they need and are being cut off before they have recovered

Six ways to reduce income support:

Unions NSW has consistently argued that the 2012 workers compensation changes were all about cutting injured workers off workers compensation, not returning them to work. You need look no further than the fact the 2012 changes to workers compensation made six significant changes to the level of income support received by injured workers and zero changes to encourage return to work. The six significant changes to the level of income support were:

1. **Step downs:** Weekly payments were reduced to 95% of Pre-Injury Average Weekly Earnings (**PIAWE**) from day 1 of the injury with a further step down to 80% after 13 weeks and 80% of base pay only after 12 months (95% can be maintained if working at least 15 hours per week).
2. **Reduction for notional income:** Weekly payments were reduced by the amount of notional income an injured worker could earn in "suitable employment". For example, if the injured worker is certified for 10 hours of work per week, their weekly payment is reduced by 10 hours pay, even if they are not able to secure 10 hours of work. This fictional employment does not pay the bills.

3. **Work Capacity Decision cut off:** Weekly payments can be cut off at any time if a Work Capacity Decision deems the injured worker has the capacity to earn more than their weekly payment (called the 'fantasyland cut off' by injured workers).
4. **2.5 year cut off:** Weekly payments cut out at 2.5 years unless:
 - a. at least one year before the cut off the worker applies in writing to retain the payment;
 - b. the injured worker has no work capacity or is working at least 15 hours a week;
 - c. the insurer certifies the worker as likely to be indefinitely incapable of undertaking further additional employment or work that would increase the worker's current weekly earnings.
5. **5 year cut off:** The only category of injured worker who can receive weekly payments for longer than 5 years are workers with the highest needs (defined originally as 30% Whole Person Impairment (**WPI**) but reduced to 20% WPI).
6. **PIAWE:** The definition of PIAWE is extremely complex and injured workers are commonly paid much less than they are entitled. The Parkes Inquiry recommended a simple fix that has been ignored by Government.

Insurers also commonly deny claims (8% in 2013/14¹), depriving injured workers of any income support until they can win their case before the Workers Compensation Commission (**WCC**). Approximately 80% of all cases of denial of liability are overturned at the WCC.² These figures correspond with the those published by WIRO that indicate 70-80% of Independent Legal Assistance and Review Service (**ILARS**) grants are for cases won by injured workers.

Shirley, a workers compensation lawyer, gave evidence to the Unions NSW Return to Work Inquiry that this figure is as high as 90% in her country NSW town.

Extent of reduced income support:

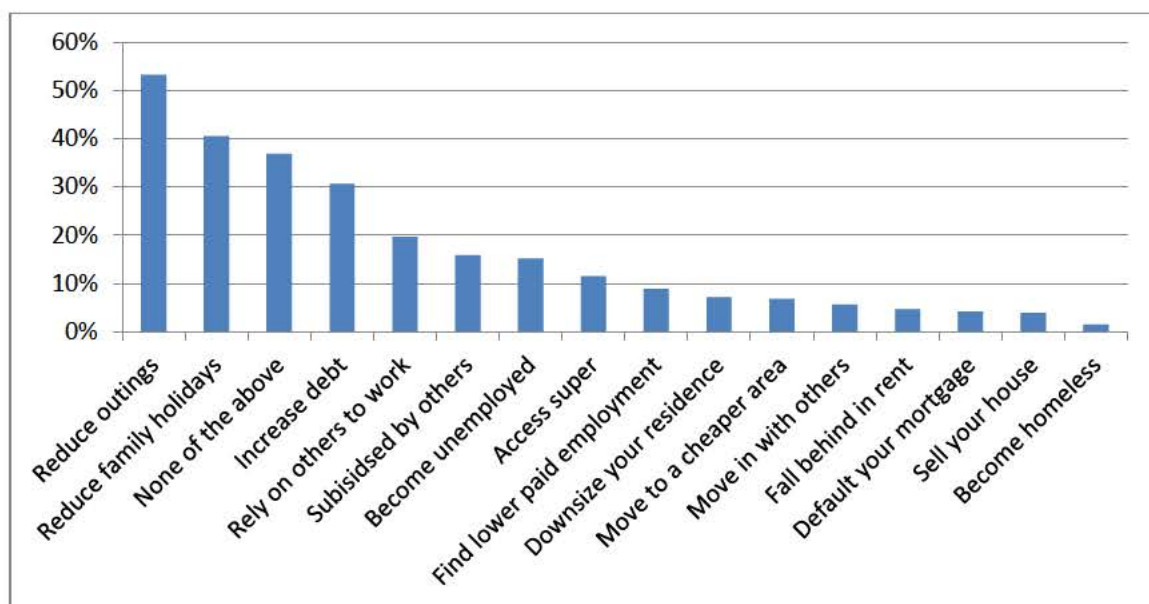
Insurers have taken full advantage of these ways of reducing their liability and have enthusiastically reduced the income support for injured workers.

Unions NSW estimates tens of thousands of injured workers³ have been cut off the scheme since the 2012 cuts. The exact figures should be available from the State Insurance Regulatory Authority (**SIRA**) together with the reason they were cut off (2.5 year cap, Work Capacity Decision etc.), but it is not. This lack of transparency regarding workers compensation in NSW is a serious concern.

Unions NSW notes there will be a further tens of thousands of injured workers cut off from 2017 under the five year cut off.

The 2014 Unions NSW Survey of injured workers found 40% of workers who were injured and receiving weekly payments on 1 October 2012 had their payments reduced or cut off due to the 2012 changes. The figure was comparable (37%) in the 2015 Unions NSW Survey.⁴

The Unions NSW Survey also showed what adjustments injured workers are making due to being injured and having reduced income. This is outlined in the table below.



Unions NSW submits that it is unconscionable to cut off weekly payments in circumstances where the injured worker is still injured (carrying medical restrictions) and has been unable to secure employment at the same wage level.

To do otherwise involves no recognition that the reason the worker is in this predicament is because they were injured at work and therefore owed a duty of care

to receive income (and medical) support until they get back on their feet. It also involves no recognition that finding employment while carrying restrictions or even just a history of workers compensation is near impossible.

The Unions NSW Survey of Injured Workers in 2014 and 2015 showed respectively 56% and 59% of workers who had applied for other jobs had been asked by prospective employers if they had ever made a workers compensation claim.⁵

This is reflected by the Unions NSW Return to Work Inquiry:

- **James** says employers frequently ask whether you have a workers compensation claim and *"you know the moment you tick yes that you have had a claim, you are cactus"*.
- **Jo** says *"As soon as you say you have a workers compensation history there is very little chance of actually stepping into a new career."*
- **Ryan** says *"No one will put me on. Even my second job won't employ me. Too much risk with a spinal injury. I lost my second job as well...My rehab provider told me not to tell them that I have an injury. They said wait until you get employed and then tell them."*
- **Lucinda** a regional retail worker has been applying for jobs for 5 years. She says *"No one touches you when you are on workers compensation"*.
- **Annie** says *"As soon as people hear you have made a workers compensation claim, they're not interested. Luckily, I went for an interview for one job where the boss didn't ask whether I had a history of workers compensation so I stayed there for ten years"*.
- **Harold** says *"I'm meant to apply for four jobs a month but I apply for heaps more. They all suit my injuries. I get told all the time I'd be hired if it wasn't for the compo. I wish I didn't have to declare my injury."*

Cutting workers off while injured and with no comparable employment is exactly what the Work Capacity Decision, 2.5 year and 5 year cut off do.

Most injured workers are cut off at 2.5 years because they have some work capacity but have long since been terminated by the employer that injured them and no one

else will give them a go. It is heartless and involves no consideration of injured workers individual circumstances. Cutting them off transfers the cost of the injured worker to Centrelink and Medicare, their personal savings, super, charities⁶ or family and friends. The Productivity Commission, Access Economics, Allens Consulting and Safe Work Australia have described where the burden of workplace injury falls:

"In terms of the burden (of workplace injury) to economic agents, 5 per cent of the total cost is borne by employers, 74 per cent by workers and 21 per cent by the community."⁷

Because of the onerous conditions attached to the 5 year cap, very few injured workers access weekly payments for 5 years. It should also be noted that only 2,357 out of 57,966 workers in the scheme at 22 August 2014 (4%) meet the definition of "worker with highest needs" and therefore have the chance of receiving weekly benefits beyond 5 years.⁸ Every single injured worker except this 4% have had their workers compensation benefits decimated.

The Work Capacity Decision (**WCD**) cut off can happen at any time with 3 months' notice. A WCD can refer to a number of actions by the insurer that affects weekly payments but the most common WCD is when the case manager assesses the injured worker has sufficient work capacity to go out into the labour market and secure suitable employment that earns more income than their weekly payments. Essential to this assessment is what the injured worker could earn in "suitable employment".

The definition of suitable employment following the 2012 changes is as follows:

"suitable employment" in relation to a worker, means employment in work for which the worker is currently suited:

- (a) having regard to:
 - (i) the nature of the worker's incapacity and the details provided in medical information including, but not limited to, any certificate of capacity supplied by the worker (under section 44B), and
 - (ii) the worker's age, education, skills and work experience, and
 - (iii) any plan or document prepared as part of the return to work planning process, including an injury management plan under Chapter 3 of the 1998 Act, and

- (iv) any occupational rehabilitation services that are being, or have been, provided to or for the worker, and
 - (v) such other matters as the Workers Compensation Guidelines may specify, and
- (b) **regardless of:**
- (i) **whether the work or the employment is available, and**
 - (ii) **whether the work or the employment is of a type or nature that is generally available in the employment market, and**
 - (iii) **the nature of the worker's pre-injury employment, and**
 - (iv) **the worker's place of residence.**⁹

Unions NSW has reproduced this definition from the Act in full so the incredulity of the **bolded** section can be fully appreciated by the Committee. This is why injured workers refer to the WCD cut off as the ***fantasyland cut off***. The insurer is completely allowed to ignore real life when deciding whether an injured worker can go out and earn the same as their weekly payments. The same definition is used to reduce weekly payments by "notional income".

It should also be emphasised that this decision is made by an over-worked, under-trained case worker, who has no medical expertise and who need not even consult the medical records on the injured workers file to make the decision.

The case worker will often use a "vocational assessment" carried out by a rehabilitation provider in making a WCD. Workers frequently attend these vocational assessments with high hopes that they will be a first step towards finding meaningful alternative employment only to have those hopes dashed by the reality that the rehabilitation provider is simply jumping through hoops identifying jobs that frequently don't meet an injured workers restrictions or interests. The assessment is then used by the insurer to argue there is work out there somewhere for the injured worker in fantasyland and therefore they can be cut off.

An injured worker cannot currently engage legal representation to challenge a WCD. This is due to change with the Workers Compensation Amendment Act 2015 (**the 2015 WC Act**), however the enabling Regulation is yet to be enacted making it hard to predict if this will make things easier for injured workers. The proposed Regulation

that Unions NSW cited in confidential consultations was likely to have minimal effect in supporting injured workers if at all.

The essential point to remember about the WCD cut off (as well as the 2.5 year and 5 year cut off) is that **the injured worker can be cut off when they are still injured and when they have not achieved comparable employment.**

Stories from the Unions NSW Return to Work Inquiry regarding income support

- **Meaghan** is taking the largest employer in NSW to court to get them to return her to work said, *"I got my first work capacity decision in October 2013. I found it was not based on medical evidence, and there was no information about what evidence it was based on. It said I was good to work. I could work as a teacher in a different high-school. The work capacity decision ended my income and I started to use up my sick leave until Feb 2014."*
- **Simon** only had 2 weeks off work when he broke his ankle. He never had it properly diagnosed and was in terrible pain, which remains 2 years later. He says *"I made a decision pretty early in the piece because I've been injured before at work and you're not really treated the same and with a young family I needed to go back full-time. The bills don't stop."*
- **Lyle** is challenging the denial of his claim for a knee injury sustained when he fell off a tipper truck. He has been receiving Centrelink payments from January 2014 and despite help from the Salvation Army to reorganise his loan repayments, he had to declare bankruptcy this year.
- **Tom** spent 5 months in hospital and underwent 32 operations after 2 tonnes of timber fell on him yet it took 7 years for the insurer to accept liability and pay him weekly payments.
- **Emily** is a single mother reliant on her work income. The injury she sustained when she fell working in a correctional facility and the resultant drop in wages has caused her much financial pressure. *"I can't even tell you how short of money I am. The difference in my wages makes a great deal of difference to*

my standard of living. It has caused me so much stress, which further impacts on my injury and well-being".

- **Graham**, a Government employee attacked at work never took a day off work because he didn't want to be financially penalised. *"I'm worried some people are working when they should be at home"*.
- **Patricia Fernandez**, the National Secretary of the Australasian Meat Industry Employees Union (**AMIEU**), said employers advise workers that they will be getting a 5% pay reduction if they go on workers compensation, so workers just use their sick leave or annual leave.
- **Shan** was injured in 2007. He describes the old system as basically a living rate plus what you could earn up to 80% of your old income. However he describes the new system as "evil" as existing injured workers are only paid 80% of the statutory rate under the old system, not 80% of their old income (minus what the insurer assesses you as being capable of earning). He can't understand why existing injured workers can't also get the 80% based on their pre-injury income. It would mean a big difference to him in pay. He says *"the transition rate is criminal!"*
- **Harold** is facing his 5 year cut off next year. He has identified numerous viable employment options but his insurer has blocked them and any re-training required at every turn. He has a wife and 4 children, including a severely disabled son. He constantly applies for jobs and is in serious financial distress.
- **Jo** was working as a theatre nurse in a large chain of private hospitals when she suffered a brain injury when a box fell on her head during a stocktake. Her memory, balance and pain issues have been debilitating but her claim was denied after 8 months as there were no witnesses and she could not prove a workplace incident caused the injury. Jo had to rent out her house and move her husband and three children in with her aged mother due to the denial of her workers comp claim and her partner's unrecognised journey claim.
- **Penelope** relies on her partner and parents to make ends meet on workers comp.

- **Bruce** has had to re-draw his mortgage. He worked for 5 years after his serious arm injury but his employer still sacked him because of the injury, reducing his weekly payments.
- **Lynn** was studying and only working 17.5 hours a week when she was injured. Now she receives only \$275 a fortnight on workers compensation. *"I'm supplementing the weekly payments with welfare at the moment. I need a food parcel from the community some nights. I've ended up at the food kitchen. I was paying \$422 a fortnight in rent but I've got Government assistance so that has reduced to \$270 per fortnight. I've also been receiving a Centrelink hardship allowance of \$311 per fortnight for the last 4 weeks. I've cleaned out my bank account to cover my costs. I have no savings left. Some weeks I only had 12 cents in the bank."*
- **Olga** is facing losing her home after having her claim denied (even though the Independent Medical Examiner (**IME**) agreed it was a work-related injury).
- **Lachlan** says his injury has cost him about \$300,000 in lost wages, expenses and superannuation. When his claim was denied he had to withdraw his super to pay off his mortgage so he could be debt free.
- **Sam** says *"If I wasn't with my partner I would be on the street. She has supported me. I couldn't afford to pay bills or rent. They have pushed me into a corner where I have had to use all my sickness benefits, all my holiday pay. I've used up everything."*
- **David** says *"The worst part about being injured at work is getting a base wage and having to pay for medical costs. These added costs put strain on an already tight budget. SO my life has been turned upside down, I became anti-social as it was embarrassing to say that I have no money. Family and friends can only put up with hearing that excuse for so long. The invites stopped coming."*
- **Cary** says *"I'm currently not receiving weekly payments. I was initially cut off from April to November 2015, but they ended up back-paying for that period of time. The insurer said I needed to move to a new job with a new employer"*.
- **Craig**, a machinist, was sacked after 17 years of loyal service when he injured his back. He was cut off workers compensation after 2012, although he

doesn't understand why. "I was happy before 2012, but since then life has been a struggle. I've had to break into my superannuation to make ends meet. I now work for my son, but only earn half as much as I earned in my previous job. I'm 65 next year, due to retire, but really worried about my future."

Weekly payments & PIAWE:

19% of respondents to the 2015 Unions NSW Survey said they were unsure why their weekly payments had been reduced.¹⁰ This was reflected in the stories of numerous workers who appeared before the Unions NSW Return to Work Inquiry and expressed disbelief and confusion regarding the calculation of their weekly payments. They did not understand how their weekly payments had been calculated and felt their payments were not equal to what they were entitled to. Some had taken the matter to WIRO but many did not know that was an option or were too exhausted to do so.

More than one employee from the Department of Corrections stated the Department applied the 95% of PIAWE rate to the entire pay period, even if you were injured on the final day of the pay cycle. They said it made sense to not make a claim, so your wage didn't reduce and you didn't have to give up pay for time you had already worked. This is not the correct way to work out weekly payments but if a large government department can't get it right, it's no wonder so many get it wrong. It is injured workers and their families who suffer with reduced income, at a time they are less likely to be in a position to fight it.

The move to PIAWE from the 2012 changes to workers compensation was intended to be about "*the simplification of the earnings base from which to calculate weekly income benefits... (to create) a uniform measure (that) would simplify the administration of benefit arrangements*".¹¹

Yet the PIWE system that was created could not be more at odds with this objective. This view is widely held, including by the Centre of International Economics which stated "*The PIAWE approach is complex and often difficult to calculate*".¹² As a result, workers, insurers, unions and merit review officers struggle to understand the system, which leads to differing interpretations and incorrect PIAWE decisions. The

detailed submission by the CFMEU regarding the problems with PIAWE is endorsed by Unions NSW and is attached at Annexure E.

Unions NSW endorses the principles regarding PIAWE that came out of the Parkes Project which are as follows:

1. The calculation of Pre Injury Average Weekly earnings should be a simple and fair process;
2. The calculation method of PIAWE should provide a fair outcome regardless of the class of worker (for example, to ensure workers are not penalised for working more than one job, part time hours, or are aged);
3. 'PIAWE' should reflect the current value of 'pre-injury average weekly earnings' (Indexation) as should the maximum cap on weekly payments;
4. Where there has been an inadequate payment of weekly payments, adjustments should be easily arrived at and paid from the date of the claim/notification.

The recommendations from the Parkes Project have been included in Section 5 of this submission.

Injured workers are being punished:

Unions NSW submits that to step down or cut off weekly payments is unnecessarily punitive against the injured worker. It wasn't **Scott's** fault that he intervened to prevent the assault of a co-worker and ended up being assaulted himself, yet from the moment he was injured he received only 95% of his PIAWE, dropping to 80% after week 13 and even more after 12 months. Such an approach to income support for injured workers does not, as the Government alleges, encourage injured workers to return to work it simply punishes them for being injured.

Employers are allowed to routinely ignore their return to work obligations and insurers are an impediment to injured workers returning to meaningful work

Boosting return to work was one of the main reasons championed by the Government for introducing the 2012 changes to workers compensation.

In 2012, the Government included Improvement Notices as a tool WorkCover (now SafeWork) inspectors could use to target non-compliance with return to work obligations by employers. Apart from an initial trial period, inspectors have proven reluctant to utilise these tools, only hiring and training specialist inspectors in the last 12 months. There have been more recent minor incentives for employers who hire injured workers including \$1000 in return to work assistance and an \$8,000 training grant for workers with more than 20% WPI who have been injured for more than 1.5 years. The latter has been championed by the Government despite a similar and more generous provision already being in existence.

Other than these meagre provisions there have been no changes to the scheme to encourage return to work not counting the punitive measures covered in our submission above.

So it comes as no surprise that the Macquarie University Report No. 3 found there is no evidence of improvements in return to work rates for injured workers in NSW since the changes were made.¹³

Further, the Unions NSW 2014 and 2015 Survey of Injured Workers showed workers were increasingly less likely to be working with the same employer and were more likely to have been terminated by their employer. Even those that remained in employment were not having a positive experience.¹⁴

A number of the stories told to the Unions NSW Return to Work Inquiry show an almost complete failure of employers to return injured workers to on-going work unless they can show they are 100% fit.

The Return to Work Inquiry stories show employers, even large Government Departments, do not take their return to work obligations seriously and that insurers do little to enforce compliance. Return to work orders from the Workers Compensation Commission are being routinely ignored and enforcement action of any kind by the inspectorate has dramatically reduced by every measure in the past 6 years¹⁵. The Return to Work Inquiry stories show that workers who managed to transition to new careers did it because of previous skill-sets, their own networks or

good luck. Insurers resisted retraining and had an attitude that the worker should have no say in their retraining or career options.

Stories from the Unions NSW Return to Work Inquiry regarding return to work:

- **Penelope** has had to fight for being given the opportunity to return to work. As a nurse employed in the public hospital system who had returned to various light duties during the up and down of a number of back surgeries, she was told there were no more light duties in the entire public health system when she tried to return to work after her fourth and final back surgery. She had to take the Department to court to win a position in a Neonatal Unit. She has now been assessed as 61% WPI and is unfit for work right now. She wants to retrain as a speech pathologist but her insurer is refusing stating "*they are the ones that make the decisions regarding my training and that it is not about what I want to do*".
- **Mina** has also had a bad experience with NSW Health. A social worker, she was injured in 2010. She tried suitable duties in a number of different positions but two years after she was injured, was told she had to return to her substantive position or resign. She was then sent to an IME who said her injury was not real and she was cut off. When she finally got the surgery she needed in 2014 and presented as fit for work, NSW Health refused to place her back at work.
- **Rebecca** is another example from NSW Health. She had a shoulder injury that required surgery but returned to work on restricted duties. After 6 months she was terminated. She fought the decision and returned to full duties with modifications, which she has successfully managed for over 10 years.
- **Meaghan** is a teacher who had 10 years' service and an unblemished record when she was assaulted in 2012 at her Department of Education school. The Department is a self-insurer. She was initially left off work for 15 months with no return to work plan. She began a staged return to work but she had a car accident meaning she needed 3 weeks to recover. From this point on she was on her own. She put herself through TAFE courses and started a University degree. She found casual work with the Department doing distance

education, which she did for a year. They tried to terminate her when they found out about her injury. She took the case to the Industrial Relations Commission, which ordered her reinstatement, but after another year of casual employment, they refused to offer her more shifts. Orders and recommendations from the WCC for reinstatement were routinely ignored. She is now taking the Department to the District Court seeking orders to remedy a breach of statutory duty. If she loses, she will lose her house. If the biggest employer in NSW can ignore their return to work obligations, what hope do injured workers have.

- **Kylie** has serious injuries to both arms but the IME declared her as fit for work. They said *"I can work full time in any job without using my hands"*.
- **Jo** used her contacts at the private hospital where she worked when she was injured to find two days a week working as a receptionist in a specialist's rooms. She found the letters from the return to work coordinator rude and harsh and as soon as her claim was denied (8 months after the injury) it was made very clear she would never return to her workplace.
- **Magda** has RSI that first appeared in 2005. She has returned to work many times, to only have the injury recur. When the RSI returned again in 2016 her insurer promised a proper return to work plan, yet when she returned to work she was placed in exactly the same job and has been excluded by her team.
- **Tim** injured his back lugging coinage but his employer refused to provide suitable duties so he has had to stop work.
- **Deloris** was diagnosed with an acute adjustment disorder from workplace bullying. Her initial return to work plan was overseen by the two managers who bullied her, causing her to relapse. After 9 months her employer agreed to place her in a different office under different management and she is now back to full-time hours.
- **Shirley** is a workers compensation lawyer who works in a country town. In her experience country employers take a claim personally and are therefore more likely to deny suitable duties and push the employee out the door as soon as possible. She knows of a government worker who injured her arm. She is still carrying the injury but can now perform all her duties. Yet her insurer is

sending her to an IME who will likely certify she is not 100% fit, meaning she won't be allowed to return to work.

- **Aaron** returned to work after he was nearly blinded in September 2013. His employer had him doing menial work and sacked him 2 years later when it was clear he would never be 100%. *"When I was terminated .. I felt betrayed. I had 16 years of service. I've never been in trouble. When I was on light duties the work coordinator on the shift was told to watch me and report even if I was one minute late back on the smoke break. I felt victimized."*
- **Fiona** was injured when her arm was crushed in a door as her supported accommodation facility went into lock down. She made several attempts to return to work, but her arm needed a resting splint and she had a meltdown with the stress and pain. Her employer has now refused to return her to work because they say she can't be working with people who have mental health problems if she has a mental health problem herself. She has now been certified as fit for all duties, except mopping, which could be fixed if her employer bought a steam mop. Her employer is telling her to job search.
- **Natalie** is employed by a large retail self-insurer. She was pushed back to full duties after a shoulder injury, significantly aggravating her injury such that it required surgery. The large retailer originally said there were no suitable duties for her, but she fought this and after 2 months off, returned to work. The light duties re-aggravated her injury so she is off work again *"My case manager said that the insurance agent was under no obligation to help me find redeployment and it was my responsibility to find alternative employment"*.
- **Carmela** was also employed by a large retail self-insurer. She injured her shoulder in 2013. The doctor recommended surgery but the insurer declined due to her age. After 10 months of workers compensation, her claim was also denied. Her employer said she had to resign or work with her injury. She has now been terminated.
- Since injuring his back in 2008 **Harold** has worked on and off, but nothing recently. In 2009 he asked the insurer if he could set up a pallet allocation business. They refused, saying he could fiddle his wages if he worked for

himself. He's currently paying his own way to qualify as a driver trainer but needs to lose weight before he can complete the training. He identified a job as a casual driver trainer but the insurer ruled it out as it involved too much sitting, but Harold is confident it would meet his restrictions. *"I'm due to be cut off in July next year under the 5 year cap but it seems the insurer wants to put barriers in the way of me working again rather than helping me get back on my feet"*.

- **Melissa** says her list of light duties were the exact same tasks she usually had to do before she was injured. She told her boss but he insisted, so her injury flared up again.
- **Lachlan** injured his back when he slipped pushing a trolley down a steep embankment. His claim was denied, which he overturned, but the school were "harsh and merciless". The manager said *"I am not concerned about you at all, I am only interested in what is the best financially for the school."* Lachlan says *"I shall never forget that statement for as long as I live. This was a private Christian School and I would have expected far better considering all the bleating about love and us being one big family"*.
- **Carla** was a bus driver employed by a large council who ruptured the ACL in her knee assisting a passenger. She returned to work on office duties, increasing her time to match her usual part-time hours. She was carrying out these alternative duties for 1 ½ years when they were abruptly withdrawn and she was sent to an IME. The IME confirmed her injury but she never returned to work, being terminated by a letter in the mail 2 months later. Carla says there were decades of boxes of archives that needed to be scanned when she left. *"They just wanted to get rid of me"*. Carla says her rehabilitation provider recommended she go to TAFE and do a cert 3 in business admin. But the case manager said there was no way she was going to be up-skilled. The decision was overturned by merit review.
- **Sarah**, another bus driver, was able to return to driving after a back injury. She worked for another 5 years, carrying various restrictions. But when she couldn't reach her pre-injury hours, she was terminated. QBE refused to provide re-training unless it was in the security industry but Sarah was not

interested in this kind of work. Her rehabilitation provider recommended she see an employment consultant but QBE refused to pay so the appointment had to be cancelled.

- **Carmen** had a breakdown after working 19 years as a social welfare worker. Despite being cleared to return to work 16 hours in any non-frontline role, the Department of Family and Community Services (FACS) have said they can find nothing that meets these restrictions. Carmen is confident she can gradually build up the hours but FACS won't budge. The insurer says she should become a real estate agent or a travel agent. Carmen says *"I don't want to do that. I've been working in this field for 19 years...I've got another 20 years of working life in front of me. I want to do work that will make a difference and use my expertise. I don't want to walk away from my profession and I shouldn't be expected to"*.
- **Min** injured her back working in a furniture factory. She returned to work but the light duties were very similar to what she was doing before and she re-injured herself and developed mental health problems. Her employer gave her an ultimatum, get cleared for full duties or work somewhere else. He sacked her. Since then she hasn't had any vocational assessment or offers of retraining.
- **Steale**, an injured building worker, had multiple requests for re-training denied by the insurer. The insurer conducted a vocational assessment that said he could be a delivery driver (his pain killers don't allow him to drive) and a Foxtel installer (he can't get on a roof with his back injury). *"They are not dealing in the real world. I've been a bricklayer since I left school and I still want to do something that is connected to my trade"*.
- **Shayne** worked for 30 years doing manual roles for a government-owned power station. He has 28% WPI from accumulated injuries. As his body deteriorated after injuries his requests for lighter duties were denied. After he went on workers compensation the vocational assessment indicated he could move into customer sales or be a call centre worker. He hates computers and has only ever been interested in physical jobs.

- **Pete** has worked in a rural production factory since school. The workplace is unsafe and he has raised many issues about safety over the years. He has been injured at least four times and has had to have several operations. After his last operation he was called in for a meeting and told not to bring a lawyer. The two senior managers at the meeting had a lawyer. They asked Pete whether if he got injured again he would make a workers compensation claim. When he said yes they terminated him.
- **Thane** was an engineer when he injured his knee. His employer returned him to work and he managed to reduce his restrictions so that he was working full-time with climbing stairs only when necessary. Despite this, because he was not 100% recovered, his employer terminated him. The insurer refused to re-train him as a teacher's aide as they said there were too few job opportunities. After he was terminated his wife insisted he volunteer at her school helping a kid with cerebral palsy. He encouraged the school to apply for funding to place him as a teacher's aide, which it did. He is now a teacher's aide and general school assistant and loves his new career, even though he earns much less money.
- **Shan** has managed to transition from his teaching career to one as a diving instructor following a catastrophic knee injury playing sport at school. He has 28% WPI and has had no assistance from his employer, which actually transferred him to another school and made it harder for him to do his job after his surgeries. He made his own luck, turning a hobby into a new career.
- **Aimee** injured her shoulder in 2011 working as a youth officer with Juvenile Justice. She returned to suitable duties for about 8 months but bullying led to a secondary psychiatric injury. After this she sent herself to various courses, which the insurer refused to pay for. There was no offer from the Department to transition to other work like being a parole officer. She now works casually in a mobile coffee barista van, which she enjoys even though she only earns about ¼ of her previous wage.
- **Craig**, a machinist, was sacked after 17 years' service when he injured his back. He had to find his own job and now works for his son, but only earns half as much as he did in his previous job.

Unions NSW also refers to the Macquarie University Report Number 3 and its study of the return to work experiences of 20 injured workers.

*“The return to work coordinator for MSA1 took an even less constructive approach. She repeatedly asked MSA1, ‘Why don’t you leave?’ and ‘Do you want to work here?’ This return to work coordinator allegedly labelled herself ‘The Terminator’, with reference to her ability to terminate injured workers. It is extremely concerning if employers are able to interpret the role of a return to work coordinator as being one of terminating injured workers, rather than supporting them to return to work”.*¹⁶

Fixing return to work must be one of the main objectives of this Committee. All the evidence shows employees who can return safely to their pre-injury workplace have the best chance of achieving a durable return to work.^{17 18}

Unions NSW submits there are 3 main barriers to return to work. First, the ability for an employer to terminate an injured worker after six months if they cannot return to pre-injury duties. Second, the ability for the employer to get away with not offering suitable duties. Third, the ability of prospective employers to easily discriminate against injured workers. How these issues should be addressed is outlined in both Section 4 and Section 5 of this submission.

Workers who are injured on their way to and from work have no right to compensation

Journey claims have substantially diminished since they were all but excluded from the scheme in 2012. There were 10,371 journey claims in 2011/12, which reduced to 751 claims in 2012/13, 33% of which were contested by the insurer.¹⁹

Unions NSW believes the first journey claim not recognised due to the 2012 changes to the scheme occurred in Bathurst in August 2012. James Cantrill was critically injured on the way to work at Central West Linen Service when he was involved in a motor vehicle collision that was not his fault. James would not have been on the road that morning if he wasn't travelling to work. James is left with nothing – no vehicle, no income, mounting medical bills and horrific injuries. He is left to rely on the public health system and his family to carry the burden.

Stories from the Unions NSW Return to Work Inquiry regarding journey claims:

- **Xanthe** was injured driving home from work in 2015. She has used up all her super and accrued leave to take 10 months off to recover. She sought to return to work 3 days a week initially but has been isolated, bullied and harassed. She now has a psychological injury as a result of her treatment. She is about \$70,000 out of pocket and with retirement around the corner, she is worried about her future
- **Jo** was off on workers compensation herself when her partner had a journey injury in 2016. He used to ride to work on his motorbike. A car did not see him and drove him off the road. The driver must not have realised they had caused an accident as they did not stop. He was in intensive care for five days and has been unable to identify the driver. The Motor Accidents Scheme denied liability and there is no longer liability under the workers compensation scheme. His employer has recently changed its policy regarding working from home making recovery more difficult and placing extra pressure on him to return to work before he is physically capable to do so. With both Jo and her husband off work, the financial difficulties have been enormous.
- **Lily** was involved in a car accident on the way to work in May 2016. The other person was negligent so she was covered by compulsory third party insurance. Luckily her employer agreed to a gradual return to work program, which she found very helpful.

Further stories about denied journey claims can be found in the Macquarie University Report No. 1.²⁰

The burden of withdrawing cover for journey claims falls higher on regional workers, who frequently have to drive longer distances to work, and shift workers, who suffer from disrupted sleep patterns.

The cost of journey claims to the workers compensation scheme was very small. Journey claims represented a mere 2.6% of all claims, did not impact on premiums

and half of all journey claim expenses were recovered from the compulsory third party (CTP) motor accident insurers.²¹

Given these low costs, the fact the scheme now has a \$4 billion surplus and the financial impact of a lack of coverage on individuals and their families, Unions NSW can see no reason why journey claims should continue to be excluded from the workers compensation scheme.

Despite ongoing medical costs arising from workplace injury and illness, sick and injured workers now have their medical expenses delayed and capped and must find a way to foot their own bills

26,500 injured workers were cut off medical cover between when the 2012 changes were made and 31 December 2013.²² Unions NSW estimates tens of thousands more have been cut off medical cover since then.

The 2015 WC Act recognised the injustice of the one year medical cap that arose from the 2012 changes and partially reversed it as follows:

- Injured workers with 10% or less WPI have had their medical benefits doubled to 2 years after payments cease;
- Injured workers with more than 10% but less than 21% WPI can receive medical benefits up to 5 years after payments cease;
- Injured workers with 21% or more WPI can receive medical benefits indefinitely.

There have also been further changes to ensure indefinite compensation for crutches, artificial limbs, eyes, teeth and artificial aids (including hearing aids and batteries). There are also no limits to modifications of a worker's home or vehicle. Secondary surgery can also be covered as long as it is approved by the insurer within 2 years of the earlier surgery.

While these improvements are welcome, it remains that any caps on medical cover will prevent necessary medical treatment for injured workers. Further, tying different levels of medical cap to WPI does not ensure that treatment will go to those that most in need. An injured worker with 8% WPI may be in desperate need of shoulder surgery 3 years after their weekly payments end while another injured worker with

17% WPI may have a stable injury with no further need for medical intervention. It should also be remembered that WPI is an arbitrary measure that the medical community has consistently opposed as a basis for awarding compensation.²³

Another problem with medical cover that has arisen from the 2012 changes is the requirement for medicals to be pre-approved by the insurer. The timeframe of 7 days was extended to 21 days for approval, but it is routinely breached by the insurer and delays are impeding injured workers recoveries. Other medical claims such as domestic assistance are not advertised by case managers to injured workers and when they are sought by injured workers they are routinely rejected, despite manifest need.

Stories from the Unions NSW Return to Work Inquiry regarding medical costs:

- **Harold** is facing his 5 year cut off next year. He has a serious back injury that needs surgery but he's been struggling with the injury for 8 years so he's put on weight, which means the surgeon won't operate. As his insurer has refused to pay for a gym program he doesn't know when he'll be able to get the surgery he needs and whether by then it will be covered by workers compensation. Harold has also stopped using prescription pain medication, switching to unsafe doses of over-the-counter medicine, after the insurer repeatedly refused to pay his chemist bills in a timely manner. His low weekly payments simply did not give him the financial latitude to cover the cost until his insurer got around to paying up.
- **Bruce's** insurer won't pay for dental treatment when his teeth starting falling out due to years on heavy painkillers.
- **Ryan** is approaching the five year cap. He hasn't had a WPI because his prognosis is uncertain and, given workers are only allowed one, he can't risk doing it at the wrong time. He also needs serious back surgery (spinal fusion and an artificial disc). Who knows what medical cap will apply to him?
- **Tim** injured his back in lugging 60kg bags of coins to and from banks, continuing to work with the injury for 14 years. His insurer recently sent him to

an IME "who said that there was nothing wrong with me and my deterioration was due to a defect I've had from birth". The WCC rejected the IME report.

- **Betty's** insurer fought her request to reimburse her for front opening bras that she needed after a shoulder reconstruction. They cost 4 times what she would normally pay so she asked the insurer to pay the difference, a mere \$440 a year. The insurer paid \$3000 in legal fees to fight it and lost.
- **Alan's** medical treatment has not been great. His first operation was cancelled because it hadn't been approved by the insurer yet. *"I had to be awake for the surgery and it was freaking me out. Then it was cancelled and the mental trauma that caused was unbelievable."*
- **Brionny**, an Assistant in Nursing, so badly injured her shoulder and spine at work she needed surgery. That hasn't stopped the insurer denying her claim, meaning she has had to cover all her medical expenses herself.
- **Lynn's** specialist has recommended surgery for her shoulder injury but the insurer wants to take a more conservative treatment approach so has declined it. Lynn is an Assistant in Nursing and if she could get the surgery, she could finish her nursing qualification. Lynn is now waiting on the public hospital list and having trouble surviving on her tiny weekly payment of \$275 a fortnight. She would be capable of doing suitable duties in the office at the nursing home but this has not been offered.
- **Jan** fractured her foot in mid-February and it took five months for the approval to order a Cam Boot. If she had the boot straight away she would have healed much quicker.
- **Sam** has had trouble getting medicals paid by his employer, a large retail self-employer. His back injury claim was accepted for 1 ½ years, then declined. He was organising to get the back surgery he needs, but that won't happen now. The insurer would also consistently not pay his chemist. The account was 190 days overdue and the insurer would only pay random amounts.
- **Lyle's** chemist is also owed about \$1,100.
- **Lucinda** says at one stage she had a new case manager every 3 weeks. *"The struggle is with everything as they do not approve physiotherapy, and then they do not pay for weeks. They do not pay for medication. They send*

me someone else's payslip or simply do not pay me. They often don't pay travel expenses in a timely manner at all."

- **Danielle's** spinal surgery had to be postponed when her insurer, EML, didn't approve it in time. They also delayed approving transportation to attend physio appointments, suggesting she drive herself (against medical restrictions) and stop the car on the freeway every five minutes to stretch.
- **Todd's** insurer refused the surgery he needed on his knee so he funded it himself. It took a year to win reimbursement through WIRO. The insurer is still sitting on a request for further knee surgery submitted over 6 months ago. The pain in his knee is reducing the number of hours he can work, eating into his sick leave and annual leave to make up his pay. *"It seems that the insurer can just wait and stall as there is no incentive for them to progress the matter."*
- **Belinda's** insurer has refused to pay for the medical treatment she needs following a broken shoulder and injured knee. She pays for it herself.
- **Ben's** insurer tried to blame gout and varicose veins for my knee injury. He went to specialists that disproved these claims but the insurer continued to deny liability. In the end, Ben funded his own operation.

The burden on the Medicare system from the 2012 changes to workers compensation should also not be overstated. The Hon. Andrew Constance, then-Minister for Finance and Services, has conceded that costs that were previously met by the scheme are now being met by Medicare.²⁴ Given Medicare does not cover all costs associated with medical care or many other treatments like physiotherapy or dental, there is also a large burden falling on injured workers and their families.

The Government cannot continue to turn its back on the evidence regarding the failure of the 2012 changes to return injured workers to work and provide the necessary income and medical support they need.

Section 2: Sick and injured workers have been driven to suicide and despair because workers' compensation support is now so limited and the system treats them so badly

For many injured workers, the feeling of absence of hope and helplessness that arises from their severe pain, constant abuse from the employer or insurer, constant denials of even the most basic medical and other care or services, extreme financial distress and even the prospect of permanent disability may cause such prolonged periods of extreme stress or emotional upset that they have suicidal behaviour or idealisation or depression.

The 2012 changes have played a big role in removing hope and feelings of helplessness because they remove, for most injured workers, an ongoing financial and medical safety net.

The Unions NSW Survey of injured workers in 2014 and 2015 shows that the longer a worker is in the workers compensation system, the greater the likelihood they have had suicidal thoughts. The Surveys showed for those injured prior to the changes (and therefore in the system the longest) 25% had suicidal thoughts. For those injured after the changes, 15% had suicidal thoughts in 2014, rising to 18% with suicidal thoughts a year later. Further 24% were suffering secondary mental health issues in 2014, rising to 29% in 2015.²⁵

This is broadly consistent with the anecdotal evidence that suggests changes to workers compensation in 2012 have driven injured workers to suicide and despair.

Of the 100 of injured workers who told their story to the Unions NSW Return to Work Inquiry, 44 reported suffering depression and 7 mentioned suicidal thoughts. The most common reasons given for suicidal thoughts were pain, treatment by their employer and insurer and financial distress.

Stories from the Unions NSW Return to Work Inquiry regarding suicide:

- **Zara** has tried to commit suicide twice. She was injured in November 2012 and her mental health problems emerged in early 2014 due to constant pain,

harassment by management and family conflict. Her secondary psychiatric injury has been accepted by the insurer. Her large employer withdrew her suitable duties 3 months ago, even though it was a viable ongoing job.

- **Vanessa** is the wife of an injured worker. Her husband suffered a minor injury but was so badly treated by his employer, he became suicidal. The case study admits she has felt so overwhelmed she has considered suicide and taking her children with her. She says: *"I have no words to express the extent to which my partner's injury has impacted upon our lives... I have seriously contemplated murdering my family and suiciding as a way to end the torture. We were once happy and healthy. Family are the collateral damage and there is no consideration or compensation... My children have been distraught seeing both their parents suffering and witnessing the yelling, threatening behaviour of those engaged by the insurer on the phone and in our home. They begged me to have this stopped but there was nowhere to go. They ask what's wrong with Daddy. Then they begin asking me if I'm ok and they see I'm not coping. It was shocking to watch my partner's health decline to a point I don't recognise him anymore. He is broken - permanently and psychologically impaired. He self-harms. He is suicidal. He was hospitalized back in 2013 as with the stress he had become emaciated and gaunt, looking like a prisoner of war..."*
- **Penelope**, who has been assessed at 61% WPI, said to her case manager in frustration: *"You'd like it if I killed myself. That would make your life easier."* To which the case manager replied: *"yes it would"*.
- **Ryan** is an injured manual worker and father of 5. He was sectioned after he tried to drive his car under a truck when an IME said he would have to work as a clerk or a storeman (despite a serious back injury and no skills in that area) or be cut off the scheme.
- **Pete** considered parking his car in front of a truck on the highway when he was off work for 15 months.

Most unions can point to members who have tried to commit suicide while being on workers compensation both in the public and private sectors. For example, an injured worker set himself alight at the QBE office in Honeysuckle in January 2015

suffering serious injuries²⁶ and a health worker jumped off a bridge when she received her decline letter. The Injured Workers Support Network has had to actively intervene in 5 cases during the last 2 years where an injured worker was felt to be an imminent risk to themselves.

Yet iCare keeps no data that Unions NSW is aware of regarding the incidence of suicide among current or former workers compensation recipients in NSW. In our submission this lack of data is evidence of a gross lack of empathy with the plight of injured workers and their families. It seems it is irrelevant to the Government how a worker is removed from the scheme, suggesting a lack of interest in whether an injured worker has returned to durable ongoing employment, retired, had a work capacity decision or committed suicide. The Government’s attitude is perhaps best characterised in the following way: *“as long as they are off the scheme we don’t care.”* This is an indictment on the Premier and this Government.

In the absence of data from iCare, Unions NSW has obtained data from the National Coronial Information System (NCIS) regarding the incidence of suicide in NSW. The NCIS data is set out in the table below. It excludes suicides among the employed, students, those on home duties and prisoners. It should be noted the 2015 data is an underestimate due to the fact that only 71.8% of all 2015 NSW coronial cases have been closed.

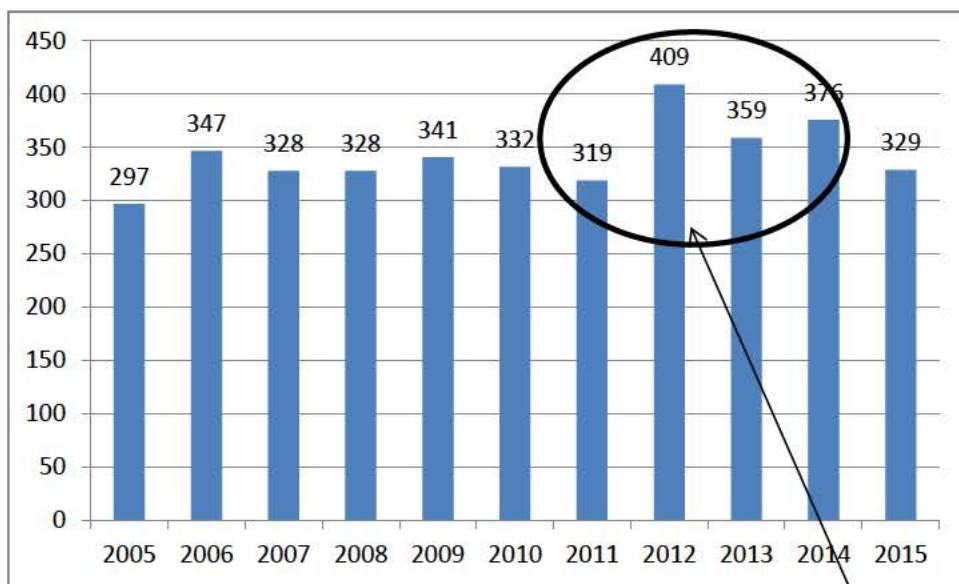


Table 1: NSW suicide rates

2012 was the highest year recorded

The data shows an alarming spike in suicide rates in 2012, the year the workers compensation changes were introduced. There was a change in the database at the Coroner's Court at this time that may explain some of the spike but Unions NSW submits the data is worthy of further urgent exploration. This is particularly the case since suicide rates in 2013 and 2014 of 359 and 376 respectively are also well above the average yearly suicide rate over 2005-2011 of 327.

Stories from the Unions NSW Return to Work Inquiry regarding the emotional impact of being in the workers compensation system:

- **Laurie**, a mental health nurse, saw the inability of his local hospital to cope with the rise in young mental health patients due to workers compensation. He says there are *"so many broken people because of workers compensation"*.
- **Jo** says *"This probably breaks my heart more than anything is the affect it has on my whole family. The accident happened to me and I deal with it...but to see the ripple effects on my family is really hard, because I know I am the cause of it..."*
- **Brent**, a police officer who suffered a breakdown, says *"I was so affected by the processes that I ended up leaving my then wife and retracting away from everyone for a lengthy period of time."*
- **Stanley** says *"My life is a nightmare with no end in sight. So win or lose, no matter the outcome for me, I am going to be in pain – disfigured and suffering, worthless until my end."*
- **Allan** says *"To all injured workers and their families – try to keep safe and as well as you can. Stay strong because you need to be when exercising your so called 'rights'...clearly the humiliation, denigration, stress and financial duress placed on the injured worker and their family means nothing to our politicians".*
- **Aaron** says *"I'm trying to learn to live my life with what I've got. But the insurer plays mental games. You'll feel good for a couple of weeks, getting on with your life, then the insurer does something and it gets you down and makes you feel like a criminal."*
- **Olga**, a nurse, was bullied after she raised serious allegations of irregularities in the dispensing of narcotics at her nursing home. She wants to return to

work and did for a few days, then her employer withdrew the light duties. Her claim has been denied (even though the IME found it was a work related injury) and she was terminated after 9 months. *"The process – it's just terrible, it's humiliating and it just makes you feel like a criminal. You have to justify and explain yourself and I've done nothing wrong. I'm not the same person anymore. I don't know if I'll ever be."*

- **Aimee** slipped and fell on the wet kitchen floor of her Government Department. She is depressed and her marriage has been ruined.
- **Natalie** says *"I often feel distressed and distraught around the threats and lack of care shown. I feel the injury has severely affected my day to day life. I now struggle to do simple everyday tasks like putting on my underwear."*
- **Sarah** says *"I was treated like a criminal, as if I had no idea of my own capabilities or limitations, and was made to feel like a burden, a malingerer, a total waste of their time, and a nuisance"*.
- **Lyle** says despite years of faithful service *"throughout this almost three years of extreme financial difficulty, constant physical; pain and emotional and psychological distress; I have not received any query or gesture of health or well-being enquiry from my previous employer"*.
- **Carmela** says *"I feel like I'm only a number, being replaced by newer models...The way they speak to you, the way they treat you, you feel as if you are nothing."*
- **Belinda** says *"I cannot walk more than 100 metres and I live in constant pain. I am a 61 year old woman who cannot go back to the job she loved and did for 32 years. I dread getting mail, I dread answering the phone and I react in fear every time I hear from my case manager. Like so many other injured workers, I have been treated more like a damaged car than a human being by insurance companies"*.
- **Kylie** says *"They sent me to another Doctor for a functional assessment who was so rude, and he was so demeaning and condescending. He said do you have any complaints about the meeting and I said, 'I felt like a criminal' as that is how he made me feel"*.

The recent Victorian Ombudsman Report *“Investigation into the management of complex workers compensation claims and WorkSafe oversight”*²⁷ echoes these stories.

- An email from a health care professional following the announcement of the investigation of the Victorian workers compensation system said *“I commend you on attending to the number of people suffering twice- once from their injury and then again via the system”*.
- A family member who struggled to get medical assistance for their loved one before they committed suicide said *“These insurers rely on people being too sick and exhausted to fight back... Words will never describe how angry, how hurt and how sad I am that my [parent] is gone...I know that they are a business and some people cheat the system, but my [parent] was not one of them. [They were] truly and completely mentally ill and they cut off [their] treatment”*.

The Government cannot continue to turn its back on the compelling and horrifying evidence regarding suicide and depression directly resulting from its workers compensation scheme. Unions NSW submits it is arguable the Government is legally liable at common law for allowing the perpetuation of a scheme that systematically causes such pain and suffering. The NSW workers compensation scheme is broken and must be scrapped.

Section 3: Mike Baird’s workers’ compensation system has been constructed to serve the interests of insurers and employers. Sick and injured workers are not even a consideration.

When the then-Treasurer the Hon. Mike Baird introduced into Parliament the Bills that made the workers compensation cuts he said:

“These bills will ensure better protection for injured workers, save businesses from unnecessary premium hikes and get the scheme back into surplus. The purpose of the bills is to deliver urgently needed reforms to the New South

Wales workers compensation scheme. With a deficit in excess of \$4 billion, the scheme currently is unsustainable...

“The Workers Compensation Legislation Amendment Bill represents a fundamental shift towards properly meeting the needs of the most seriously injured workers in the scheme while strongly incentivising return to work for those workers who have the capacity to return to work...The Government is taking steps also to ensure insurers direct more resources to support injured workers to improve their return-to-work outcomes and will focus on reducing the costs of insurers, which also are impacting on the scheme .”²⁸

The now Premier owes the injured workers of NSW and the NSW Parliament an apology for these misleading statements.

- The Bills did not ensure “*better protection for injured workers*” as has been comprehensively outlined in sections 1 and 2 of this submission.
- The Bills were not about preventing “*premium hikes*”, they were about facilitating premium reductions.
- The scheme was not “*unsustainable*” as even on the Government’s own figures it took a mere 12 months to get back into surplus.
- The Bills do not encourage “*return to work*” as outlined in section 1 of this submission.
- The Government has not ensured insurers help injured workers “*improve their return-to-work outcomes*” as outlined in section 1 of this submission.

It is insurers and employers that have benefited from the changes to the workers compensation system.

The smokescreen created the Government to do the bidding of employers and insurers was the so-called \$4 billion deficit. Yet by October 2013 (one year after the new system came into operation for pre-existing injuries) the Government officially declared the workers compensation scheme in surplus. That surplus is now at least \$4 billion.

This \$8 billion turnaround was achieved because:

- the Government's maths on the so-called \$4 billion deficit never added up (much of the deficit was due to the GFC and changes to key assumptions - the discount rate, inflation rate and the risk margin ²⁹); and
- the cuts have had a devastating impact on the injured worker community.

Unions NSW submits that workers compensation is not a business. It should be a support scheme for sick and injured workers. As we said in the introduction, the true measure of any society can be found in how it treats its most vulnerable members, not whether the executives at the insurance companies are making their bonuses.

The insurers are laughing all the way to the bank. Scheme expenditure paid directly to claimants reduced by 9% in 2012/13 and a further 5% in 2013/14. Meanwhile, services to claimants were reduced by 4% in 2012/13 and a further 9% in 2013/14.

The contracts between the regulator (SIRA) and the scheme agents are not public documents so it is impossible to know what the profit margins of the insurers are. Yet if we apply the same logic to workers compensation as the insurers have to CTP, we can assume a staggering 19% profit margin. The table below shows where CTP premiums are spent. Profit is 19% on top of the nebulous category of "insurer expenses" at 15%.³⁰



Table 2: Where CTP premiums are spent

This level of profit is echoed by the fact that in 2012 the insurers' profit margin was just below 24%.³¹ This profit margin was meant to sit at 6-8% per annum by the scheme designers, but it has regularly exceeded this amount.

The following tables compare the insurers (scheme agents) fees to the amount paid out to injured workers. They show that even though the amount paid to injured workers has significantly diminished and varied (regardless of injury rates), the direct fees paid to the insurers have been steady and rising as a proportion of claims.

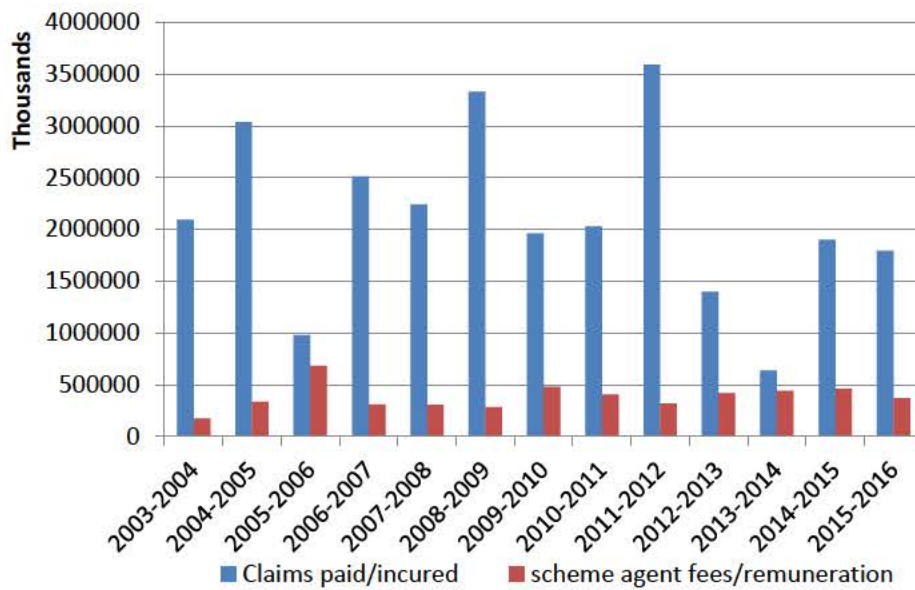


Table 3: Claims Incurred compared to Insurer Fees (WorkCover Annual Reports 2003-2004 through to 2014-2015, GIPA request 2015-2016)

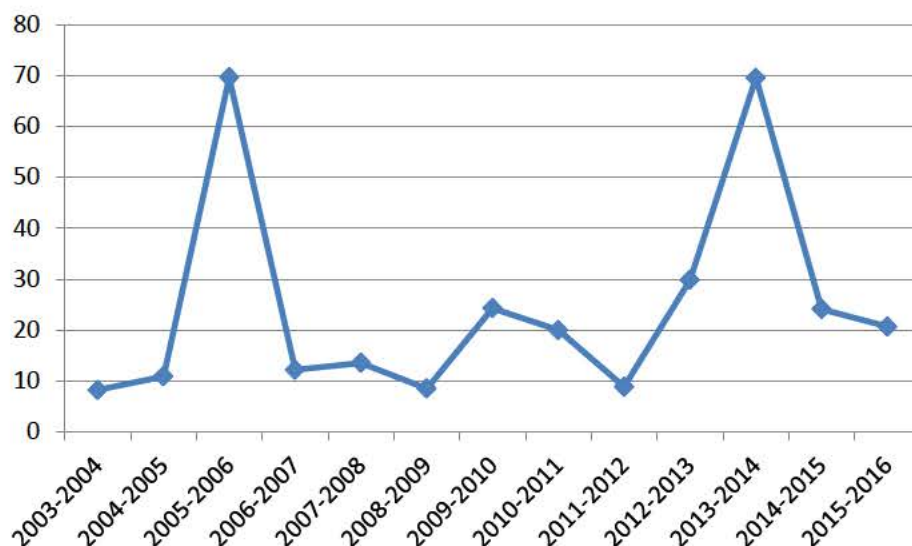


Table 4: Claims Incurred compared to Insurer Fees (%) (WorkCover Annual Reports 2003-2004 through to 2014-2015, GIPA request 2015-2016)

It should be noted the spike in 2005-2006 is due to it being a transition year back to the nominal insurer model. The 2012 decline in claims appears to be due to "transitioning" workers off the system.

Unions NSW also understands the insurer contracts include financial incentives for insurers who remove an injured worker from the scheme for whatever reason.

Insurers haven't been the only ones raking it in. The whopping 17.5% reduction in premiums for employers has been built on the back of society's most vulnerable and fragile people. It has meant an extra \$447 million in the pockets of employers in the 3 years from July 2012 and 2015.³² Another \$200 million premium reduction was also announced in 2015 on the back of reduced support to injured workers.³³

Injured workers should not be treated as replaceable commodities. They are not "tissue workers" as one specialist described **Sam** after his back injury working for a large retail self-insurer. "He said you're a tissue worker, you're broken and the company will just get another one out of the box".

It seems everyone but the injured worker is profiting from the workers compensation scheme. There are layers of consultants feeding off this dysfunctional system:

1. **Insurers** are contracted by iCare to be the Government's insurance agents in relation to workers compensation. This is a business for them so they are literally profiting from the misery of injured workers. They employ the **case managers** that make liability decisions, work capacity decisions, decisions to send an injured worker to an IME and so on. Case managers are given little training, turn over frequently and are partisan in acting at all times in the interests of the insurer.
2. **Return to work coordinators** manage injured workers and their return to work. They must be appointed for all employers with a premium over a set threshold (usually over 20 employees). For large employers this may be a full-time role but if the employer is small this role might be performed by existing management personnel or contracted out. Unfortunately, as outlined in section 1, these coordinators are frequently more focused on preventing return to work.
3. **Rehabilitation providers** are consultants accredited by WorkCover to supposedly assist employers and workers in the return-to-work process. Injured workers can nominate their own rehabilitation provider and there are many that are fair and hard working. Unfortunately, the insurer rarely tells the injured worker they can pick their own rehabilitation provider and therefore contracts the work to consultants that are in their or the employer's "network". Rehabilitation providers also frequently organise **vocational assessments** to identify what jobs an injured worker could do. Those that carry out the assessments seem to have little or no expertise, leading to job suggestions that are improbable at best or completely inconsistent with restrictions at worst.
4. **Injury Management Consultants** are registered medical practitioners who provide an opinion on return to work issues when there are different views between the parties. Many have as few scruples as the worst 'cash for comment' IMEs.
5. **Merit Review Officers** are so-called "independent" decision-makers from the SIRA Merit Review Service that conduct a merit review of the insurer's work capacity decision and will outline findings and recommendations. These are binding on the insurer. Workers can go to WIRO if they disagree with the Merit

Review Officer's finding. At first almost all the reviews to WIRO were upheld. The rate remains high at 61.6% in favour of the worker.³⁴

6. **Independent Medical Examiners** are anything but "independent". Like guns for hire for the insurers, they know who is paying their bills and seem to generally side with the insurer's version of events in terms of the injury. **Aaron** saw an IME of advanced years that said attending his town and doing workers compensation reports for the insurer every year was his yearly holiday. Injured workers commonly report IME's using pre-written reports frequently resulting in injured workers receiving reports with their name or the employer's name being wrong.
7. **Nominated treating doctors** are nominated by the injured worker to manage their injury and issue Certificates of Capacity. Some employers pressure workers to use the company doctor or a particular doctor as their nominated treating doctor. This is a particularly common practice by self-insurers.
8. **Investigators** are used by insurers to supposedly assess the authenticity of an injured workers claim, although many injured workers feel intimidated, bullied and harassed. Many do not appear to adhere to any reasonable code of conduct.
9. **Lawyers** are paid by grants from the ILARS to take action generally about disputed matters in the WCC after a WIRO merit assessment. Lawyers may not be used by injured workers in relation to work capacity decisions at this stage although the 2015 amendments were meant to change this. Employers and Insurers can engage lawyers at any stage for any reason.

Each layer adds cost to the scheme under the guise of helping injured workers or minimising fraud. Yet for all the above categories (except nominated treating doctors and lawyers) there is little or no benefit to the injured worker. It should also be noted that before the 2012 changes there was no evidence of widespread fraud in the scheme.

Stories from the Unions NSW Return to Work Inquiry regarding insurers and their agents:

- After a back injury as a delivery driver **James** retrained himself and found himself a job using computers at Telstra. *"I went back to the rehab provider and said I'm not coming anymore as I got a job. They said good, we will put it down we got you this job. I said, 'you will not...how dare you try to take the credit and get the money and you did nothing'"*.
- **Betty** is a social worker who helps families cope with a dying child. After she returned to work on reduced hours she got a call from the case manager. *"I said I have got 2 minutes to talk to you as I've got clients coming and she said: 'you will talk to me 24/7 if you want to keep getting paid. You have to be at my beck and call.'" Betty says "The insurance company has no semblance of client focus. It is very much how can we get out of paying for this. Rather than, let's look at how we can support this person to live life as well as they can. Their attitude seems to be how we can make the most money for the shareholders and screw the clients"*.
- **Ryan** says *"They keep blaming the injured workers for costing the system so much, but one of the first rehab providers I saw billed \$12,000 and they did nothing for me...The case manager does not talk to you. I had a new case manager and they have spoken to me once and sent 3 emails in 6 months. I have had one email off the new one that has just been appointed to me"*.
- **Shirley**, a workers compensation lawyer, observed *"There is a great turnover of case managers. Injured workers just get used to dealing with one case manager. Some of them manage to build up a relationship - then all of a sudden they've got another case manager. You have to jump through these hoops again. The new case manager doesn't understand what they've already gone through. They have to rehash it all again and then maybe in another week's time you get another case manager. A lot of them are not properly trained. They don't actually know the legal system or the workers comp system and they make decisions to the detriment of the injured workers."*
- **Aimee** says she has had 15-16 case managers, with only two being reasonable. Her case manager has told her that if they find suitable work in

Sydney (5 hours' drive away) she will have to sell her farm and move, or be cut off weekly payments. Given her husband works locally this threat has frequently had her in tears.

- The vocational assessment carried out for **Thane** identified jobs he could do in Albury when he lived on the North Coast of NSW.
- **Aaron** says *"it seems like every time I have a new case manager the following tends to happen: I don't get paid on time; I get sent stupid requests (especially seeing a new IME); and I have to repeat the whole story even though it's on file."*
- **Cary** says *"Every time I rang GIO I got a different person or they don't ring you back at all. I don't know the course to take to get these people to do something for you."*
- **Sarah** was put under constant surveillance by her insurer. They followed her to the shopping centre, the swimming pool, the hairdresser. They talked to her neighbours. Her claim was never denied.
- **Danielle** works for a self-insurer and has found her employer unsympathetic and unprofessional after she suffered a nasty spinal injury. They encouraged her to use sick leave, not see her union or any doctor they didn't approve. Danielle could not be released from hospital because they had delayed providing the home equipment she needed.
- **Belinda** says *"I have had case managers tell me that if I don't do what they tell me to do they will refuse me treatment"*.
- **Mick** seriously injured his wrist in 2014, requiring 4 surgeries. He has had trouble with investigators, even though his claim has never been declined. He says *"one day I was home with the flu and a taxi came to my door which I hadn't ordered. When I answered the door and told the taxi driver I hadn't ordered a taxi, I saw a car outside taking my picture. The following day I was in bed at 9 a.m. and I got a phone call telling me there is a parcel at the post office but I must pick it up at noon. I went to pick up the parcel but there's nothing there."*

The recent Victorian Ombudsman report *"Investigation into the management of complex workers compensation claims and WorkSafe oversight"*³⁵ reads as a

playbook for the NSW scheme agents. This is hardly surprising given that the same insurers operate in both states and the 2012 changes were modelled on the Victorian system.

The Report refers to the following behaviour by insurers:

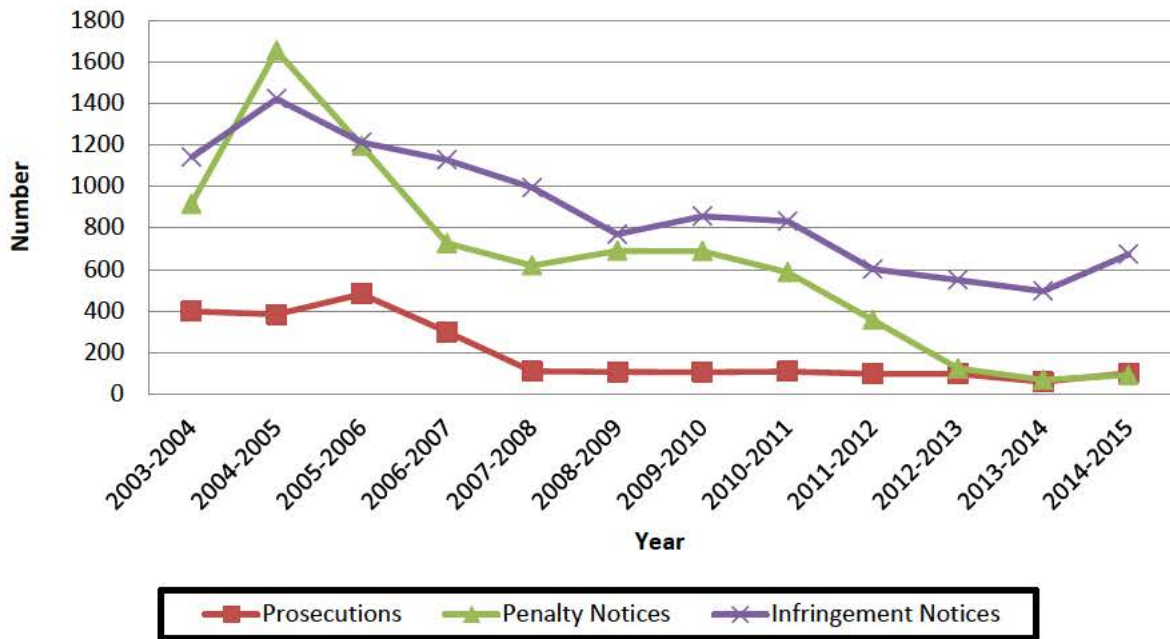
- highly ineffective and unfair outcomes for complex cases;
- unreasonable decision making by agents;
- selective use of evidence in decision making including doctor shopping;
- inappropriate use of IMEs;
- drawing decisions out;
- agents allowing employers to influence decision making;
- allowing rewards to be used to create perverse incentives for the agents and individual case managers;
- lack of Regulator oversight of service providers such as agents and IMEs; and
- systematic gaming of terminations in order to gain more profitability.

Unions NSW submit this Committee look closely at this Report in making its own recommendations. We note there seem to be no moves by the NSW Ombudsman or the SIRA Board to initiate a similar commendable investigation in NSW.

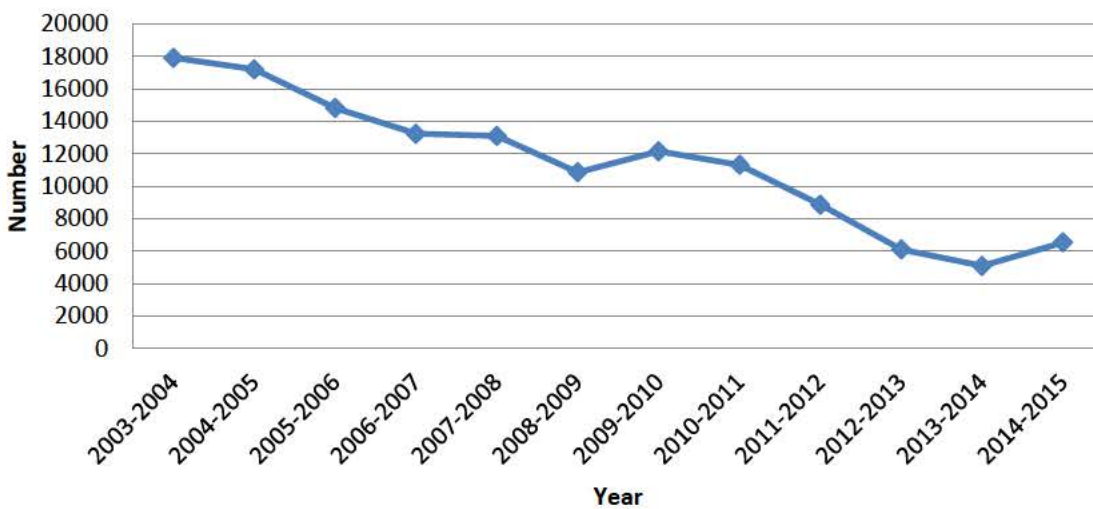
For a NSW example of perverse incentives for unscrupulous behaviour by insurers the Committee need look no further than the 2015 Care and Service Excellence Awards. Among the finalist nominees for the prizes at this expensive event were case managers nominated by their employer for high termination (case closure rates) and effective manipulation of review mechanisms in order to close files and/or reduce weekly payments. Why would iCare even consider rewarding callous activities that are designed to unfairly remove access to support services for injured workers and are against the public interest?

While the workers compensation scheme has been ruining the lives of injured workers, the Government has also dropped the ball in terms of stopping workers from getting injured in the first place, as evidenced by the two charts below.³⁶

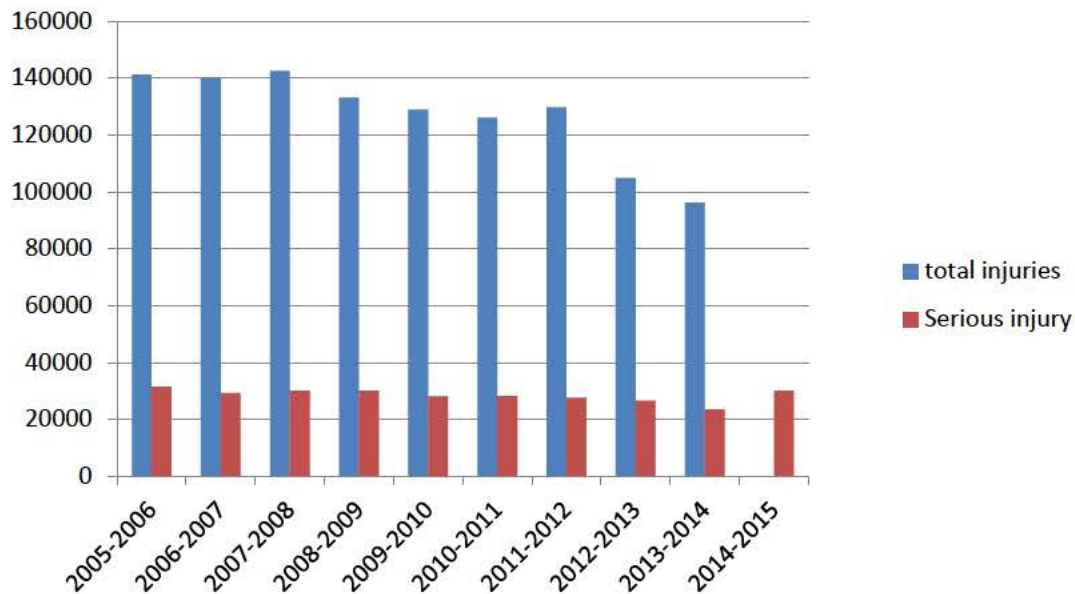
**Enforcement Activity Trend Decline
Prosecutions, Infringement and Penalty Notices**



**Enforcement Activity Trend Decline
Improvement Notices**



As can be seen in the table below, serious injury rates in NSW remain high, so there is no excuse for such low levels of enforcement action. [insert source]



Clearly Mike Baird is not serious about preventing injuries to workers or supporting them once they are injured. He governs just for the wealthy and powerful.

Section 4: Introduce a new workers compensation scheme

Unions NSW submits sections 1-3 of our submission shows the evidence is so overwhelming of the complete failure of the workers compensation cuts, the Government can have no choice but to scrap NSW's system of workers compensation and start again.

Unions NSW has undergone a thorough consultation process with people who are workers compensation experts and have a particular understanding of the injured workers perspective due to years of helping injured workers. This process has produced 12 guiding principles for workers compensation reform, which are outlined below:

1. Workers compensation should be available on a no-fault basis where an injury "arises out of or in the course of employment", even where it is the aggravation of an existing injury or disease.

2. Premiums must recover the costs of the system as well as encourage safe work practices.
3. The regulator must be properly resourced to carry out its functions properly including an increased emphasis on prevention and compliance.
4. Meaningful tripartite consultation must be a central part of the system.
5. The system of scheme agents and self-insurers should be abolished and all workers compensation functions should be internalised within government.
6. Trade unions must have the power to enforce non-compliance with workers compensation law together with rights of entry, inspection and other investigative powers.
7. The Workers Compensation Commission should provide a quick, easy, effective and legally binding mechanism to resolve disputes about all aspects of the workers compensation system.
8. Return to work should be elevated as a central tenet of workers compensation by:
 - a. placing an absolute obligation on employers to provide suitable duties;
 - b. preventing termination unless the injury management plan states that the return to work goal is a different job and a different employer;
 - c. incentivising the employment of injured workers; and
 - d. preventing any requirement to disclose a previous work injury.
9. Journey claims and recess claims should be covered by the system.
10. Weekly payments should be set at a level equivalent to an injured worker's pre-injury average weekly earnings irrespective of their fitness for work and should not be subject to any caps or step-downs.
11. Costs associated with medical and all related treatment should be covered for workers compensation purposes with no arbitrary caps or limits.
12. Work Capacity Reviews and Decisions should be removed from the workers compensation legislation. Consideration of a worker's functionality is properly addressed as part of their rehabilitation plan.

Unions NSW submits the above 12 principles would result in a workers compensation scheme that puts the health and well-being of the injured worker at its centre, where it should be.

A scheme crafted around our 12 principles would not result in a blow-out in scheme costs or a large increase in premiums because it would be accompanied by a long overdue crackdown on employers who fail to provide safe workplaces or provide ongoing meaningful employment to the workers that have been injured on their watch.

Section 5: The top 17 short term fixes

If the Government does not agree that the workers compensation system should be scrapped and replaced with a system modelled on our 12 principles of workers compensation reform, Unions NSW implores the Government to make following changes to ensure the workers compensation scheme is better for injured workers in the short term.

1. Change the definition of suitable employment

The definition of suitable employment in section 32A of the 1987 Act must be amended. The current definition is why injured workers refer to the WCD cut off as the ***fantasyland cut off***. The definition allows the insurer to completely ignore real life when deciding whether an injured worker can go out and earn the same as their weekly payments.

The current definition of suitable employment is also being used to pressure injured workers to move to different work with a different employer, in some cases within weeks or months of an injury. This is a great disadvantage to the worker who loses their experience and skills from their old workplace or occupation as well as the valuable support networks vital to maintain mental health in times of pain and disruption.

Unions NSW recommends that the definition of suitable employment be changed to reflect the following principles:

1. Delete limb (b) of the definition. The definition of suitable employment comes from South Australia but when NSW adopted it the second limb was added. It doesn't exist in that form in any other jurisdiction.

2. Suitable employment must be based on actual jobs not theoretical jobs. When deciding suitable employment the assessor/insurer should not be able to say "just ask not to do that task".
3. The nominated treating doctor's assessment of capacity must be the paramount consideration. Insurers must not be permitted to deviate without good cause.
4. A person's whole capacity must be taken into account. It may be that a person has a heart condition that will limit their capacity. Currently the insurer is only required to consider the compensable injury for which they are responsible.
5. The duties must be as close to the pre-injury duties as possible. The insurer should not be permitted to send you down the river for a demeaning or nominal job.

2. Change PIAWE

Unions NSW recommends that PIAWE should be changed to reflect the recommendations of the Parkes Project³⁷ as follows:

- Simplify the definition and computation method of pre-injury average weekly earnings. As a guide, some of the features of the former section 43 (Computation of Average Weekly Earnings) could be retained including providing for the employer to provide to the worker such details of the earnings of the worker as will enable the worker to determine his or her pre-injury average weekly earnings.
- Provide for a "default" (or "interim") rate of weekly payments where calculation of PIAWE cannot be accurately completed to enable weekly payments to commence within 7 days of injury.
- Amend Section 82A to ensure indexation of PIAWE in all circumstances.
- Clarify the meaning of a "week" in the context of calculating PIAWE.
- Provide for adjustment and backdating of adjustments of PIAWE to encourage early and prompt payments and avoid unnecessary time consuming disputation. Considerations:
 - Exclude PIAWE calculated in the provisional liability period from the definition of 'Work Capacity Decision' and/or

- Mandate the provision of the employer's completed PIAWE form and exchange of information required to calculate PIAWE between the parties as part of the 'revision' process and/or
- Permit backdating of adjustments to PIAWE to the date of injury with force and effect from that date.
- Amend Schedule 3 in relation to 'Workers employed by 2 or more employers' (Items 2, 3, 4, 5, 6, and 8) so as not to penalise such workers in the calculation of PIAWE and therefore weekly payments.

3. Qualify termination after 6 months

Section 49 of the *Workplace Injury Management and Workers Compensation Act 1998 (the 1998 Act)* states the following:

- (1) If a worker who has been totally or partially incapacitated for work as a result of an injury is able to return to work (whether on a full-time or part-time basis and whether or not to his or her previous employment), the employer liable to pay compensation to the worker under this Act in respect of the injury must at the request of the worker provide suitable employment for the worker.*
- (2) The employment that the employer must provide is employment that is both suitable employment (as defined in section 43A of the 1987 Act) and (subject to that qualification) so far as reasonably practicable the same as, or equivalent to, the employment in which the worker was at the time of the injury. Page 38 Workplace Injury Management and Workers Compensation Act 1998 No 86 Section 49 Workplace injury management Chapter 3*
- (3) This section does not apply if:*
 - a. it is not reasonably practicable to provide employment in accordance with this section, or*
 - b. the worker voluntarily left the employment of that employer after the injury happened (whether before or after the commencement of the incapacity for work), or*
 - c. the employer terminated the worker's employment after the injury happened, other than for the reason that the worker was not fit for employment as a result of the injury.*

This means employers are required to provide employment that is both suitable and, as far as reasonably practicable, the same as or equivalent to the employment the worker was in at the time of the injury. This obligation does not apply when it is "not reasonably practicable", the worker has resigned or the worker was terminated (**but not termination due to the injury**). Yet employers routinely terminate employees after six months seemingly on the basis that section 248 of the 1987 Act states termination within 6 months of injury is an offence.

Unions NSW submits section 49 of the 1998 Act clearly overrides section 248 of the 1987 Act in that it prevents termination of injured workers due to their fitness for employment. However given the widespread misuse and abuse of section 248 of the 1987 Act, Unions NSW submits it must be clarified.

Unions NSW recommends section 248 of the 1987 Act be amended as by adding the following words in red:

- (1) *An employer of an injured worker who dismisses the worker is guilty of an offence if:*
 - (a) *the worker is dismissed because the worker is not fit for employment as a result of the injury, and*
 - (b) *the worker is dismissed during the relevant period after the worker first became unfit for employment, and*
 - (c) *the workers nominated treating doctor has certified their optimal chance of a durable return to work is with another job with another employer.*

This amendment recognises it is the best option to return an injured worker to their previous employer and comparable employment.³⁸

4. Disclosure of workers compensation claims by job seekers

Injured workers are being discriminated against for simply having a workers compensation history. The impact of this widespread discrimination is especially

harsh due to the caps on workers compensation benefits and the definition of suitable employment from the 2012 changes.

Unions NSW recommends the workers compensation and anti-discrimination laws be changed to prohibit a prospective employer from asking whether the worker has a workers compensation history. In order to satisfy their duty of care, employers could be permitted to ask: "Are you fit and physically/psychologically able to undertake this role?" Further as many employers require pre-employment medical examinations, the amended legislation should also make it clear that such inquiries must be limited to the inherent requirements for the position.

5. Return to work

After the 2012 changes WorkCover (now SafeWork) established a Return to Work Inspectorate to focus on boosting employers' compliance with their return to work obligations. Unions NSW does not have the exact figures but we believe the number of Inspectors dedicated to this work is about 8. Given there were 88,363 workers compensation claims in NSW in 2013/14³⁹, this Inspectorate could never be expected, even if it was more functional, to make a significant contribution to return to work rates in NSW.

Insurers, on the other hand, already have an assigned case manager for every workers compensation claim. While we are highly critical of the current case manager system, **Unions NSW recommends** that insurers should be tasked with enforcing employer compliance with their return to work obligations. This is unlikely to involve legislative amendment but may require changes to the contracts between SIRA and the insurers.

Unions NSW also recommends that we adopt the case conference model currently being trialled in the United Kingdom where a case conference is held 10 days after injury between the worker, treating doctor, rehabilitation provider, return to work coordinator, union, insurer and employer. This enables the worker to get all the information they need and early access to a return to work and injury management plan so they can get on the path for recovery. This will be particularly helpful in complex cases or psychological injury cases.

6. Independent advocate

Many of the stories from the Unions NSW Return to Work Inquiry referred to injured workers not having anyone to support them and advocate for them; no one to give them genuinely independent answers about the way the scheme works, what their rights are and help them assert those rights⁴⁰. Many unions play this role and a number of injured workers were very thankful, however not all unions employ workers compensation specialists and, unfortunately, not all workers join their unions. Further, access to lawyers is limited, doctors have little understanding of workers compensation or time to get involved and WIRO is well-meaning but under-resourced and serves a different role.

Unions NSW believes the lack of an independent advocate is one of a number of reasons why so many injured workers are experiencing secondary psychiatric injuries. We believe many of these secondary injuries are preventable if the scheme can be improved, including by ensuring injured workers have quick access to independent advice.

The Injured Workers Support Network (**IWSN**) has been endeavouring to play this role but it is severely underfunded and understaffed to provide the independent advocacy injured workers need, on the scale required. **Unions NSW recommends** that Government funding be committed to the IWSN to play this role.

7. Disclosure of Scheme Agent KPIs

WIRO Annual Reports, people working in the industry and the stories from our Return to Work Inquiry indicate that the NSW scheme agents are using the same tactics documented in the Victorian Ombudsman Report to game the system by delaying and denying liability, prolonging disputation, and cherry-picking IMEs and medical information.

WorkCover previously issued a report called "*Scheme Agent Performance Report*"⁴¹ which listed a range of key performance indicators for each scheme agent and the fees paid to each scheme agent. This Report is no longer produced. SIRA only provides a draft deed with individual scheme agent details removed for "commercial in confidence" and will not even release figures under GIPA provisions.⁴²

Unions NSW recommends the regular publication of the Scheme Agent Performance Report to add transparency to the system. It must include the type of targets that the scheme agent met to receive their fees.

8. Independent Medical Examinations (IME)

IME's are called by some injured workers "cash for comment" doctors. They are not independent and are simply used to deny or minimise liability for the insurer. IME reports are expensive and unreliable. They are often not even from a specialist with expertise in the field of the worker's injury. They are also often used to intimidate and undermine injured workers by being requested multiples times (often when the first IME report didn't provide the answer the insurer wanted), often contrary to the IME Guidelines.

Insurers tend to pose written questions to the IME and some IMEs confine their interaction with the injured worker to those questions alone, limiting access to the full story and causing distress for the worker.

Injured workers also often never get access to the IME report until they are in a formal dispute with the insurer before the WCC. Given these reports are often relied upon in work capacity decisions and decisions to decline liability, to deprive the injured worker of access to the report as soon as it is available is a denial of procedural fairness. The reports also frequently contain blatant factual errors that need to be corrected. IMEs will often resist making any corrections to their reports.

Unions NSW recommends that the IME system should be overhauled consistent with the following principles:

- an IME should only be able to be requested where there are reasonable grounds. For example:
 - where the injured worker has not presented a report from a relevant specialist; or
 - where there is a dispute about WPI;

- excessive requests to attend IMEs should be able to be declined by the injured worker without financial penalty with recourse to the WCC if necessary;
- all IME reports should be provided to the injured worker as soon as they are available and there should be a process for correcting errors of fact;
- the IME should be re-named as "client referred medical examiner";
- requests to attend an IME must be mindful of the workers location, circumstances and travel limitations; and
- the IME Guidelines must be followed with penalties for non-compliance.

9. Self-Insurers

Unions NSW acknowledges that SIRA is undertaking a paper review of self-insurers at present. For this reason, our submission has not covered our extensive disquiet about the self-insurance process.

Self-insurers are inherently conflicted. They have power over workers as employer, insurer, case manager, return to work coordinator and often treating doctor. Many self-insurers direct injured workers to attend company doctors and allied health professionals with implied penalties if they do not comply. These health professionals do not have the interests of the injured workers as their sole priority and have a contractual arrangement with the employer for ongoing work. Unions NSW has seen these company health professionals not diagnose serious injuries and require workers to return to work without access to critical medical interventions.

Unions NSW recommends self-insurers should be required to notify SafeWork of all workplace injuries and should be banned from having company doctor/health professional arrangements. Further reform is needed and as such we eagerly await the outcome of the SIRA review.

10. Retrospectivity

In 2017 there will be thousands of injured workers who will be cut off income support under the five year rule. Many of these workers had settled workers compensation claims in the WCC with orders detailing ongoing payments and support. These

orders have now been torn up by the 2012 changes. Yet the Government has denied the cuts were retrospective.

Further the calculation of weekly payments for workers who were on the statutory rate at the time of the 2012 changes has severely disadvantaged them by stipulating they can now only receive up to 80% of the statutory rate (called the transitional rate).

Unions NSW recommends that all these eligible workers be allowed to continue to receive weekly payments after 5 years and that the payments are no lower than what they would have received under the old system.

11. Medical Benefits

Many workers have life-long medical costs due to their workers compensation injuries. Many of these expenses are prophylactic medication or regular physiotherapy that can be a key contributor to whether a worker is able to continue to maintain employment. Cutting medical expenses off at any point in time runs counter to promoting a durable return to work.

Further the delay in approval of medical treatments is compromising care and the denial of liability to treat fitness and weight issues post injury is denying workers the surgery and assistance that they need to get on with their life.

Unions NSW recommends that:

- medical benefits should be continued for the life of the injury;
- the pre-2012 system of medical approvals be reinstated; and
- insurers be instructed to approve fitness programs and treatments for weight gain where recommended by the nominating treating doctor.

12. 2015 Changes – Legal Assistance and PIAWE

The failure of the Government to implement the 2015 WC Act regarding legal assistance and PIAWE by failing to pass enabling regulations has deprived thousands of injured workers access to fair weekly payments and fair representation in WCD Reviews. We note the draft Work Capacity Legal Assistance model provided

to Unions NSW during confidential consultations did not provide access to fair representation.

Unions NSW recommends that SIRA commence consultation with unions and the legal representative bodies to urgently develop the promised Regulations for Legal Assistance and PIAWE.

13. Work Capacity Decisions

Unions NSW recommends the abolition of WCDs. Injured workers should remain on the scheme as long as they are injured and have been unable to return to comparable employment.

14. Deemed diseases

The definitions of deemed diseases have been stagnant in the Workers Compensation Regulations for near on four decades. This has caused unnecessary disputation for very sick workers. This could have been fixed by the recent review of the Regulation, but it was not. The new definitions have been signed off by NSW as part of the Safe Work Australia peer reviewed research paper Deemed Disease in Australia.⁴³

Unions NSW recommends that the updated deemed diseases provisions be included in the NSW Workers Compensation Regulation.

15. Journey claims

Given the low cost of journey claims, the fact the scheme now has a \$4 billion surplus and the financial impact of a lack of coverage on individuals and their families, **Unions NSW recommends** journey claims be once again included in the NSW workers compensation scheme.

16. NESB and regional workers

Workers from a Non-English Speaking Backgrounds (**NESB**) and regional workers stood out to Unions NSW as groups that were particularly disadvantaged by the workers compensation system. NESB workers don't understand the system and their rights and how to enforce them. Regional workers have difficulty accessing basic

help such as medical diagnosis, care and rehabilitation. They often lack privacy regarding their workers compensation claims and there are fewer alternative work options, often resulting in harsh and unrealistic job search requirements.

Stories from the Unions NSW Return to Work Inquiry regarding NESB and regional workers:

- **Cindy**, an outworker, was so scared of losing her job when she injured her back that told her employer she was going to China but instead was on 3 months bed rest at home. She never lodged a workers compensation claim as she wasn't sure if it would cover her. She just kept working until she retired.
- **Min** injured her back working in a furniture factory. She was terminated and went to the WCC but she has no idea what it all means and is unsure whether she is receiving payments from Centrelink or workers compensation. She speaks very little English, having migrated from Vietnam. She gets her forms filled out by her children or friends. She remembers WorkCover asked what language she spoke and she ticked Vietnamese. "*But they still wrote to me in English only*" so she has to get the letters translated by the secretary at her lawyer's office.
- **Annie**, is Chinese-born and doesn't speak much English. She was injured when she fell through a floor at a small food manufacturer. Despite the pain, she didn't make a claim for 4 years and doesn't really understand the workers compensation system. Her solicitor gets all her letters (because they are written in English) and organises an interpreter for her.
- **Donny** is an educated Chinese-born worker but because of his poor comprehension of English he was a labourer for many labour hire employers, suffering a number of injuries. Donny often had difficulty navigating the workers compensation system.
- **Patricia Fernandez**, the National Secretary of the AMIEU, reported that many of the NESB workers in her industry are under very close supervision of labour hire companies, who frequently control many of the aspects of the worker's lives. Patricia reported that it was very difficult to access and support injured NESB workers as the supervisor is the translator or they are removed from the workplace as soon as they are injured and not informed of their rights. In relation to regional workers, Patricia reported that often the only doctor

in town is the company doctor who is reluctant to issue a workers compensation certificate. There are also few specialists in country towns.

- **Lucinda** said "*They do not send you to Coffs for IMEs and often send you to Newcastle or Sydney. My husband has to take a day off work to go there and back to support me without reimbursement*".
- **Ryan** said in the country a lot of doctors only come up occasionally. He tried to make an appointment but they are booked out. Then there is a delay with the case manager giving permission for you to attend. "*It just gets stretched out for way too long*".
- **Shirley** reported that many country employers saw it as a personal affront to notify a workers compensation claim, which made returning a worker to the same employer more difficult.
- **Aimee** was told she would have to sell her farm 5 hours north of Sydney and move down or be cut off if the insurer found her a job in Sydney.

Unions NSW recommends that a special package of measures be developed for regional and NESB injured workers in consultation with stakeholders.

17. Improve safety

The best mechanism to reduce the costs of workers compensation is to increase prevention of injuries through a better resourced regulator, with a strong enforcement role to complement its educative function. Sadly, a proactive attitude to enforcement has been absent from WorkCover (now SafeWork) for a number of years.

In August 2016 SafeWork launched the *NSW Safety Roadmap*. It adopted safety targets set out in the National Roadmap. Unfortunately due to the changes in liability in 2012 and simple industrial demographic changes, most of the targets have already been met or are close to being met. Rather than being a cause for celebration this is a classic case of SafeWork giving itself an easy run, at the expense of the community.

Unions NSW recommends the targets in the Roadmap be increased and that SafeWork be resourced and managed to put a much higher emphasis on prevention and enforcement.

Endnotes

- ¹ Macquarie University Report No. 3, page 38
- ² Form 2 Outcomes, from the Workers Compensation Commission, Workers Compensation Commission Annual Review 2015, p. 23
- ³ Based on transitional numbers.
- ⁴ Macquarie University Report No. 3, page 51
- ⁵ Macquarie University Report No. 3, page 56
- ⁶ <http://www.westernadvocate.com.au/story/1124324/homeless-home-truths/>
- ⁷ Safe Work Australia, *The Cost of Work-related Injury and Illness for Australian Employers, Workers and the Community:2012–13*, November 2015
- ⁸ Macquarie University Report No. 3, page 6
- ⁹ Section 32A, Workers Compensation Act 1987
- ¹⁰ Macquarie University Report No. 3, page 51
- ¹¹ Joint Select Committee Inquiry into the Workers Compensation Scheme, Final Report, paragraph 3.126.
- ¹² Final report for the Statutory Review of the Workers Compensation Legislation Amendment Act 2012 the Centre of International Economics, page 16.
- ¹³ Macquarie University Report No. 3, page 43
- ¹⁴ Macquarie University Report No. 3, pages 54-56
- ¹⁵ Macquarie University Report No. 3, page 45
- ¹⁶ Macquarie University Report No. 3, pages 22, 14-34¹⁷ Johnson D, Fry T., Factors Affecting return to Work after Injury: A study for the Victorian WorkCover Authority
- ¹⁸ See National Occupational Health and Safety Commission, Guidance Note for Best Practice Rehabilitation Management of Occupational Injuries and Disease [NOHSC: 3021 91995]), page 5
- ¹⁹ Macquarie University Report No. 3, page 39.
- ²⁰ Macquarie University Report No. 1, pages 47-48.
- ²¹ Joint Select Committee on the NSW Workers Compensation Scheme, 2012: 53-54.
- ²² Standing Committee Review of WorkCover, 2014, pp.47-48.
- ²³ American Medical Association Guidelines
- ²⁴ Letter from Minister Constance, Minister for Finance and Services to Emma Maiden Unions NSW Deputy Assistant Secretary, 4 February 2014.
- ²⁵ As cited in Macquarie University Report No. 3, pages 61-62.
- ²⁶ <http://www.theherald.com.au/story/2826002/man-sets-himself-on-fire-at-honeysuckle/>
- ²⁷ Victorian Ombudsman, *Investigation into the management of complex workers compensation claims and WorkSafe oversight, September 2016*.
- ²⁸ Workers Compensation Legislation Amendment Bill 2012 Safety, Return To Work And Support Board Bill 2012, Proof 19 June 2012 Bills, Second Reading Mr Mike Baird (Manly—Treasurer) [4.23 p.m.]
- ²⁹ Macquarie University Report No. 1 and NSW Auditor General 2012. NSW Auditor General's Report to Parliament, Volume 5, Workers Compensation Nominal Insurer (trading as the NSW WorkCover Scheme)
- ³⁰ On the road to a better CTP scheme: Options for reforming Green Slip insurance in NSW, page 6
- ³¹ As advised to a meeting of the now defunct OHS and Workers Compensation Advisory Council
- ³² Macquarie University Report No. 3, page 1
- ³³ Insurance and Regulation Reform Package 2015, <http://insurancereforms.nsw.gov.au/benefits-for-employers/>
- ³⁴ WIRO Annual Report 2015
- ³⁵ Victorian Ombudsman, *Investigation into the management of complex workers compensation claims and WorkSafe oversight, September 2016*.
- ³⁶ WorkCover Annual Reports 2003-2004-2014-2015
- ³⁷ WIRO, Parkes Project Advisory Committee Recommendations, Page 1
- ³⁸ See National Occupational Health and Safety Commission, Guidance Note for Best Practice Rehabilitation Management of Occupational Injuries and Disease [NOHSC: 3021 91995]), page 5
- ³⁹ Safe Work Australia
- ⁴⁰ See for example Cary's story and Jane's story

⁴¹ See for instance WorkCover Scheme Agent Performance Report 2010/2011.

⁴² <https://www.workcover.nsw.gov.au/insurance/insurance-agents/workers-compensation-scheme-agent-deed/2015-scheme-agent-deed-schedules-and-manuals>

⁴³ Driscoll T., Safe Work Australia, Deemed Diseases In Australia, August 2015

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Magda's story

Magda first suffered from Repetitive Strain Injury (RSI) in 2005, and took some time off work. She recovered and returned to work soon after, but when her workload intensified in 2008 her injury re-occurred. At first, the insurer admitted liability, but when her employer changed insurers in 2009, the new company denied her claims. An unsympathetic employer just continued to increase her workload, and she was diagnosed with Osteo Arthritis in 2014. A third insurer again denied responsibility when her RSI flared up again in 2016, and workplace bullying has since added to Magda's struggles in the office.

I first acquired Repetitive Strain Injury (RSI) at my current employer in 2005.

My company's insurer admitted liability. I had time off and all payments were covered. I got better when placed in a different team with less stress. However, due to a work restructure, I was moved to a high-pressure team with an increasing workload and no additional staff resources to provide support.

My injuries returned in 2008. The insurer admitted liability and I took some time off. I returned to work, but my injury soon re-occurred. My company's new insurer, Allianz, denied liability when I made a claim in 2009.

My workload continued to increase over the next five years, and no effort was made to bolster our team with more staff.

I was diagnosed with Osteo Arthritis at 2014. Aged just 45 years old, I feel I am very young to experience this bone degeneration.

In May 2016, my RSI injuries returned. I faced additional health issues, but a different insurer – QBE – took ages to assess my claim. In the meantime, I had to take my own leave and exhausted all my sick leave.

Funnily enough, the insurer's doctor contacted my personal doctor to say my employer will find suitable duties for me and that I would be informed of a return to work plan. They talked to me directly, though.

I went back to work but my employer placed me in the exact same job I was previously in when my RSI re-occurred. The insurer has not admitted liability. However, they agreed to pay medical and treatment costs.

In my immediate work environment, I do not feel supported by my supervisor. There was a time when a meeting was called with my team, without my knowledge. Two of my colleagues later informed me that at the meeting, my supervisor asked them to

put pressure on me to be more productive by counting the number of task I should complete per day. Luckily, neither of my teammates actually did this.

Allan's story

Allan feels the current workers compensation system is punitive and inadequate. He would like to see a service that provides ongoing support to claimants along each step of the process. He also thinks it is unfair that any weekly compensation already paid to the worker must be repaid out of a subsequent settlement. And he would like to see harm to a person's family accounted for in workers compensation legislation.

Rights – what rights? We're led to believe we have workplace rights and rights when we suffer a workplace injury, but it's not true.

Workers compensation is punitive, completely inadequate and unfair (employee rights are no better). Workers comp is not designed to help injured workers. It fails to provide protection for injured workers and their family. None of the parties involved in workers compensation or workplace safety have demonstrated that they can be trusted or that they are even remotely interested in a person's wellbeing.

To all injured workers and their families – try to keep safe and as well as you can. Stay strong because you need to be when exercising your so called "rights". You'll be slapped in the face when reality hits you. Realise the extent to which you're being screwed by the systems in place.

Someone please tell us how injured workers can become involved to bring about reforms to ensure fair and equitable employment and workers compensation legislation. Because our politicians are not listening. Nor do they appear to be interested in ensuring we are all given a fair go. These are not the only areas in which Australians are not given a fair go.

I would like to see a place where injured workers can go to talk about the pitfalls of their journey, how they were harmed, and what help and support they can access. Sometimes, I've found things difficult to face and coping with the stress has become overwhelming. I've needed help eg. help to gather my thoughts, put things into perspective, write a letter etc. Some worker's voices are silenced as part of their payout. This should not be allowed.

I think it's unfair that any weekly compensation already paid to the worker must be repaid out of a subsequent settlement amount agreed or awarded. I thought the purpose of workers compensation premiums was to cover the costs incurred by injured workers – apparently not. It now appears the worker repays certain costs under these circumstances. This is ludicrous. Also, if your injury worsens after settlement – that is your misfortune.

Clearly, the humiliation, denigration, stress and financial duress placed upon the injured and their family means nothing to our politicians, or to those politicians who support the current legislation. Any harm to your family that has resulted from your injury is not taken into account under the current legislation.

I also wonder how many injured workers are being subject to a lack of duty of care from doctors and in their interaction with insurers.

Tim's story

Tim worked as a security guard in the 1980s. He had to carry extremely heavy bags of coins to banks over a period of several years. He developed serious back injuries as a result. He eventually lost his job, and his employer and insurers have sought to disprove his injuries. He says he is worse off as a result of the changes to the workers compensation system in 2012.

I was as a security guard for an armoured division of a large company in the 1980s. Back then they didn't have rolling machines. We would pick up the cash from the reserve bank and take it to the stores, then pick up the loose change from the stores – around 60kgs worth of bags. We would park away from the bank and have to take them from the stores to the cars and back, around 40 bags in total. For a few years, I would be carrying three tonnes of coin a day.

In 1982, I started experiencing back pain. I first went to a physiotherapist in 1984, and my injury re-occurred in 1989. I experienced a major lower back injury in 1992.

My employer didn't believe me that I had a back injury, and I was discriminated against in the workplace. Doctors advised me to only undertake suitable duties, but I was obliged to do full duties.

I stopped work in 1996, and have been receiving workers compensation ever since. I have been deemed to have 35 per cent impairment on my back, and 7.5 per cent on each leg.

In the early days, I was mucked around a lot. I was often paid late and would have to wait, ringing them up to hassle. In the transition to the new system in 2012, I feared losing all my payments because I couldn't demonstrate an even higher level of impairment.

I have already had my payments cut off, in 2012, but fought them in court to have them reinstated.

I have since put in another claim regarding my injured neck, because the rest of my spine is trying to compensate for the injury. However, the arbitrator said after 20 years you can't put another claim in.

I feel that solicitors are just there to get me over the line and they don't really want to see me again. They don't want to revisit me. I want to see if I can put in another claim.

Under the new system, I was sent to an Independent Medical Examiner, who said that there was nothing wrong with me and my deterioration was due to a defect I've had from birth. The arbitrator agreed that I was unable to return to work.

Normally when I call the insurer, Allianz, they only want me to talk to a case manager, not a senior person.

I also had to put in lost wages claims because they weren't paying me properly. I was later retrenched by my employer.

I can't get new work. Who's going to pick you up with a back injury?

I believe that my Independent Medical Examiner should be liable for lying about my condition.

Glenn's story

Glenn badly injured his back badly at work, requiring four operations and regular visits to specialists. His insurance company ceased all payments for doctor and specialist appointments in 2012, meaning he had to pay for them himself. However, he was recently informed by his insurance company that he could claim some of these payments back from them, meaning he now has to trawl through all his accounts

I injured my lower back at work. I was placed on light duties, and instructed not to work on ladders. I have had to have four operations - including one laminitis and two fusions between two to five vertebrae on my lower back. I was also referred to specialists for ongoing treatment.

In 2012, my insurance company took all the treatment away. I then became reliant on Medicare and my private health fund to pay for doctor's visits and physio visits.

I recently received a letter from the insurance company saying that I can claim some of this back. I now have the honour of going through all my accounts back to 2012 so that the insurance company can reimburse me. I think they should also have to reimburse Medicare and my health fund.

Deloris's story

Deloris was bullied at work to such an extent she suffered from anxiety and an acute adjustment disorder. She temporarily went on workers compensation, but her return to work was handled badly – the process was managed by the same managers that bullied her. She felt WorkCover did not properly advocate for her, and was soon re-injured. Now back at work, she fears the issues that led to her illness have not been resolved.

In December 2014, I was diagnosed with acute adjustment disorder and anxiety. My job was deemed the cause. An independent psychiatrist predicted I would have a full recovery within three months and said I did not require rehabilitation.

In the nine months leading up to this diagnosis, I experienced top down bullying from two levels of management. It culminated in going off work and being granted workers compensation.

My employer's insurer wanted me to undertake a Return to Work (RTW) plan before I was capable of doing so. They engaged a RTW coordinator to liaise with my employer but, after three months, the bullying and traumatic working environment had not changed. I was re-injured in June 2015.

There was considerable confusion between WorkCover and my employer regarding who had responsibility for what was in my RTW plan. This resulted in my return being delayed and the factors causing my injury not being resolved.

My employer did not initially assist in my RTW. Instead, my return was managed in consultation with the same management who had bullied me. WorkCover did not appear to have any say in this, nor did they advocate for my desire to work under different management.

In August 2015, I was finally offered a RTW in a different office under different management with reduced hours. I held the same position of a caseworker. I have now remained in this position and returned to pre-injury duties and full-time work as of October 2015.

However, within the workplace, the issue of bullying is still not resolved.

The process of going through WorkCover was extremely arduous and required me to have to advocate for myself constantly. This is very difficult when you are suffering from acute adjustment disorder.

Shirley's story

Shirley is a workers comp lawyer from a country town and is sick and tired of the constant denials of legitimate workers compensation claims. She challenges the claims in the Workers Compensation Commission and wins 90% of the time. She finds insurers' doctors shop to deny claims. She identifies mental illness as the main challenge for the workers comp scheme. The high turnover of case managers doesn't help as it means injured workers have to constantly go over their history and try to re-establish report. She also feels country employers take a workers comp claim more personally and therefore are more likely to deny suitable duties and look to push the employee out the door as soon as possible.

It's common in country towns where there are different expectations of employers of their employees that when there is an injury the employer takes it personally. They seem to equate taking workers compensation to being sued by the employee. It gets very nasty between the employer and employee. And that makes it harder to return to work in any way shape or form. Most employers either dismiss the worker immediately or wait for the 6 month limitation period. If they can't come back one hundred percent fit they won't have the worker back. Yet there are duties that could be performed but for some reason they won't let them do it. You can challenge it in the Workers Compensation Commission but it is often that the worker gives up or gets another job.

It can be hard to get other work in a country town given everyone would know you have a workers compensation history. I've got a client with an arm injury. She lost feeling in her arm but she's capable of performing all of her duties. There is no risk - but they won't let her back on the basis that they believe she has a reduced ability to do one manual task. But she's proven that she can do that without any difficulty. Now they are sending her to their internal IME to assess if she is 100% fit. If she isn't 100%, she won't be coming back. It is very difficult for her to try to comprehend. She believes she can come back again to work. Her work certificate says she can go back to work with no restriction. It's from her treating Doctor that's been treating her since the injury and knows her best. But her employer says no.

Denial of liability for these kinds of claims under section 74 is out of control. They seem automatic. 90% get overturned at the Workers Compensation Commission. Yet the insurers keep denying the claims.

Because of the way injured workers are treated, the main problem with the system these days relates to mental illness.

There are also huge problems in how they process claims. There is a great turnover of case managers. Injured workers just get used to dealing with one case manager. Some of them manage to build up a relationship - then all of a sudden they've got

another case manager. You have to jump through these hoops again. The new case manager doesn't understand what they've already gone through. They have to rehash it all again and then maybe in another week's time you get another case manager. A lot of them are not properly trained. They don't actually know the legal system or the workers comp system and they make decisions to the detriment of the injured workers.

We need to fix the independent medical examination that gets arranged by the insurers with certain doctors. The doctor knows what he has to write to get paid so they deny the claim. Whereas in reality in most cases it is obviously a genuine workers comp claim. There may be a few iffy ones, somebody older or where the injury is arthritis and work has not been a contributing factor. If the independent medical system wasn't so rigged there would be far fewer denials of claims.

Doctor shopping does get exposed once you get to the Workers Comp Commission proceedings. The arbitrators are well aware of which doctors are more likely to dismiss a claim so they say I'm not giving them any credit.

My town doesn't have too much of a problem with choice of doctors or specialists. Although sometimes people do have to travel to Sydney.

Silvia's story

Silvia was overworked to breakpoint. But once broken and forced to leave work, the bullying started. Her managers made life difficult for her upon her return – underpaying her and giving her unsuitable tasks that aggravated her injury. When WorkCover got involved, her pay dropped. The harassment continued until Silvia ended up in hospital.

I was overworked to breaking point. Once I went off work, the bullying started.

Each time I tried to go back to work, they targeted me until I had to go again. My managers failed to notify payroll I'd gone off, which meant I racked up a big debt.

They kept pushing me to take leave (and underpaid me when I did), clearly waiting for my entitlements to run out. They only offered duties that were patently unsuitable and aggravated a physical injury I had, which I ended up having to take anyway.

Then when it got ridiculous and I insisted they stop injuring me further they delayed finding suitable duties until WorkCover got involved (over a year later). I was then put on minimal pay, they failed to index the suitable duties wage. When they got told they'd have to fix it and pay me properly, things escalated and it got me to the point that I ended up in hospital with chest pains. I then quit, but they still haven't fixed up the problems with miscalculating my wage and debt. I had to fight to stop them taking it out of my entitlements anyway.

I'm out of there now, but I am still fighting.

Aaron's story

Aaron was nearly blinded in one eye when a high pressure hose that his employer had removed the safety device from hit him in the eye. WorkCover have never investigated his injury and his employer singled him out for unfair treatment when he returned on light duties. He meets the definition of serious injury with 23% WPI yet the insurer makes his life hell by constantly changing his case managers, stopping his pay, sending him for unnecessary medical appointments and insisting he re-hash the detailed history of his claim. He may never be able to work again but he wants to try to get on with his life but the workers comp system makes that impossible.

I was injured in September 2013. I was hit in the right eye by 400 PSI of hot water from a pressure hose. I was working at food manufacturer making dog food. My eye suffered blunt force trauma. My retina detached and there was a tear behind my eye. I have not lost my sight fully in that eye but my sight is very impaired. It's like looking through a pin hole.

When I was hit in the eye I actually thought I'd lost the eye because instantly I was blind. I thought it had come out of my head. My workmates were in some panic and stepping around and I didn't want them to tread on the eye. I was in shock. I didn't want to touch the area because I had dirty gloves on.

I was taken to hospital and spent 6 days there. I had a new operation to try and create a patch so a new lens could be attached but the procedure failed. It should have never been performed on me because of the tear behind my eye. But because of the surgery there's nowhere to put a new lens now.

I did go back to work on light duties but my restrictions say I can't drive at night or when I'm tired. I can't lift more than 12 kilos. I also have to avoid bright light.

I worked in between operations. I had 5 operations so I would recover enough to be able to drive again then I would go back to work for 4 hours a day and then I would go in for next operation, once again recover and go back to work.

I was terminated in October 2015 once they realised that I would never go back to full duties.

The work they had me doing wasn't meaningful anyway. All I was doing was keeping an area where they store 20 kg bags tidy. They could have found better work for me.

My doctor isn't sure whether my eye will ever improve. He needs there to be some development in treatment for these kinds of injuries. So he wants me to keep using the eye as much as possible, to keep it as strong as possible, in case he can perform some surgery down the track that will help. The only way to stop the pain I get from the nerve would be to take the eye out. My surgeon does not want to do that.

I take Nurofen for the pain. I have two eye drops and anti pressure drops. One of them I am on for the rest of my life. I get headaches. I can't drive too long. Sunlight is a problem. It's probably impossible for me to work in any physical job now because of all this. I've been certified as 23% WPI. I now have glaucoma in my eye, which has further restricted my vision.

When I was terminated in October 2015 I felt betrayed. I had 16 years of service. I've never been in trouble. When I was on light duties the work coordinator on the shift was told to watch me and report even if I was one minute late back on the smoke break. I felt victimized. Everywhere I went there were bosses turning up and in the end they made me paranoid.

My medical treatment has not been great. My first operation was cancelled because it hadn't been approved by the insurer yet. I had to be awake for the surgery and it was freaking me out. Then it was cancelled and the mental trauma that caused was unbelievable.

Other little things do your head in. I get paid weekly and we agreed that would be on Thursday so I can pay my rent. But then it keeps changing. All of a sudden it's Friday then it's Monday and then Tuesday. Every time I get a new case manager, they cut off my pay for that week, just to get my attention. I've had 8 case managers.

My new case manager has a strong accent. I can't understand him so I've had to ask him to email me.

I receive about \$600 a week less what I should have been earning. That's because after one year you only get a % of your basic rate, not including regular overtime or allowances. I reckon I lost \$74,000 when I had the injury.

The reason I was hurt was because the owner removed the safety device from the hose. It's meant to be that when you drop the hose it stops automatically. But the device that makes it stop was removed so when it slipped out of my hand, it was like a snake and flipped up, knocked my protection gear off and then I was done and dusted.

WorkCover weren't even phoned. I rang them about 2 weeks later when I got out of hospital. I think the insurance company did an investigation. I don't know what they found.

This employer is bad news. No LTIs for 5 years, yet several workers comp dismissals. They fiddle the LTI books. One machine has maimed 4 women. They are the 8th biggest employer in town.

I was harassed by the nurse at work. She said I wasn't trying and was becoming unemployable. But I couldn't sleep. My mind was racing all the time re what was going to happen next.

Once you go on workers comp you're treated like a criminal and that's how you feel. They've even tried to say it was my fault

When I receive a letter from the insurer they make no accommodation for my vision impairment. I can sit down and read a letter. But if it is an important one, I tend to get a friend to read it to me. Large print letters would make it easier for me.

I don't want to raise this stuff with the insurer. I just want to be left alone to be honest. I want to forget about it though I really want to go to back to where I was. They treat me like a criminal. They really do turn my life upside down. When the money was cut right back to the current level I couldn't afford my mortgage. I was just divorcing. I had to leave my house. I'm renting in town now, which means I can socialise more. My house was out of town and I couldn't be on the road after 4.30pm. In town I can walk everywhere, which is safer for me and everyone else.

I'm trying to learn to live my life with what I've got. But the insurer plays mental games. You'll feel good for a couple of weeks, getting on with your life, then the insurer does something and it gets you down and makes you feel like a criminal.

In my opinion it seems like every time I have a new case manager the following tends to happen:

- I don't get paid on time;
- I get sent stupid requests (especially seeing a new IME);
- I have to repeat the whole story even though it's on file.

One IME they sent me to was a 75 year old on holiday in town. He had printed A4 pages from the internet stuck to the door to test my sight. It can't have been the correct clinical set up as I could touch it in one step. It was a waste of two hours of my life but he told me he comes here to get paid while he's on holiday.

Fiona's story

Fiona was injured when her arm was crushed in a door while working as a disability support worker. Her injury took 4 months to diagnose and recovery has been slow. After returning to full duties Fiona had a mental breakdown. After 4 weeks off her employer refused to let her return to work due to her mental health and is forcing her to job search. Fiona is now cleared for all her duties, except mopping (something purchasing a steam mop would fix). As

a regional worker, Fiona is being told she can't be picky when it comes to possible work. But she just wants her old job back and doesn't understand why this can't happen.

I was injured in October 2015. The injury is to my right arm which included a bite and 55 kilo crash injury which resulted in a tear in the tendon in the elbow.

I was a disability support worker and the injury happened as we were going into lockdown due to the behaviour of a client.

The injury took about 4 months to diagnose properly. I had lots of physio initially, which was actually the worst thing that could possibly have been done. After 4 months I was finally sent for an MRI after which I was given a cortisone injection and told to come back after 6 weeks. When the cortisone didn't work the doctor wanted to send me to physio. But I had already done the physio and it wasn't helping so I was reluctant.

The new physio is better. The previous physio was with my employer. The doctor thinks my injury will settle with time. He doesn't see surgery as a solution.

Initially I returned to work after about 3 to 4 weeks. I was doing light duties on group programs with a buddy which was ok. After 2 weeks of having a buddy I was meant to be working in admin then returning to my job. This plan was developed by the rehab coordinator (Recover). But I went off work again because the injury wasn't settling down and I had to have a resting splint.

When I came back, work were unsure how to deal with the restrictions I had in place. They said a buddy wasn't a long term solution because of the cost and there was no work in admin. I felt this was a breach of the return to work plan. They said they had to do an occupational assessment. We had a new HR manager and she said the assessment had cleared me for full duties. I never received this paperwork and after talking to the occupational therapist later, I know this was a lie. So I tried to do my normal duties but I was getting a lot of pain and it was just getting too much.

I had a bit of a meltdown. The HR manager had been texting me when I was on holidays. She rang my doctor asking him to change my certificate. The HR manager was causing me a lot of grief. I was having a mental meltdown with work because of her. This was the middle of July and my HR manager told me to take 4 weeks.

I went to see a psychologist who said I have high stress, moderate anxiety etc. So work then tells me I can't be working with people who have mental health problems if I have mental health problems myself. They say I need to job seek.

It's ridiculous because people in my industry often go off with stress. It's common in my field. So I feel my treatment was very selective. They were in effect refusing to provide me with suitable duties. That isn't true. There was work for me to do. There were about 100 employees with my employer, who is based in one region of NSW.

They told me I have to job search about 3 weeks ago. I applied for a one job but once I said I have vocational restrictions they said we'll get back to you and they haven't got back to me.

I have had no contact from my work. I have had no contact from the insurer, so I'm just in the limbo.

My lawyer thinks the job searching is too stressful for me. I'm not interested in office work. I asked if I could be re-trained. They said "if it comes to that", maybe as a teachers aid. The vocational people are pushing for me to work in retail. But I hated that when I did it previously. They keep saying I have to job seek and I can't be picky.

I want to go back to my old job. I can do it in every respect but one. I can't mop. I could do the mopping if they bought a steam mop. Or another staff member could do the mopping when their shift starts. It seems such a small thing that surely they could accommodate. No one has mentioned WorkCover Assist can help purchase items needed to help with return to work.

I am receiving weekly payments. The money is less than I received before. I'm getting by because my husband is working (although he is carrying an injury because we couldn't afford for him to take time off).

I've had various delays with approval for medicals. Getting the MRI approved took a while and I am still waiting for approval for some more sessions with my psychologist. Getting physio approved has been more straight-forward.

Penelope's story

Penelope is a nurse who badly injured her spine while trying to resuscitate a patient. She was assessed as having a 61 per cent whole person impairment, so was unable to do her old job. She sought to be retrained as a speech pathologist, but her employer's insurer refused this request. She says the insurer spent far more on private investigators than she was seeking on retraining. When she returned to work, after fighting for her position at the Industrial Relations Commission, she felt bullied and harassed. She says the damage to her mental health as a result of the claim process has been worse than the physical injury.

I was originally injured working at a hospital trying to resuscitate a patient.

I was assessed as having 61 per cent whole person impairment. This means I meet the definition of someone who is seriously injured under the workers compensation scheme even after the 2012 law changes.

I actively sought a return to work. Recently, I have asked to be retrained as a speech pathologist. But my insurer refused to fund the retraining, even though I offered to pay part of the cost myself. My insurer told me they are the ones that make the decisions regarding my training and that it is not about what I want to do.

I am a university-qualified registered nurse. I wanted to stay working in the health area as a health professional but my rehabilitation provider refused to sign off on the training for speech pathology on the basis that I need to be close to a toilet at all times and they couldn't guarantee that would happen in a speech pathology job. This seems like a ridiculous reason to refuse to sign-off on this training.

My insurer even threatened to cut off my weekly payments if I did the speech pathology course on my own bat. I don't understand how that is even possible given that I meet the definition of serious injury for lifetime coverage under workers compensation laws.

I started a speech pathology course in Newcastle. However, I found the travel impossible and after passing two subjects I deferred the course and started looking for a similar course closer to where I live.

The reason I wanted to do speech pathology is that it means I get to stay in the medical sciences. I love nursing because it helps people and I really like the variety in the job. I think speech pathology would be a great career for me as there is no heavy lifting. I love languages and working with children, so would focus on becoming a speech pathologist that specialises in paediatrics. I also like the idea because it lends itself to working part-time and in the long run possibly working from home.

I know through a Freedom of Information (FOI) request that my insurer has spent \$40,000 having me followed by private investigators. The speech pathology course I want to do would cost about \$5,000 per semester. It seems ridiculous that someone would spend money on private investigators when someone has been accepted as having a 61 per cent whole person impairment.

It seems to me that the insurer is acting maliciously and is determined not to pay any reasonable retraining expenses for me. I had earlier asked for modifications to assist with my impairment; including a ramp, a bed, car seat warmers, a sidestep for my car, a walking stick, a mobility scooter and a wheelchair. It took nine months and me getting WorkCover on the case before the insurer would approve any of those things. It really should not be that hard.

Initially after I was injured, I was given suitable duties on the ward and then in the pre-admission clinic, wound care and infection control. This was after my first surgery on my back and while I loved the wound care work and the pre-admission clinic, I did feel the treatment I received was very inappropriate. I felt bullied even though I carried out my work professionally as an experienced nurse.

After another surgery, my employer took away the wound control work that I really enjoyed. I felt this decision was quite malicious. I was then placed in haematology. I did a three month course to get chemo certified but they wouldn't sign off on my certificate as I didn't have a permanent job in haematology.

I then had a final surgery. In the lead up, I had also asked for a week of annual leave prior as I felt I wasn't coping. I was 25 years old and facing my fourth spinal surgery in two years. My boss refused, telling me I should grow up.

When I came to return to work the hospital said they had absolutely no work for me in the whole South East Sydney and Illawarra health services.

I was told that I would have to do a job search. When a job came up in the NICU I was told I did not have enough experience (I have four years' experience as a registered nurse) yet they were hiring new graduates. I went to the Industrial Relation Commission. I won the case and was placed in the NICU at Westmead. But it was very difficult working there, I felt bullied and unwelcome. My injury also worsened due to the stress of the job; it was so busy so breaks were shortened, and the drive was difficult. It got to the stage where I was deemed unfit for work. I ended up being terminated in June 2014.

I felt my insurer had

bullied and harassed me throughout the whole process. They constantly assumed I was lying; investigators even waited outside my house to check up on me.

I don't like that insurers assume that you're a liar and spend more on private detectives than on you getting better. I would like to see more onus on retraining, with a \$10,000 training grant provided for injured workers. That gives you much more choice in deciding how you would like to be retrained. That kind of retraining would give you hope and help build self-esteem. If they get you involved with something you don't like, they are setting you up to fail.

In 2012, the insurer tried to remove me from the scheme with a work capacity decision. Luckily my lawyer stopped it on the basis I was likely to meet the definition of serious injury. The private investigator seemed to start around then. One time they tried to force me off the road.

The investigators make it hard to live because on a good day you might push yourself – you want to live life but you worry an investigation might say it means you are better. They don't see the three days before when you were in bed.

I was also annoyed at the constant turnover of case managers. I had seven case managers since February 2015.

I feel it wasn't just the system but also my friends and co-workers that seemed to view an injured worker as some kind of traitor. They walked away from my friendship and wouldn't talk to me. One time I was at the hospital visiting my mum and a nurse came up and challenged me, asking "what are you doing here?". She was very aggressive and unpleasant.

The mental health damage from my claim has exceeded the damage from the injury itself.

My partner and my mum and dad support me financially and emotionally. The toll on them is also enormous. We are all so incredibly fragile now. Even though I am 61 per

cent WPI I haven't been moved to lifetime care yet. I also haven't received any of the other so called benefits.

Lionel's story

Lionel was injured in his job at Sydney Trains in November 2011. His claim fell under the new workers compensation scheme because of the NSW Government's retrospective legislation. He was so appalled by the way he was treated by Sydney Trains that he contacted the NSW Opposition to seek justice.

Mick's story

Mick seriously injured his wrist in 2014, requiring 4 surgeries. His employer only gave him 2-3 months of light duties and alienated him while he was there. The light duties were abruptly withdrawn and after 6 months he was terminated. He had recently had a work capacity decision to be removed from the scheme because the insurer says he can work as a tour guide and chef. While he did this job 30 years ago in India, his current restrictions would make it impossible, even if he could find anyone to hire him. His request to retrain as an interpreter has so far gone nowhere. He is suffering from depression and can't afford his child support payments.

I was injured on 10 August 2014.

I injured my wrist working as a guillotine operator. I have had to have 4 surgeries on my wrist. It is still not good. I need ongoing physio and pain management.

After my first surgery I returned to work with my employer on light duties. I had already been working there for 8 years. I used to start at 5 a.m. and I was in charge of the shift. But when I returned to work my boss ignored me and emailed the staff not to interact with me. I was told to sit in the corner and not to talk to anyone. I was crying most of the time.

After 2 or 3 months the boss called me into his office and said there are no more light duties and that I needed to go home. He said if I am not better in 2 to 3 months he will terminate my employment. The boss said I would get the same money for the next 2 to 3 months but that isn't what happened. I was paid about 8 hours less every week.

My restrictions at the time were not being able to lift more than 2 kilograms with my left hand and to only work 2 days a week 2 hours a day.

The insurer asked what skills I had in terms of placing me an alternative work. When I lived in Kashmir I had worked as a tour guide and chef but that was when I was 17 years old. I'm now 56 and I have spent the last 30 years in Australia where I only worked in the printing industry.

A few days ago I got a letter from my insurer saying it's going to discontinue my weekly payments because I can work as a tour guide and chef. What a joke! I did that 30 years ago in India. It would not even be consistent with my injuries and restrictions.

By the end of October my payments will cease under this work capacity decision.

I do speak four different Indian languages and I suggested that the insurer pay for me to do an interpreter course. Initially they seemed interested but nothing has happened since then.

My only source of income is my weekly payment so I'm not sure how I'm going to pay my rent when I'm cut off at the end of October.

I've been asking since 8 May for GIO to approve me going to a pain management clinic which should help me manage my pain but they still haven't approved it. Whenever I call GIO they don't call me back. I have seen a number of case managers since October 2014. About 20 times I've seen different people. They only spend 30 minutes with me and 20 minutes of that is taken up with going over my medical history. It's just the same process all over again. It's very disappointing.

I have anxiety and depression. I'm very worried about my future.

I don't understand why my original employer could not keep me in light duties. They have 35 to 50 employees and casuals doing the same kind of job I was doing with the light duties.

I don't have a workers comp lawyer and I really need some guidance with legal advice and assistance. I'm constantly being troubled with investigators from the insurer. One day I was home with the flu and a taxi came to my door which I hadn't ordered. When I answered the door and told the taxi driver I hadn't ordered a taxi, I saw a car outside taking my picture. The following day I was in bed at 9 a.m. and I got a phone call telling me there is a parcel at the post office but I must pick it up at noon. I went to pick up the parcel but there's nothing there.

Since being on workers comp I can't afford to go overseas to see my family. I can't afford to pay child support for my 13-year-old child. I feel like I'm treated like a criminal. I feel alienated. It is really hurtful.

Olga's story

Olga was concerned about serious illegalities at her workplace, an aged care facility, regarding the dispensing of narcotics. When she raised her concerns the workplace bullying she had endured for months went into overdrive. She took sick leave, which became workers comp when her employer refused to pay her sick leave. Her employer allowed her to return to work for just one week during her 9 months off, recently terminating her because the psychiatrist report says she can't return to her pre-injury duties. The insurer has ignored the same report (which also says her injury is work related) and denied her workers comp claim. With no income, Olga is facing losing her house. She describes the workers compensation process as mental torture.

I was injured in November 2015. I am an aged care nurse, working in a stand-alone aged care facility. The entire workforce suffered from bullying, intimidation and harassment by our boss. The facility is run by a board and they were aware of the problems but did nothing about it.

On this particular day in November a drug which is a narcotic (which means there is a particular way that it's meant to be stored and distributed) had gone missing at some point over the weekend. I was actually a hundred miles away at a concert but I got the word on Monday and my boss actually accused me of stealing the medication, which is a terrible thing to have said about you.

I called the union straight away. I informed the other girls what had happened and they rallied around me. I had only just joined the Health Services Union because of the ongoing problems. I've never been a member of a union in my life.

The next day we had a meeting in which my boss apologised and said she had not investigated properly. However she wanted to give me a warning letter because I had actually signed the medication chart in the wrong spot. I said fine to the warning letter. I wanted to call the police because it's such a serious matter. It is a mandatory reporting thing. Narcotics have gone missing at the facility before (the previous March – I have copies of the documentation) and it has never been reported. There has also been the theft of money from the staff and residents. In my opinion we had a thief in the facility.

On the Saturday the boss spoke to all the staff and she actually said no medication had gone missing. I was absolutely gob-smacked. I continued to work and on 24 or 25 November we had a staff meeting and I asked what was happening with a missing drugs and the boss just came at me saying why have I bought it up again, the matter has been dealt with by the board and it was never to be discussed in public again and she would have a meeting with me in her office.

By the time the staff meeting finished I had another commitment I had to get to so I asked if we could have the meeting the following day. I took one of the girls as my support person in the meeting. The boss reminded me that she was the boss and my employment could be terminated at any time. Therefore it is in my best interests to just keep my mouth shut and never to discuss this again. She said it about 3 times.

I went home and I just knew I couldn't go back. Over the previous 6 months my whole life had changed and I didn't realise it at the time. I wasn't sleeping. I wasn't eating. If I was eating I was eating for 3 people. I would wake up at night going over my whole shift in my head because if you act in a certain way you get trouble. Even if you did the work exactly the way she wanted it done you'll still be in trouble. It didn't matter what we did, how we did it, it was never good enough.

I went to the doctor the day after the meeting. I rang the second in charge after the meeting and she said straight away to go to the doctor. I just wanted a couple of weeks off to stay away and let things die down. The doctor was happy to do this. She asked me if I wanted to go on workers comp. I said I just wanted the timeout. We've probably lost 6 or 7 staff over this period.

My employer refused to pay me even though I have entitlement to sick leave and then the second week rolled around and once again they refused to pay me. I rang the union rep again and told him what was going on. He advised me to get my doctor to make it workers comp. I'm not sure this was the best advice. Being on workers comp has allowed it to snowball instead of nipping it in the bud. I've never had to go on workers comp. I've gone from being a normal bright and bubbly happy go lucky person to a mess, a complete mess.

My workers comp claim has been denied. They are saying my injury is because I was reprimanded. That just not true and it's a bit rich to be pulled up for one error when the whole protocol of the procedure we used was actually illegal. We used sheets of paper in a plastic sleeve when the reporting system required a bound book which had a special number.

I'm challenging the denial of the claim. My doctor sent me straight to a counsellor which I'm still seeing. I've been to a psychologist and psychiatrist. You have to go through the whole process again which is really hard. You just start to get yourself back together and then you have to go to see someone else. It's the same story over and over again. It just opens it up and makes you feel beaten and bruised. The whole process has actually made me feel worse.

Work has paid for nothing. I pay for my doctors. I've been using up annual leave, sick leave and taking unpaid leave.

They got a HR person, their first, in February 2016. The HR person went with me to the doctor and came up with a return to work plan which involved me only working when the HR person was there, keeping away from the boss and the meds trolley. I was petrified of the meds trolley anyway after everything.

The plan wasn't actually drawn up until my first day back. When the HR person gave it to me to sign it said my usual hours were 15 per week. But I was a permanent part-

timer. I had done 6 months probation. I was working 30 hours a week. But I didn't have a written contract. So I didn't sign the plan because of this.

I felt the first week back at work went quite well. HR said the residents are happy and we enjoy having you back and everything is going really well. I thought this is going to actually work.

I went to see HR on the Friday to follow up on the disagreement about my hours. He asked me to come back on Monday. On Monday I went in and there was still no return to work plan for me to sign.

At about 10:15am that Monday morning he called me to his office to let me know that my boss had been cleared of any wrongdoing (which totally gutted me). It was an internal investigation. I became quite upset so he told me to go home. I didn't want to but one of the other girls saw the state that I was in and suggested that I go home. Then he said to take another day off. Wednesday was my day off anyway and then I got a call not to come in Thursday and then on Thursday I got the call saying they were going to retract my return to work plan.

He had all the excuses. The other girls think I'm getting special treatment. They are finding it too hard to track me on the roster. There is no such thing as light duties.

I haven't received a cent of workers comp. I went to Centrelink. I've been in this new relationship and even though he doesn't give me any money, it means I'm ineligible.

My solicitor is trying to save my house because I have to pay my mortgage. They're actually threatening to take the house off me.

My doctor said to me right from the very first day, I wish you had broken your leg because then you'd have a visible injury. She warned me what I was going to go through would probably be the most difficult thing to do.

The process - it's just terrible, it's humiliating and it just makes you feel like a criminal. You have to justify and explain yourself and I've done nothing wrong. I'm not the same person anymore. I don't know if I'll ever be. The insurer (GIO) and their specialist doctor actually said to me my injury was the fault of my workplace and that I wasn't fit for work. That was in February this year. Then, in June this year I saw another specialist. He confirmed the same diagnosis except apparently now I'm chronic because I have exasperated my condition and he said that the workers comp process and what I'm going through is actually making it worse so I now have chronic adjustment disorder and they both have said that I am unfit for any work.

At this point in time how can they deny it when the IME says it's work-related. I really don't know. I don't understand the process.

When I first contacted my solicitor one of the first things he said was a lot of people don't get to this point. Throughout the whole process people just fall out because the process is too long and it's too hard. I do not wish this for anyone and I've gone through nothing really compared to what other people have gone through. But the mental side of what it does to you is absolute torture.

They finally terminated my employment last month on the grounds the doctors say I am unable to return to work in my pre injury duties.

I'm not sure how you can accept one side of the reports but not accept the other part, that it is work related.

They had accreditation maybe 3 - 4 weeks ago. I don't know how they got through because to me it's just screaming out.

Natalie's story

Natalie was injured in early 2015 when working for a large supermarket retailer. She has since fought a long, tiring battle with her employer and their insurer for her rights to workers compensation. She was pushed to go back on full duties, and denied much need treatment. As a result, her injury worsened, and by the following year she required surgery. Although she was supposed to return to work on restricted duties, she was given tasks outside her Return to Work plan, and re-aggravated her injury. She felt she has been bullied throughout the process, being made to feel that she did something wrong because simply because she was injured.

On 2 March 2015, I notified colleagues of my injury.

On 5 March 2015, my injury was reported on the Company Injury Reporting System.

On 6 March 2015 I attended my local GP and a Workers Compensation Claim was submitted.

My MRI was scheduled with no initial diagnosis. Physio was prescribed twice per week.

My employer's insurer (EMI) approval for physio expired in May. I was not given details of why this ceased despite my doctor prescribing ongoing physio.

My GP scheduled another MRI on 3 June which revealed my tendons were torn and frayed.

In August 2015 in a RTW meeting the Injury Recovery Manager told me "we need you back on full duties and hours by February 2016 or your employment will be terminated".

On 29 August 2015 – a specialist recommended PRP treatment but EML would not approve treatment and therefore I did not have it.

In November EML sent me for an appointment with an IME, who laughed at the state of my injury and called EML “a joke”. He told me that EML had left my injury too long and that I now required surgery.

I was sent for surgery in late August and the surgery was performed on 15 December 2015.

My post-operative physiotherapy was scheduled twice per week.

EML did not contact me until 2 March 2016. My new case manager told me to cease seeing my surgeon and only see my GP. I was told to request that my GP clear me so I can start work in April 2016.

On 9 March 2016 - I told my employer that my doctor said can resume work on light duties, with restrictions and that I could start in mid-march for 9 hours over 3 days per week (3 x 3hr shifts).

My employer said she would get back to me but I didn't hear from them.

On 21 March 2016 I rang EML but didn't hear back.

On 24 March 2016 my EML case manager rang me and stated that there was no work at the store I was working, and that I needed to seek other employment and show evidence of this to EML or my funding for her weekly payments, physio treatment and medication would be cut.

My case manager also informed me I needed to go to my local GP for updated capacity assessment certificates and EML requested to access to my medical records.

I told my case manager that I had advice from my solicitor that they and their insurer had an obligation to help me with redeployment. My case manager said that EML was under no obligation to help me find redeployment and it was my responsibility to find alternative employment.

My case worker also stated that the RTW coordinator is on side with EML and not me.

In the week commencing 11 April 2016 there was a meeting at the store to discuss my RTW on light duties - they didn't have any suitable duties for me. They had no work for me- they were going to try and work something out but had to get restrictions lifted.

On 7 April 2016 my doctor recommended hydrotherapy but EML didn't approve this treatment. I was paying \$65 per fortnight for hydrotherapy physio out of my own pocket for two months. The EML case manager said it was great that I had “taken the initiative to pay for it [the treatment] myself.”

On 13 April 2016 my case manager called and left a message for me to call an employment provider but left a wrong number.

On 14 April 2016 my case manager accused me of not fulfilling my obligations as I had not called the employment provider (even though I was provided with the wrong number). My case manager left a message on my answering machine stating that to meet continued approval of my claim I needed evidence that I at least attempted to apply for five jobs and that failure to attend a vocational assessment means immediate suspension of funds.

A union official then contacted my case manager to raise concerns that the vocational assessment had not taken place and therefore I should not have to apply for jobs yet without this information.

On 20 April 2016, after the vocational assessment had taken place, the employment provider told me words to the effect “[We] will try to get you interviews, but you won’t get a job because of your restrictions” and “[The Employment Provider] just had to go through the process just to shut the insurance company up.”

I had an appointment with a doctor who issued a new capacity certificate which was sent to EML.

I was then advised to contact the store re: return to work.

On 9 May 2016 I started limited duties at my old store.

I re-aggravated my injury on 24 August 2016. My employer gave me tasks outside my RTW plan. My RTW plan stated I was to rotate between putting stock away and working on checkouts with breaks. The checkout manager put me on a register for 4 hours. I asked for breaks and told the manager I was not supposed to be doing that work. The manager told me it was OK and that she would get it OK’d with the store manager.

I am currently off work as the retailer does not have suitable duties to offer given my current restrictions after the re-aggravation.

I feel that my employer and EML have not cared about my workplace injury and the effect it has had to my quality of life.

I believe that at times they thought I was a lying about my injury. I feel this is evidenced by the lack of treatment approval and the fact the injury was left too long / requiring surgery.

I felt bullied, harassed and threatened by EML and by the clinical tone EML employed when contacting me about the funding process for payments, treatments and medication.

At times, I felt distraught when dealing with my EML case manager. I was made to feel like I was doing something wrong by merely having an injury and restricted duties. I often feel distressed and distraught around the threats and lack of care shown.

I feel the injury has severely affected my day to day life. I now struggle to do simple everyday tasks like putting on my own underwear, putting on socks or being able to cut toenails.

I have been told by my rehab providers that I now have a new case manager. I have not heard from EML since April 2016.

Michael's story

Michael ruptured two discs in his back, but has had to continue doing a manual job that requires heavy lifting. He's often in pain, but his employer has not monitored his welfare and he has received no pay out.

I injured my back at work. Two discs were ruptured.

I went to a physio to strengthen my back, but was told I needed to stop having these appointments during work time. When my manager found out the seriousness of my injury he decided it was time to stop me from doing any overtime. I was told at several stages during my rehabilitation that I needed to keep my treatments to a minimum as there were only a certain amount of weeks for which I can be covered.

I was injected with a nerve blocking needle in my spine which helped temporarily. The physio helped a lot but I'm still in pain fairly often. My doctor has limited me to 20kg lifting capacity and my company had an Occupational Therapist assess me and decide I can do my job with this restriction.

I haven't been asked by the company how I'm going since. I received no pay outs and continue to do my job.

Brionny's story

Brionny badly injured her shoulder and spine while working as an Assistant in Nursing in a residential home, forcing her to go to hospital for an operation. Her employer's insurer denied liability and she had to pay the cost of her own surgery. Her doctor advised her employer that she should not return to work until fully healed. However, just seven weeks after the surgery, senior management compelled her to return part-time. This aggravated her injury, and she now struggles with basic day-to-day tasks.

I am an Assistant in Nursing in a residential home that houses 40 clients. In January 2010, I suffered a bad workplace accident. I tore my left shoulder, and some discs in my back collapsed. I had an arthroscopic repair done to my left shoulder ten months after the accident.

My GP and surgeon advised my employer (senior management were also in the room) that I should not go back to work until properly healed. Nevertheless, I was told by senior management to go back to work just seven weeks after my operation.

I returned to work part-time, three days a week. I was given light duties, such as cleaning tables, serving food and undertaking clerical administration.

My premature return to work caused further damage to my shoulder and my spine. My right shoulder was also strained as I had to overuse it to ease pressure on my recovering left shoulder.

This whole experience has been horrific. I live by myself, and day-to-day tasks are so much harder. I have had to employ a domestic cleaner to come to my home every fortnight to assist with the up-keep of my private residence.

My employer's insurer has declined liability for my injury. I even had to pay for my own surgery. I am currently fighting them.

James's story

James was first injured his back in 1998 and was off work for close to five years. After medical termination, he retrained himself on computers and found a job with a telecommunications provider. He was injured again and no restricted duties were offered. He kept working but was terminated shortly after. WorkCover did not undertake any action to return him to his job. He has found a job with a logistics company where safety is much better.

I have been injured multiple times. The first injury happened when I was driving for a large retailer back in 1998. I was picking up a rather large box and I was putting it at the back of the truck. The guy at the other end of the box said I can't lift this and let it go. I ended up on the floor with the box on top of me. I had chipped a bone off my tailbone and did a pile of other damage. I ended up being off work for 5 years. Went through the rehab thing and was told I was not wanted anymore.

It wasn't a whole lot of fun and even back then, there was less support than there is now.

Back then I think it was after two years you when on to 50% and 70%, whatever it was.

They put me onto a rehab provider that shall remain nameless. They said I should become a driveway attendant like the console operator at service stations. So I ended up retraining myself to do computer stuff and I got back to work. I actually found a job with a telecommunications company. Data entry sort of thing.

I went back to the rehab provider and said I'm not coming anymore, as I already got a job. They said good, we will put it down we got you this job. I said, "you will not", and they said you have to sign this". I said "how dare you take the credit and get the money and you did nothing". They were not very happy with me.

There was actually a few of us, and one of the other guys lived out in the country, he had a similar experience. They were absolutely no help. It was right about the time the government changed the commutations to instalments. It was just a case of, you go to court and the magistrate or whatever it was decided this is how much you going to get and good luck. I got just \$12,000 for 5 years of angst.

The second injury was with another company, It was another back injury.

After the third weeks I was fit for modified duties. The boss said we can't modify your duties. I said you have got to find me something to do.

He told me to just have the time off. So I did.

Then he rings me and says can you go to Brisbane and pick a load of bottles and bring them back. I said Peter, I am not allowed to lift anything more than 10 kgs. A crate of milk is 20kg.

He said you do not need to lift the crate of bottles. I said have you ever weighed a pallet of glass bottles. He said no, and I replied if you put them on a pallet jack at the front of the truck, you still need to push it. He then replied "You will be alright just put the forklift under it". But you can't drive a forklift into the back of a truck.

So I get back to work. It is a Monday and I turn up to work as always at 5:20 a.m., because we start at 6am but I like to get there half an hour early with this job. So I turn up and there is other fellow there. The boss says can you take him with you and I said alright. I was happy there was someone I can take around and teach. He was pretty smart. So I did the shift and my back was absolutely killing me because I twisted my back muscle. I got back and ask Peter which run am I doing next, and he says "I need to talk to you". He says I am going to pay you to finish up now.

Unbeknown to me he actually went to the farm owner and got CCTV footage of me getting hurt.

I rang WorkCover and, *"they just went silent at the end of the line"*. They said are you worried then, and I said not really as I have this other job to go to in six weeks. In the meantime that is six weeks without any income. It wasn't very pleasant.

I was not aware that WorkCover investigated why I was sacked, but I since found out, as I still stayed in touch with the farmer and apparently two or three weeks ago they had a letter turn up and WorkCover wanted things fixed. There were many issues such as the working area next to the vehicles, there are vehicles and everyone is running around, and nobody is in high vis. and there are no hand rails on anything. So maybe WorkCover did go and look at the place.

At my new job we are so pedantic about safety at work, it is not funny.

I found the job, but the Doctor had not fully cleared me for full duties, but when I started with these guys, she ended up clearing me a week later.

My new employer did not know I had a workers comp claim before, as I am a contractor. There are no medical releases on our side, it is just accepted that you will be fit. You must disclose if there are any major injuries etc.

I run the boss's business and am still an employee. My boss asked for any information regarding the claim and I said that this was the claim and he wanted to know that I was clear. He has done his due diligence but he did not particularly care as long as you are fit for duty.

So when I go and fight fires (with RFS), obviously that is affected also, as you can't go out on the fire ground with an impairment. It is a big no no.

My current job has a little lifting, pushing and pulling but almost everything is under 20Kg, but anything over that is a multiple person lift. There are lifting systems. The safety training that we do in the depot is constant. Daily tool box talks, daily safety talks, daily briefings. With my fire fighting background as well I am big on safety. It is different from my previous employer. The tool box talks and safety improves run times and reliability. Drivers are notably doing three points of contact entering and exiting the vans.

In the end of the day, I want to go home and see my wife. When I first started there I saw a few of them walking around in joggers and I said that is not happening. The depot supervisor goes off her nut if you are not in the right gear.

I am just very stubborn and don't give up easily.

There are a lot of positions I have applied for in the last 30 years that have had the question about "do you have a workers compensation claim?" in it, and you know the moment you tick yes that you have had a claim, you are cactus. You might be as fit as a bull. But if you lie, you may lose your job.

Simon's story

Simon broke his ankle at work when he stumbled carrying a heavy oven. His broken bone was never properly diagnosed because he couldn't afford to pay for the MRI up front. He had 2 weeks off, then 2 weeks of light duties, but didn't want to have any ongoing restrictions because he couldn't afford to have his pay reduced and he didn't want to be treated differently like he has seen happen to other workers comp cases. 2 years on, Simon is still in pain.

I was injured in about February 2014 working for the railways. I broke my ankle carrying a 20-25 kg oven over uneven concrete. I rolled my ankle.

My ankle is still not good today.

I was sent in an ambulance to RPA when it happened. They wanted to send me in a work truck but I refused and insisted on an ambulance. It was about 1 or 2 o'clock in the morning. They x-rayed it and because it was so swollen they said they couldn't tell if it was broken. They discharged me and gave me some painkillers and I went back to work at about 8am in the morning. No one said much to me and I drove home.

I got home at about 8:30am and the phone calls started from about 9am. It was the incident hotline. The service manager. Asking me what happened. I tried to explain I've been awake now for 20 odd hours. Can I call you once I have a sleep? They said ok but tomorrow we will send a taxi to your house to pick you up to come to work. That's a big fare from my place to the city.

Because I've been injured before at work, when I was talking to the nurse at RPA I said they are going to try and get me to go back to work. So she gave me a certificate for 2 weeks and said you need to go home, put your feet up and then go and see your GP.

So I stayed at home and I was in a world of pain. I got calls pretty much every day from the fleet manager until finally they seemed to get that I wasn't going anywhere. I went to see my GP but the ankle was still really swollen. My GP suggested to get a MRI but because of the situation and the need for the insurer to pre-approve everything they wanted me to pay for it up front and then get reimbursed. It was a substantial amount of money so I didn't get the test.

I was thinking, it will be ok. I've rested it. I wish now that I had spent the money because it's 2 years on and I'm still in a lot of pain.

I was made to feel guilty about injuring myself. That it was my fault. I was even told how much the concrete grinding cost to fix the uneven surface that had caused me to stumble. It was given as a reason management couldn't spend money on something else.

About 6 months later I was having more dramas with my ankle and I went to the doctor on my own but I didn't say anything about work. I just said look I broke my ankle a while ago, I didn't get any scans and he said it sounds like you've broken something but you'll have to have exploratory scans. But I had to go back to work and I have never got the tests.

I'm able to do most things. I just get pain in my ankle. If I'm doing a lot at work I strap it before I start my shift.

After the 2 weeks off at the time of the injury I went back on light duties for 2 weeks but I stayed on shift because otherwise I would have lost money. Luckily there had been another gentleman at work that was really stubborn when he injured himself and wouldn't come off shift so he set a precedent. I wasn't doing the heavy lifting or anything but I did paperwork.

I was still in terrible pain but I made a decision pretty early in the piece because I've been injured before at work and you're not really treated the same and with a young family I needed to go back to full-time. The bills don't stop.

Six years before I had injured my shoulder. I was off for a month with that and I got my average pay for whatever I was doing which was enough for me to survive. This time I noticed a difference. My pay was about \$700 a fortnight less than I would have normally been paid. I still have no idea how they calculated the wage. But that was a big motivator to shut out the pain and just keep on going even though my ankle was so sore.

The insurer gave me about 6-7 weeks of physio. They initially sent me to a place in Penrith where they put me on pushbike and I was pedalling and my heart rate was getting up but it wasn't getting any better. Then they'd attach me to some machine. I felt like cattle. So I spoke to the case manager and they sent me to another physio that was better. They massaged my ankle. When I mentioned maybe I should have an MRI the case manager dismissed it as too costly and said I should keep going to physio.

The case manager wanted to come with me to the doctor appointments, but I only let her come in after the examination. It was strange. I've never experienced that before. Having a third person coming with me.

The railway doctor said it was just a sprain. He was relying on that early swollen x-ray from RPA.

I was motivated to get back to full time ordinary work by the fear of losing money.

There was a young guy who injured his ankle too and they treated him exactly as I feared. They sent a taxi to his house the very next day and dragged him into work and he sat at work the hours then the taxi took him home. They did that for a month and a half and he got a lot of grief over it. He was made to feel inadequate. It's always short staffed and to lose one guy has a real impact.

Cindy's story

Cindy worked as a clothing outworker, doing very long hours on her sewing machine when she badly injured her back in 2000. She told her boss she was going to China because she feared losing her job. She didn't make a workers compensation claim because she didn't understand her rights as an outworker. She was working for different suppliers and didn't know who to make a claim against. She has never had surgery on her back, and now, many years later, still experiences pain. She would like to see a workers compensation system that provides options for outworkers.

In 2000, I was injured in my job as an outworker making clothing on my sewing machine at home. I was making a long coat using the overlocker, and my back suddenly became very, very sore. A specialist diagnosed me as having a problem with a disc in my back and he told me to lie down for three months. I was really sore 24 hours a day; and using lots of pain killers.

I was scared to tell the boss that I was injured because I just didn't think I'd get another job. I am from China and I don't speak English. So I told the boss that I was going back to China for three months, when I was actually recuperating at home.

When I returned to work, initially, my output was reduced but I did start to get better and after about six months I was probably producing about the same amount of clothing as I had before the injury. I had been advised by my doctor though that every hour I should stop work, stretch and come back to the machine. I followed his instructions and I found that it helped.

Sometimes I still get pain. I continued doing outwork until I retired at age 64. I'm now 80.

I never had any surgery on my back and it is still sore today.

I never made a workers compensation claim as I wasn't sure if it would cover me. I'm an outworker and worked for several suppliers at the same time. So I didn't really know which boss I should make the claim against.

I was a teacher in China and arrived here in 1991, when I started doing outwork. I did it all the way through to my retirement. I've had lots of health difficulties and cancer diagnosed in 2005. I wonder whether those long hours of outwork had something to do with it. I was working from 6am till 9pm at night, or even midnight or longer, to do urgent orders.

I would get so sore, with neck and back aches.

I really feel that the different treatment of outworkers under workers compensation law is very unfair.

Craig's story

Craig worked as a machinist when he badly injured his back. His employer's insurer, Allianz, denied his claim, saying it wasn't a work-related injury. He engaged a solicitor to fight their decision and won. Allianz had to reimburse him for costs and leave taken. Craig re-injured his back in 2007, and his employer sacked him when he was deemed not fit to work after more than 17 years of loyal service. His workers compensation payments were cut off after the 2012 changes – despite the fact that his doctor has

deemed he is still unfit for work. He is now struggling financially and has had to dip into his superannuation to make ends meet.

I worked as a machinist, a job that required lots of heavy lifting. In 2000, I badly injured my back. I took two weeks off work, using my own sick leave. I then resumed work doing light duties for a month, then went back on full duties.

My employer's insurer, Allianz, rejected my claim. They said my back injury was not work-related. So I engaged my solicitor, and fought the decision. I won the case, and they had to reimburse me for the sick leave I took.

I re-injured my back again in 2007. I wanted to return to work, but when I was deemed unfit, my employer sacked me, after I had given them more than 17 years of loyal service. They showed no sympathy for my plight.

I was receiving some workers compensation weekly payments. However, the 2012 law changes meant I was deemed ineligible and my payments were cut off. I don't understand this decision, as my doctor assessed my back as having not improved.

I was happy before 2012, but since then life has been a struggle. I've had to break into my superannuation to make ends meet. I now work for my son, but only earn half as much as I earned in my previous job. I'm 65 next year, due to retire, but really worried about my future.

Stanley's story

Stanley badly injured his foot and back in a work accident in 1995. This left him severely incapacitated and suffering from Post-Traumatic Stress Disorder (PTSD). He sought, and was initially granted, workers compensation payments. But his employer's insurer has fought hard to push him off these entitlements. He believes the insurer's doctors are not honest, and that his benefits will cease in 2017. He says NSW needs a fair and just approach to workers with an injury and a safety net that's not governed by insurance company's profits.

Back in 1995, while working at a telecommunications plant, I sustained a crushed left foot and injured my back. In the first two year there was a rush to get me back to work, even though I was still injured and suffering from Post-Traumatic Stress Disorder (PTSD). I did that, only to be sacked for failing to do my duties.

I was on unemployment benefits and looked for work. I found a part-time job which I did two days of week but could not cope with flash backs, so that work ended.

In 1998, I went to court and was awarded on-going wages, back pay and compensation for pain and suffering.

Today, I suffer from PTSD and chronic pain. There is not one day that I can be comfortable. Lack of sleep plays a big part. I have memory loss and find it very difficult out in the real world.

My problems have been with Allianz, my employer's insurer, and with doctors. They push to get me fit for work on paper. This results in not-so-professional examinations.

I've been seen by my doctors and all have said I will never return to work. I then get reviewed by Allianz's doctors and they deem me fit for work. This has been going on for the last five years which has put more stress on me, which adds to my injuries. If I ask for treatment, it takes two years to get approved or knocked back. At times, there is no communication for months in assisting me.

When I have seen doctors there is no real science to their ways. "Bend down, touch your toes" is all they ask, and with that I'm supposedly fit with no pain. This has been the setup from the start to misdiagnose me.

Now Allianz is working to help me transition to Centrelink benefits, there is no more push to say I'm fit for work. They just want to help me get welfare payments. By 2017, I'm going to be cut off. This is to say nothing of 20 years of not getting superannuation payments, never owning a home, and loss of potential income.

Allianz is doing everything they can to kick me off workers compensation and are successful in the manner they have done this. The law states it! I was assessed as having just 16 per cent impairment by their doctors, even though I can only do 30 minutes of housework per day. This time last year, I was in bed for six months with no help from Allianz.

We need a fair and just approach to workers with a safety net that's not governed by insurance company's profits. We are real people with real injuries.

My life is a nightmare with no end in sight. So win or lose, no matter the outcome for me, I am going to be in pain – disfigured and suffering, worthless until my end.

Cary's story

Cary was a dedicated health worker, injured due to the collapse of equipment that should never have been used in her workplace in the first place. She managed to return to work many times and found productive roles she could perform. However because of her inability to perform 100% of her pre-injury duties she was terminated and eventually cut off from workers comp because of her refusal (at age 63) to job search. She was subjected to

humiliating treatment by the CEO of her employer and felt there was no one in the system that was there to advocate for her.

I'm employed as a Sterilising Technician in a private hospital.

I was injured in November 2013. I came in and looked at the roster on the board and saw I was training a new staff member. I had been there seven years and training new staff, while also performing my own duties, was expected.

The supervisor asked me to take over for her as she had a personal matter she need to take care of so I went to see whether the wash up area was going. The department is extremely busy. They run a priority system because they don't have enough instruments so we keep turning them around as quick as possible. The washes go for 30-45 minutes and its longer depending on the equipment if its heavy or light. I was checking what had been marked priority and that we would have the equipment ready when it was needed.

Then I got the trolley from under the window and starting loading the other three carriages because I would see there is a lot of work in there. I took the trolley to the batches and started to unload the equipment. We use the trolleys for moving equipment around. These trolleys can't go to the operating theatres because they aren't sterile.

I placed the case of instruments on the trolley (it's a two tier trolley) when the top shelf on the trolley collapsed down. My arm was still underneath the top shelf of the trolley – so it trapped my right arm under the instrument case and went down with the shelf. I couldn't stop it from happening.

It pulled my shoulder forward. I had immediate pain. I then tried to sort out the instruments that had fallen and realised I couldn't use my arm.

One of the girls came to assist me and by this time the supervisor had come back. She fetched the Return to Work Co-ordinator (RTWC) who is also the executive personal assistant to the CEO at the hospital.

She took me to her office and I sat there for hours. They didn't attempt to get an ambulance or any help or first aid. I was in a lot of pain. After a few hours they decided to consult a doctor who works in the clinic there. He was in theatre so he couldn't come but after a few hours he sent me down to get an x-ray.

After several more hours he said that I needed to be taken to his consulting rooms to get the arm immobilised, put in a sling and that I should go home and rest it and come back and see him in his rooms. I couldn't drive so I rang my husband who was working in Sydney to come and get me and I had to leave my car in the carpark.

The RTWC said we will take care of you. Do not worry. I will take care of everything.

When I went to see the Clinic Doctor we tried resting it, some light physio as it was now close to Christmas and on the 23rd December 2013 he wanted a cat scan. I had an injection earlier but it made absolutely no difference. I cried all through Christmas

as it was pretty bad pain. I couldn't get comfortable in any way. The hospital closes down for the 2-week period there. My next appointment to see the Clinic Doctor was February. He said the ultrasound showed that I have a huge tear of the rotator cuff and I needed an operation.

I had the surgery on 20 February 2014.

Within a week of being home from hospital I got a letter from GIO - saying you have to respond to this.

So I rang the insurer up and said I was in no situation to return to work. I told them I was in extreme pain and unable to work.

I never heard from them again.

I progressed through having physiotherapy and trying to get better but at the end of May 2014 the Clinic Doctor had a dye pumped into the area to see if it had properly sealed. I was very close to having a shoulder replacement. The dye showed it did seal and I continued working with the physio. The doctor said he would like to see me go back to work. That came from the Clinic Doctor (an orthopaedic specialist). I went back to work in June 2014.

I went into the RTWCs office to hand the work certificates to her. She said I could start 9am Monday morning. That was it. She didn't say where I would be going, what I would be doing or what the process is.

I fronted Monday morning and was taken to day surgery. Someone was leaving and I had to learn her job pretty quickly as she was only there for 2 more days. The job was collating the medical patient files. I was doing it but I was having a quite a lot of trouble dealing with the pain and sleeping. I don't know who decided I would be going to records. There was no consultation with me.

I didn't see a RTWC.

I stuck it out in day surgery but because I couldn't do everything like the other workers like sitting up patients, dealing with the patients and so on, I was moved to medical records. I was put into the medical records department because they had miles of work and they could use me. I was there for 3 months. My surgeon was very happy with me being there because I could rest my shoulder there between phone calls and collating and you can also put files away on shelves which helps the arm. I was feeling OK and I increased my hours. I started with 4 hours a day 4 days a week.

As I was leaving work on 3 September 2014, I got tapped on the shoulder and told there was an urgent letter for me. I didn't open it until I got home. It said I had to appear at a meeting at the CEO's office at 10.30am in the morning for a review.

At the meeting there was the Chief Executive, plus the Theatre Manager, RTW Coordinator, and a sterilising unit manager. It was the first time I had ever met the CEO.

The CEO stopped the RTWC from speaking and said I will take over this meeting from here and she let go like a tirade. She wanted to know why I wasn't fully recovered, I was given 6 months why wasn't I fully recovered. She knew people who had recovered in 6 months.

During her tirade nobody in that room opened their mouth. She criticised the physio and wanted to know why I went to that particular physio and why wasn't I using the hospital physio. I told her I was following the orthopaedic surgeon and his recommendations.

It went on for about ½ hour. I was humiliated, bullied, traumatised and belittled and this was in the front of these people that I work with everyday. I couldn't believe people could be spoken to in this way in this day and age.

The CEO said you have to start back in CCSD (the sterilising department) on Monday morning at 9am. I said please I want to follow the surgeon's recommendations. Can't you wait until I have an appointment to see my doctor in about 10 days. I don't want to compromise my recovery. I was worried because CCSD is a very busy department where you walk all day and there is no sitting anywhere to rest my arm. The CEO said: No. I can override the orthopaedic surgeon. If you want to keep your job you get back to CCSD on Monday morning and start your job.

I was absolutely astounded. I just couldn't believe it.

I did ring the doctors' rooms, because I didn't know what to do. I couldn't get an early appointment with the doctor.

You hear that they can't do this. That it is not allowed by law – but she did it. Where do you go for help?

So I started back at CCSD on Monday morning because I wanted to keep my job. The CEO even appeared at the door and asked my manager if I was there.

I never signed a return to work plan, although they are saying I did. It might refer to once when I was in medical records RTWC came to me when I was on the phone. She knelt down beside me. She had the paper rolled up and said can you sign this. So I signed it. I didn't think anything of it but about 6-8 weeks later she got me to sign something else. I asked what it was, and she said it is just paperwork that I need to keep the files up to date. I have found out from the workers comp inspector that they were return to work plans that I agreed to. I never read them or sighted them and I don't have a copy of them.

Back in CCSD I had terrible trouble because my arm still doesn't like to hang at my side– to this day. I walk around carrying it up here.

I was put in the clean area of CCSD which is the prep and pack area where the instruments get labelled correctly so they know what they have got.

My arm was very bad by the time I went to see the doctor on 16 September 2014 and he put me off work. He said the work had put me back seriously. He said you

have to go your GP and get a certificate as well and show him this certificate from me that you are off work. So I did.

I was off work for about a month. I had another go at coming back and exactly the same worsening of the injury happened. My arm got so tight and knotted up. I was trying to go to physio but it seemed to be getting worse. When I went to see the doctor next time he wrote that I should have an independent rehabilitation person appointed to me.

When the RTWC received the letter from the doctor she rang me at home and said I have a rehab person who is going to call you. I hung up and in 2 minutes there was a person on the phone. She introduced herself and she was from Mayo Injury Management and I am the rehab person. I know now that she was employed by my employer. So she wasn't independent.

I had to meet the rehab person at the hospital with the RTWC to sort out what work I could do. The doctor's recommendation was that I go back to Medical Records. I was told there was no work in Medical Records. The rehab person then said she would consult the doctor to see what he says. I don't know if this ever happened.

On my initial return to work at this time I was asked if I could do the appraisals at CCSD. It involved carrying a clipboard and I could do that. I coped okay with that work. The doctor had recommended that I do a gradual return to CCSD - meaning doing 1 hour of appraisals in CCSD and returning to medical records and doing the remaining hours there. It had to be very gradual. This is what happened.

But I was continually asked to help out more in CCSD because there wasn't enough staff. There never is enough staff. So I was continually asked to help with priority sterilisation. I've been doing this work a long time and I can think pretty quick to speed things up and get it going.

The other problem was the girls in the wash up area felt threatened because I was trying to question them about their work. What chemicals did you use etc. Quite a number of them were agitated by my questions and said they couldn't concentrate on their work doing the priorities properly and answering these questions. So it was a bit slow, doing the appraisal work.

I went off again in November 2014. The doctor said I need to be issued with a limited Certificate of Capacity. That was given to the RTWC and she said I had to go to my GP and get a final certificate. I still don't know what that is.

Every time I went to the GP the Rehab person came with me. She would tell the Doctor what to write on the certificates. My GP is Egyptian and is difficult to understand and communicate with. She actually told him what to put on the certificates. I found out later when I went back to work that he had had a very intimidating and harassing phone call from the RTWC about how he managed me.

I started back at work in 2015 and was gradually increasing my hours. The rehab person kept saying in February that I needed to get the final certificate and every time I saw the RTWC she said I need to get the final certificate.

On 12 April 2015 I got the final certificate.

The next morning, I was told by the rehab person I had to be in the CEO's office for a meeting at 12:30pm. No one from management informed me. I might add at any of the meetings before no notes were ever taken. I don't understand why there isn't an independent note taker at these meetings.

At this meeting there was a new CEO. I was very distressed. I couldn't stop crying and couldn't compose myself. I was extremely stressed. They said they don't have any work for me. On the grounds that I couldn't do my pre-injury duties.

I went home. I went to my GP and he wrote out a new WorkCover certificate for stress. Which they have constantly denied the whole time.

I contacted GIO in October asking what I should do as I had been off work since April. I also explained about the first meeting with the CEO and how humiliating it was. I also asked the union (HSU) at this time what I should do.

GIO said I should go to the Human Resources Department at the hospital if I wanted to complain. It seemed ridiculous to go to the HR dept when I'm complaining about the Chief Executive Officer.

I was never offered to take a support person to any of the meetings. What I realise now is that you really need to take a solicitor in there with you. It's so harassing.

They never found suitable duties for me again and I was terminated at the end of February/March 2016.

I had previously sent all my paperwork to a solicitor. I waited and waited to hear back from them. Next thing I get a letter to say the solicitor had resigned. Then I got a new solicitor. Just before Christmas 2015 I got a letter to say she won't be seeing you or handling your case as she has resigned. I am now on my third solicitor. He spoke to me and said I will be contacting you shortly. I didn't hear anything. I would ring up but couldn't get past the receptionist. Eventually (after about 12 months) they contacted me about a permanent impairment claim but I wanted help getting back to work.

I really feel like there was no one in the system for me to help me. Absolutely nobody.

I'm currently not receiving weekly payments. I was initially cut off from April to November 2015, but they ended up back-paying for that period of time. The insurer said I needed to move to a new job with a new employer.

My workers comp payments were always very low because even though I was 32 hours – permanent part time, at the time of my injury I was working reduced hours due to foot surgery, even though I was building up my hours when I did my arm. I was working 8 hours over 4 days when I did my arm. But the insurer based my pay on the reduced hours.

Every time I rang GIO I got a different person or they don't ring you back at all. I don't know the course to take to get these people to do something for you. The last money I received was in February 2016.

I tried to find my own independent rehab provider and nominated the Workers Health Centre. But the minute I told GIO they appointed a vocational assessor to look at how I am going to return to work.

The other thing I did was to see a WorkCover inspector – because WorkCover is meant to help you. I spent about 3 hours with her. She took the trolleys away at the hospital and had them cut up and destroyed. They should never have been used in the CCSD. They should have only been used for light equipment. And a previous repair to the trolley was inadequate. She wrote a report. I haven't got a copy. She continually said to me I have to find a new job with a new employer. I said why do I have to do that. My injury wasn't my fault. It was the hospital's fault. There was plenty of work in Medical Records. There were files in there that were 8-10 months old. They were constantly trying to catch up with their workload.

GIO said I was not compliant. The GIO guy yelled at me down the phone and said you have to do this and you have to go and job search. I am 63 years of age. How do I know how to job search.

So I was cut off for being non-compliant.

I don't want to search for jobs. I want hospital to take me back. It was their equipment I was using that caused my injury. They are a large organisation and the only areas I can't do in CCSD is out the back where you constantly have to count the instruments. They just said there is nothing.

Now I'm cut off I don't get physio for my arm any more. The physio had recommended I should start on a specialised gym program.

In July 2015 they put on a work experience person in the Medical Records department and she has remained employed there. I could be doing that job.

I'm not a fraud. This is what genuinely happened. Do you think I want to be in this position at my age?

All I want is my job. I've lost my super, I don't have any money and who cares. (very upset)

Melissa's story

Melissa injured her back lifting plates while working in the kitchen of a nursing home. She received workers compensation, but no sympathy from her employer. Her boss rushed her back to work before she was ready, told her that her injury was a “joke” and

forced her to do the same sort of tasks that had injured her back. Melissa would like to see laws changed to prevent employers putting further pressure on employees who have already endured the stress of being injured at work

I was working in the kitchens at a nursing home. I injured my back during the dinner rush by lifting plates above my height into an overhead cupboard.

It instantly started hurting. By the time we'd reported the injury and I was able to go home, the pain was quite substantial. However, I felt the whole injury was treated as a joke.

I was told to come to work the next day, and they would assess me. Thankfully, the registered nurse in charge gave me the shift off, and I came in to speak to my boss after I'd seen the doctor. I was put on what were supposed to be "light" duties for a week. But I was made to do the most ridiculous tasks, things that inflamed my back more and made it impossible for me to feel better. Each time I went back to the doctors and informed them I was still in quite a lot of pain, my boss got angrier and more put off about the whole ordeal.

I was treated terribly, my boss even told me to my face this whole thing had to be a joke. My list of "light" duties were the exact same tasks I usually had to do before I was injured. I told my boss flat out I couldn't do them. I was made to do them anyway, my back flared up and I needed to go off work for a little longer. I ended up eventually lying and going back on full duties before I felt ready, which caused great emotional distress, causing me to break out in rashes. Coming to work was very scary.

Eventually my doctor and psychologist diagnosed me with depression and anxiety, after experiencing many panic attacks at work. To be quite honest, I never had a problem with the insurance company, they were polite and understanding and told me to ring them if I had any issues. They provided physiotherapy and assistance throughout the whole process. My employer did the opposite and after a few weeks of not being able to get through a shift without feeling like I was going to die, I resigned. I still experience problems with my back, but for the most part it has healed. My mental health also improved when I left that work environment. I think my employer treated me so badly because she was obviously getting chastised for having an injured employee, causing the whole situation to be very tense and awful.

I think there definitely needs to be changes. For one, the pressure on victims needs to ease. When you have an injury, you already feel awful. The fact that it's happened at work makes it worse. I was treated like I wanted the time off and was heavily pressured into going back to work when I wasn't ready. Workers need time to heal, and they need to be heard when their injury just isn't getting better on "lighter" duties.

I hope this enquiry helps other, so they don't have to go through what I did.

Lillian's story

Simon's wife Lillian injured her shoulder working in the sterilising department of a public hospital. She worked through the pain for 4 years before getting a lawyer and the surgery she needed. The surgery didn't go well so she returned to light clerical duties. These duties only lasted 6 weeks before they were withdrawn, one week after the 2012 changes were made. The following January, Lillian was cut off following a work capacity decision. Finally in August 2015 Lillian won a part-time clerical position in the hospital through a competitive job application process. Financially, the couple are much worse off and their marriage has suffered.

My wife was injured in November 2007. She's about 4 feet 11 tall. When she had her injuries she was about 47 kilos. So she is not a big person.

She works for hospital sterilising department. She would push a trolley from the sterilizing department up to the theatre. There could be a fair bit of weight in the trolley because of the instruments. When in the theatre department she has to move the sterile instruments onto shelves. Because of her height, the shelves were hard to reach. Management had given her a foot step.

She was injured falling off the foot step. She fell over onto her right hand side. She went to the emergency department and she had 3 days off work. Then she went back to work. She might have been on minimal restrictions for a couple of weeks but for about 4 years she'd come home on Fridays with her body aching and because her shoulder injury was going up her neck she'd get headaches. When the hospital moved into the new hospital in January 2008 her whole job changed to become much more repetitive than she was doing previously. She was still in the sterilizing department but there was no stock control, she was just washing scopes all day. It was very repetitive.

Lillian was going to her local doctor, she's coming home with headaches, she's in pain and the local GP is saying to just take pain killers. So we decided to get a lawyer in January 2011. They fronted the insurance company and they offered her surgery. She had the surgery in September 2011 after which she was off work for about 5 months. The surgery didn't fix her injury. She went back to work on restrictive duties but she wasn't copying so the risk management department moved her to the post office to do clerical work. She was there for about 6 weeks then after Barry O'Farrell changed the workers comp legislation, just one week later in July 2012, they took her out and said there is were no more suitable duties.

For the next 4 years we were fighting for her to be returned. We had the help of the union (HSU).

During the 4 years Lillian had a new case manager with the insurer all the time. One time they wanted to meet and she was allowed to take a support person so I went.

We met at the hospital and all they wanted to talk about was medical retirement. It was not what she was after. She's only 50.

The workers comp commission got involved. We had teleconferences with them and with the risk management department and they kept saying we offered her a job but they were lying; they never offered jobs. They would tell her jobs to apply for but she started her job back in 97 and she wasn't trained on how to handle interviews.

The insurer agreed she could go to training at TAFE doing business administration or something. It was an 8 week course and the insurance company said they were not going to pay for any more courses. So she ended up putting herself through the other courses herself.

We've even seen our local member and told him the story and wrote to the head of the local health service.

In January 2013 the insurance company cut Lillian off after a work capacity decision. Originally she was on 80% of her income but they had dropped it down to 43% of her income by the time she was cut off. So throughout 2013-2014 she was using her long service leave, holidays, taking half pay just to get it through. Everything ran out in December 2014.

In August 2015 they finally put her into a job, but she had to apply for it. They didn't put her in the job because she was an injured worker and had priority. It was only a 20 hours a week clerical job and she had been working full time. She had to do a 3 month trial and then they extended that for another 3 months and they are making excuses for about 6 months. Eventually they made her permanent when the boss in the department demanded why she couldn't have the job.

During that time we were so stressed. We have been married for over 30 years. It was Easter last year she left and she was gone for about 7 weeks. She had done enough fighting with what was going on at work and we were fighting all the time about everything that was going on. We're back together now but our marriage is different from what it was. It will probably never go back to what it was. We argue now about little things much worse.

She was earning about \$30 an hour full time and now it's just \$24 an hour for 20 hours a week. She still has restrictions and she still gets pain in her shoulder. She wouldn't be able to work full time again but 32 hours would be the right amount.

We're out of pocket about \$2,000 for specialist appointments we thought we would be reimbursed for

She has a 12% whole person total impairment.

It's hard to believe that for such a large employer there were no suitable duties. They have about 7,000 people, but there were no suitable duties for Lillian.

Lachlan's story

Lachlan was working for a private Christian school when he badly injured his back in 2007. While delivering a trolley of equipment, he slipped and fell on a steep slope that did not have adequate railing or lighting. Over the past nine years, he has experienced considerable pain and undergone numerous forms of ineffective but expensive medical procedures. Although he received workers compensation weekly payments, he says the accident has cost him \$300,000 in expenses and lost income. What hurt most though was the disrespect shown by his employer, who informed Lachlan that their only concern was the financial interests of the school. He expected far better from a Christian group, considering “all the bleating about love and the school being one big family”.

My story began on an evening in February 2007. I was working for a private Christian School and had an accident involving my back.

I was taking a trolley of equipment from the B block to H block staff room when the incident occurred. The school was built around very steep embankments, and moving around was made more difficult by a storm earlier in the day. While going down the steep tarmac path, I slipped in the rain and came crashing down on the handle of the trolley. I lay there in agony until I could gather myself to call the caretaker.

This was the beginning of the “fun and games”. The doctor put me on WorkCover for a while – as any injured worker knows, WorkCover is another name for being a lazy bludger who wants a free ride.

I received various interventions and had to take a number of stints off work as my back deteriorated. It is now 2016 and my injury is even worse – I still take pain medication. I am never free of pain except when medication dulls it.

Various interventions were tried but not one of them was of any use at all; every intervention was a complete waste of time and money and provided no relief or healing whatsoever. I felt I had become an industry to provide an ongoing income stream for professionals.

The only treatments that proved useful were therapeutic massages. They would enable me to walk when my legs were in pain. This wasn't provided through WorkCover, though.

I think taking drugs for back pain doesn't work, it only enriches drug companies.

The insurance company found a doctor who declared that there was nothing wrong with me. He said that I had mental issues and needed to receive psychiatric assistance. His view was that I was “histrionic and overweight”. Actually, I am six

foot, weigh 90 kilos and look quite fit. I did sport and regularly went to the work gym prior to my injury.

I feel a doctor can write anything in a report based on his or her bias toward the injured. The insurer never gets to see you anyway. This insurer's doctor's report differed significantly from the report of at least ten other specialists who stated that my injuries were consistent with my accident.

The insurance company cut off my miserable allowance. This was challenged, and the tribunal appointed a Canberra specialist who accepted that I had had a genuine injury and thereafter WorkCover reinstated my payments.

I participated in a work trial and secured a part-time position. I enjoyed what I was doing but unfortunately I was in pain continually and would be in tears of agony most evenings, especially the days I worked. Quality of life was pretty dismal.

On turning 65 I was able to retire with WorkCover paying me a small wage for the next 12 months and a further two years of back injury-related costs.

This all seems rather jolly but in truth it has cost me about \$300,000 in all from lost wages, expenses and superannuation. During the period when the insurer had cut off my funds, I had to withdraw my super to pay out my mortgage and set myself debt free.

The area in which the injury occurred had no lighting or adequate hand railing which has since been rectified.

The management of the school were harsh and merciless in their treatment of me. The then school manager said to me: "I am not concerned about you at all, I am only interested in what is the best financially for the school!". I shall never forget that statement for as long as I live. This was a private Christian School and I would have expected far better considering all the bleating about love and us being one big family.

Carla's story

Carla was injured in 2012 while trying to assist a passenger in her role as bus driver for a large council. She received bad medical advice, which means her knee has never properly recovered. She also has secondary injuries to her shoulders, other knee and mental health. Carla returned to her old hours, but as a productive member of the office team. Despite this, she was terminated. Her attempts to retrain were frustrated by her insurer and now, carrying weight, waiting for more surgery and using a walker she feels her life is in limbo.

I was injured in January 2012. I ruptured the ACL in my knee and I have damaged the meniscus and some other part of my knee. It's pretty stuffed.

I was working for a local council. I was a community bus driver at that time and I was getting into the emergency exit at the back of the bus because there was a cumbersome lady who used a mobility scooter and she was in the way in the aisle of the bus so I went through the exit to get her out and I heard a snap crackle pop in my knee.

It hasn't healed at all and I've got a lot of secondary injuries caused by it as well.

I have never returned to work as a bus driver. I was also told by the return to work officer that they wouldn't employ me in the same position in case I re-injured myself.

On the day of the injury I kept working. I just didn't realise what I'd done to my knee. I was rostered to do an outing drive on the bus so I did that. I iced my knee. I continued my shift and finished the shift but I didn't complete the whole bus paperwork at the end and the cleaning. I got one of the guys to do that and went to the doctors.

I didn't have a regular GP as I was rarely sick so I went to the medical centre where I had my pre-employment medical. It was close by and I saw a doctor there. I had to have an x-ray and ultrasound and then probably a week or so later I had an MRI, which showed up the damage.

The only surgery I had is an arthroscopy because the doctor I saw said because of my age and because I didn't play sports that I didn't need to have a knee reconstruction. I think that was a mistake because I can't bend or straighten my knee fully. If I was to have the ACL reconstruction now recovering from that surgery would be really hard because I can't straighten my knee.

The employer left me alone pretty much as soon as I put in a workers comp claim.

I went back to work in May 2012. I didn't have a return to work assessment done until 8 months after returning to work. I wasn't aware of all the protocol at the time. I just went back to work to do the right thing, be compliant.

They placed me doing office work for 5 hours 3 days a week.

I wasn't aware that I could choose my own rehab coordinator. The one I had was hopeless. She said no slopes, no stairs. They ended up putting me in a couple of different places that were flat with no stairs or anything. But then they put me in the head office at the council which had a huge 30 metre slope I would have to go down each afternoon. Goodness only knows why they didn't keep me at one of the other places but I just tried to get on with it.

I increased my hours to 5 hours 4 days a week from April 2013. They wanted me to get up to 22.04 hours, which was my average pre-injury hours. So soon after then I got back to 22.04 hours. They had to be non-consecutive days so I could have a break in between for hydro and that kind of thing that I was doing.

I never returned to the workplace in November 2013. I was handed a letter from HR saying I could not return to work until I've been seen by a doctor that the insurance company wanted me to see. I wrote to the insurer and asked what would be the impact but I never got a reply. The insurer's doctor agreed with my doctor. That I had a torn ACL.

I was terminated in January 2014. They didn't call me in. They just sent me a letter. It said I was terminated because I could not return to my pre injury duties and they didn't have any work for me. That was a lot of garbage because we were moving premises and they had a whole of lot of archives to be scanned and filed and that's what I was doing. I was scanning old documents that went back decades. They had boxes and boxes of it. They just wanted to get rid of me.

I even got a letter of commendation about the standard of the work that I was doing. I did find that the staff were resentful of me being there. There was some harassment. They excluded me.

When I was terminated my case manager made it very personal. I had previously alleged discrimination at work and the same insurer was involved. The case manager told me they were aware of my previous complaint and they tried to marry the two together. She said "We've got access to all the files. You're flagged".

I had a vocational assessment done by my rehab provider who said because I've done a lot of office work previously she said let's go back down that track. I have no formal training in office work so her recommendation was to go to TAFE to do a cert 3 in business admin.

But the case manager by hook or crook said there is no way I was going to be upskilled. Those were her words. I appealed to the Review Team at WorkCover and I was successful. The case manager still didn't want to make it happen. She made me go to my rehab office and do job searching, which was ridiculous because I had no skills so in the end I was finally allowed to go to TAFE.

I made my own enquiries with TAFE regarding disability assistance because I need an abnormal chair and a mat so the chair won't run away from me. I'm very proactive. I didn't attend TAFE full-time. I attended 3 hours a day for 2-3 days a week. I haven't completed that course. It's half done because I had surgery in August 2015.

The surgery was a shoulder reconstruction on my right shoulder, which was caused by needing the crutches for my knee. I had to go to the Workers Compensation Commission to get that approved. You know the story.

Because of my movement restriction I haven't been back to TAFE. I am now waiting on approval for the left shoulder which should have been approved by last Friday. I've been onto WorkCover this morning to move that along.

I ask the insurer to contact me strictly by email or a letter. That's on my psychologist's advice. My new case manager keeps calling saying she would still like to speak to me. She doesn't get it. I need the psychologist because of the insurance process. I was seeing her for a little while but she said you need to get some

antidepressants so now I have a psychiatrist. I don't know if WorkCover is covering the cost.

I thought seeing a psychologist was weak and I fought it until I could fight it no more. I'm a pretty strong person but obviously I've got limits. I was seeing the psychologist under Medicare and she said it has got to go to workers comp. So she is dealing with the insurance people for me .

I am still receiving weekly payments and I haven't had a work capacity decision but it will be 5 years next January and I'm worried I will be cut off. If I have the surgery I need on my left shoulder that might give me a little longer.

I haven't had a Whole Person Impairment test yet. My injury isn't stable enough. I've got problems in my left hip and elbow and my left knee. So my secondary injuries are now escalating and they are impeding my progress. My mental health wavers depending on the day.

In terms of future work, office work will only work if I can sit and stand when I need to. I'm also very interested in doing a counselling course. I'll have to pay for that with HECs. I doubt workers comp will cover it. My psychologist is very keen to hire me so I think this is the best way to go.

My recovery has been slow from the latest surgery. I still get a lot of pain. I went to hydro this morning but I limit myself. I don't drive for pleasure anymore. I've got a distance limitation on how far I can drive just with the pain and everything.

I believe if I had a knee reconstruction originally, I wouldn't be like I am today. I've gained weight, which means the benefit from any future surgery will be compromised. I use a granny walker now.

The insurer's doctors are there for them. They are biased. I saw one and he told me I had a disabled mindset because when I went to the pain management course I asked for a taxi from the train station to the clinic because walking with the crutches was hurting so much.

The rehab provider I had retired and I am yet to find one who 'gels' with my expectations. My retired rehab provider was helpful and assisted with relevant and appropriate information.

I have learned to advocate for myself. I have written complaints re IME's to WorkCover and WIRO and the Minister for Finance re WIRO & WorkCover.

I am frustrated with the lack of empathy, support and understanding from legal reps. I am in limbo.

Sarah's story

Sarah injured her back driving a bus. She returned to work, but never to the same amount of hours. She feels her employer could have easily placed her in a bus that suited her physical needs but they didn't. Instead, they treated her like a criminal, then terminated her. She was never offered retraining in the work she was interested in and is still being monitored by the insurance company. Sarah is now on a carer's pension, having been removed from the workers comp system.

In August 2007 I sustained an injury to my lower spine working a 12 hour rail shift driving a bus (all stops) and only allocated a 20 minute crib meal break. I was allocated a bus where I couldn't adjust the seat to suit my leg length thus causing me to become tired and fatigued. I continued on with the shift but was in significant pain by the end of the day. When I woke the next day I could hardly move and was in a lot of pain. I went to see my local GP and was given time off work. I had a CT scan (prolapsed discs at several levels and an annular tear) and was referred to a physiotherapist and assessment for a 3 month gym program which I completed and then returned to work. I was on reduced hours.

I gradually returned to driving route service buses, but was not able to tolerate the constant pressure the driving was placing on my spine. I had another CT scan in 2009 and reduced my hours again. My permanently reduced hours were 13.5 per week. My pre-injury hours were 22.5 per week.

In May 2011 I had to cease driving buses again due to an aggravation of the first injury. I was put on a route service shift that had 238 turns - tight round-a-bouts, and many speed humps. I persevered with the shift for months but got to the stage where I knew I would have to stop and take time off to recover. I went to see a Doctor and he requested for me to have a CT scan (revealing prolapsed disks and annular tear) and to see a physiotherapist. I also purchased a small tens machine (funded by QBE) to help with the treatment and pain at home. And was given more time off and put on a return to work plan by a rehabilitation company chosen by QBE. I returned to work on reduced driving hours, and I was also given menial office work to do.

I was not able to get back to pre-injury hours of 22.5 and was terminated from the company in December 2012.

The rehabilitation company/insurer did assist with my return to work, but it was on their terms. I had to do what I was told - what they thought I was suited to. I was treated like a criminal, as if I had no idea of my own capabilities or limitations, and was made to feel like a burden, a malingerer, a total waste of their time, and a nuisance. The only thing that was missing was the shackles and chains. I had to also undertake an employment assessment and a work capacity assessment where I was treated like a hard core criminal and had zero rights. After complaining to QBE about the treatment I was receiving to no avail, I complained to WorkCover NSW and they allowed me to choose my own rehab provider.

I chose the rehab provider I had back in 2007, when I was first injured - at least they were civil. I was then put through another work capacity assessment and a questionnaire to see what type of work I was suited to. It was determined that I was suited to 1. Technological 2. Entertainment; 3, organizing jobs. So it was deemed the security industry would be the number 1 job for me, as I could work as a gatekeeper or in a control room. I was not able to do the course so I was deemed to be non-compliant, and I was sent to an Independent Medical Specialist and accused of not wanting to work.

My entire life was being controlled by the insurer. I was put under constant surveillance. I was followed everywhere and videoed at shopping centres etc., and at the swimming pool - where I did laps to increase my core strength to achieve the best recovery possible in order to get suitable and sustainable work in the future.

The surveillance was very deliberate. They would follow me to the shopping centre. I don't go shopping just for fun. I only go for food or whatever I need. But every time I go they have their mobile phone up videoing me walking to the shopping centre. One time they even came onto my property. I went out and told him to go to hell. I've been followed to the hairdressers. My neighbours reckon they've been asked a lot of questions. Even now I'm not receiving weekly payments the surveillance is still happening. It's been the same guy since 2012. I recognise him.

The insurer suggested I go on a carer's pension, which infuriated me at the time, but it's where I am now, and where I will stay until my caring role ceases.

My insurer provided a rehab person to assist with a return to work plan. I was not consulted during this plan. I just received a copy of it, and had to comply. This rehab provider also attended most of my GP appointments. I was given charter work and some menial office duties. But was not able to return to pre-injury duties and was terminated. I was not paid any of my entitlements e.g. Long service, etc. I made a formal complaint to the Workers Compensation Commission and eventually received my entitlements.

My employer terminated me in the end. They weren't a small company with over 150 buses and about 50 employees. I constantly felt I was being timed, even when I knew I had not fully recovered, I had to get back to work or be seen as a malingerer and looked down upon. My employer said I was "just suffering from arthritis" and our relationship changed from being one of trust to one of mistrust. I believe I was also being monitored by the employer and so the relationship became strained.

I did not access any retraining. But I completed a 6 week trial with another bus company - arranged by the rehab provider, but the best the company could offer me in Charter work was not reliable - 9 hours, 9 week over 3 days, and a 40 minute drive from my home. The rehab provider also arranged an appointment for me to see an employment consultant but at the 12th hour QBE refused to pay for it, so the appointment was cancelled. I used to meet up with the rehab worker at the local library to look for jobs online. What would have been better is training to work in a different industry, but the security industry was the only training QBE was prepared to pay for and that is not a field of employment that I would really choose to get into - given I had previously worked for a short time in that field and found it was not really suitable for me. But as I was not able to do the course, due to an inability to

complete hand written tasks, I was deemed to be non-compliant and threatened with suspension of benefits. I was being treated like Australia's most wanted terrorist and constantly under surveillance. I decided take QBE's advice and go on a carer's pension.

Employers must accept responsibility for work related injuries. Insurers must accept responsibility for work related injury claims, yet both assume on injured worker is exaggerating, malingering, suffering from some sort of natural age degeneration disease, or just too weak to get on with it. And they will do everything in their power to deny a claim, and discredit the injured worker. This is counterproductive and a senseless waste of time for all stakeholders. Injured workers must be given proper time to recover - not a set time. And deliberate intimidation using surveillance must be seen as it is – criminal.

It is in the nation's best interest to get injured workers back to work, yet governments use the same tactics as employers and insurers use to deny injured workers this right. It's a divide and conquer mentality. Inquiries are of no use if real changes, like the ones I have suggested above are not accepted and implemented.

I did not choose to sustain a permanent injury from my workplace, but I did. Bus driving was the job I loved- my trade, a job I intended to do until retirement. That was stripped from me.

As far as bus driving is concerned, I no longer have associated pain because I can no longer do the job. The company's failure to fix the seats so all drivers could be seated correctly and comfortably was denied to me, hence I have a permanent injury now, and have intermittent pain. Standing and sitting for prolonged periods still causes pain and weakness and I am unsure as to what type of work I will do in the future. And that's a real concern.

My whole person impairment has been assessed at 7%.

Carmen's story

Carmen has 19 years experience as a social welfare worker but reached breaking point working in an understaffed domestic violence unit attached to a local court. Her employer, Department of Family and Community Services (FACS), has done nothing to place her in non-frontline positions. Carmen is desperate to put her qualifications and experience back to work and feels she could gradually increase her hours if only given the chance. She is now facing being cut off from the scheme and is being told to go and become a real estate agent.

I went off in 2011 and I took sick leave and long service leave for about 6 months. Then I went back in March 2012 for a couple of days but I couldn't do it. So my official workers comp claim started in March 2012.

I work at FACS as a senior child protection case worker. I have a substantive position in in FACS but an opportunity came up to work in another area so I took it because I have a real commitment to working in the domestic violence field. Then two of the other case workers quit so I was the only one left. I asked to return to my original position but I was told I had to wait. The stories I was hearing. I was going out and doing family interviews and I was doing it all on my own. Going to court. Constantly hearing what the victims had gone through. It just got way too much.

My certificate for the last two years at least says I'm allowed to work 16 hours however they have refused to take me back.

In 2014 a new rehab provider came on board and she contacted me to have a meeting. She asked what can you do? I said I can't do frontline. That was all I couldn't do. I suggested I could do non-frontline policy or project work. She said we would have another meeting in 4-6 weeks. She spoke terribly to me. The meeting never happened.

Eventually I was given access to the FACS intranet so I could job search. But other than that there was deathly silence. I kept job searching on the intranet but the issue was the 16 hours I could work. There were jobs I was interested in but I couldn't get a reference one time or others told me not to bother applying.

About a year and a half ago I rang the director and made a complaint. I said I don't understand what's going on to get me back to work and she said that she'll talk to the manager and she said nothing is available, we've done everything that we can possibly do.

I need 16 hours 2 days a week until gradually I'll be able to build up the hours.

There's so many jobs, thousands that are not frontline at FACS. But they wouldn't even consider me for anything and just kept saying no to 16 hours. Surely when someone returns from mat leave there could be an opportunity for me, at the very least.

I've been to the Workers Comp Commission. My Whole Body Impairment is 17%. I was awarded \$20,000 for permanent incapacity.

I am still technically employed by FACS. I am receiving weekly payments (which are about half my old wage) and they are still covering medicals. I was sent the Work Capacity Decision paperwork last Friday so I will be cut off soon.

I have been completely isolated from my colleagues. My manager is no longer allowed to talk to me. We were friends. He and his wife would visit me at home and provided great emotional support.

I asked my case manager to return me to my substantive position with no court work. This was refused.

I worked for TAFE for a few months. I didn't tell them about my injury.

I have qualifications in social welfare. The insurer says I could be a real estate agent or a travel agent. I don't want to do that. I've been working in this field for 19 years. I used to manage a refuge. I'm 41 and I've got another 20 years of working life in front of me. I want to do work that will make a difference and use my expertise. I don't want to walk away from my profession and I shouldn't be expected to.

Lauren's story (as told by her colleague Percy)

Percy and Lauren worked together as disability support workers in a respite day centre. In 2010 Lauren injured her left shoulder lifting a wheel chair. This injury was accepted as a workers compensation claim and Lauren received surgery. After surgery she was pressured to return to work before she was fully recovered. In 2015 Lauren injured her right shoulder while pulling shut a heavy bus door. It took 8 weeks for the claim to be accepted, after which Lauren received physio. After 6 months Lauren received surgery. Again, Lauren was pressured to return to work before she felt ready. Lauren returned to work on light duties. Due to understaffing Lauren felt pressured to perform her pre-injury duties, against recommendations from her doctor.

In 2010 Lauren injured her left shoulder while lifting a wheel chair to put into the boot of her car. It was quite a heavy wheel chair. Management had told staff it was a 'one person lift' wheel chair. In the process of lifting she managed to tear something in her left shoulder.

After the injury she went to management and told them what had happened and then she went onto workers compensation. Shortly after the injury she received surgery on her shoulder. This was probably in November 2010. There wasn't a delay between the injury and the surgery; it would have been a matter of weeks.

After the injury, management reclassified the chair as a 'two person lift' wheel chair.

After the surgery she took 8 weeks off work, to recover. She returned to work in about February 2011 on light duties. In her opinion she wasn't ready to go back to work because she was having a lot of trouble with pain. She was also struggling to look after her personal care and could not go to the bathroom without assistance. She was not receiving any assistance with her personal care through her workers compensation claim.

She felt pressured to return to work early. The employer has a return-to-work coordinator who is an occupational therapist (OT). The OT thought it was best for her to return to work as soon as possible. The OT attended her doctor's appointments and would push very hard for the doctor to sign off on returning to work. She felt there was a lot of pressure coming from the insurance agency.

Our job is demanding, in any given day we may have 16-18 clients. Most of our clients access the community in wheelchairs. We also have autistic males who can be violent. It's not as if it's an unsafe working environment, but when workers are returning to work on light duties, they need to be supported.

While Lauren was working light duties, I was replacing her pre-injury position. However, there was a disconnect between what she could do and the duties they were giving her. They just kept her in the office doing clerical work. She wasn't going onto the floor at all, even though she was capable of performing some work on the floor. This lasted for 3 months and then she returned to the floor with full duties.

In February 2015 she injured her right shoulder when pulling closed a heavy bus door. After the injury she reported the accident in the workplace book. She needed to go to the doctor immediately after the injury and went to the employer recommended doctor. She did not like going to that particular doctor as she felt it was a bit like a factory, where all injuries were treated the same. This doctor did not make a workers compensation claim.

She wasn't happy with the diagnosis of the company recommended doctor, so she went to see her own doctor. Her doctor put in a claim for workers compensation. The claim took a long time to be approved; I think it was a couple of months.

While she was waiting for her claim to be approved, she attended work as usual. She did not receive any financial or medical assistance through the workplace compensation system, nor was she working with light duties. She focussed on managing her pain.

After 8 weeks her workers compensation claim was approved, and she was sent to physio. After 6 months of physio the pain didn't get any better, she felt like it was making it worse. It wasn't until the physio didn't work that she saw a surgeon. It was the surgeon recommended by the insurance agency.

The surgeon sent her for an MRI which picked up that there was a tear in the shoulder and she needed surgery. During the surgery the surgeon found there was more damage than initially diagnosed and the entire rotator cuff needed to be repaired. As a result, the surgeon performed a full reconstruction.

After the surgery she took 6 weeks off work to recover. She returned to work 6 weeks after the surgery. Work had placed a lot of pressure on both her and her doctor to return. The employer, OT and the insurance company argued that an earlier return to work would be better for her recovery. Work provided a taxi for her to get to work, as she was unable to drive when she returned. She didn't feel that she was ready to return to work and was still on heavy pain killers at the time. She was in a lot of pain while at work and was unable to go to the bathroom without assistance.

When she returned to work she was on light duties and was not allowed to push, pull, lift or deal with clients with 'behaviours of concern'. While she was on light duties the employer did not backfill her role to cover her pre-injury duties. Additionally 3 staff were on annual leave at the same time. I was working and we were effectively four staff down. Management had only provided 2 additional staff. She's not the type of person who would sit back and watch people run off their feet. So she felt pressured to perform duties outside of her light duties. She felt she had no choice.

It was a supportive workplace and colleagues use to assist her when she was unable to perform certain tasks because of her light duties. However, after a while staff got fed up with having to carry the additional load and it caused tension in the workplace.

Recently she has been moved within the organisation. She now works in 'independent living'. In this role she goes into client's homes and assists them with cleaning, cooking and daily tasks like banking. There was no consultation about this role change. She received a call from the employer and given a directive that she would be moved. She was very upset about it and ended up taking a week off work. The new role is the same hours; however it is not as active. She feels she has gone backwards in her career.

She believes she was moved as a result of the injury. It doesn't seem to make a lot of sense to me, she had been improving and her work restrictions had decreased dramatically. Management just think they can move people on with no warning or consultation.

Her experience of workers compensation and return to work was horrible. You're pushed back into work and you're just not ready to go back to work. You know your body better than a doctor or an OT and they need to listen to the worker.

Min's story

Min was working in a furniture factory when she badly injured her back. She had since struggled with the workers compensation system due to her poor English and the negative attitude of her employer. When she re-injured her back in 2013, her employer sacked her. She has had to fight for compensation at the Workers Compensation System, but struggles to understand their decisions and her entitlements. She has had to use her own resources to translate documents. She is currently relying on Centrelink benefits and struggling financially. She feels isolated and poorly treated by the system.

In 2007, I was working at a furniture factory. I tried to take a bundle of material and put it near the sewing machine when I hurt my back badly. My boss called an

ambulance and I spent six hours in hospital, where they x-rayed my back and told me to see a physiotherapist after I was discharged.

I made a workers compensation claim and I took ten days off. Then I came back to work on light duties for about two months. I'm a single mum with two kids and I really wanted to keep my job. Although my back was still causing me a lot of pain, I went back to full duties within two months. I did my normal job, but needed to take a lot of painkillers.

In 2013, I injured my back again. I just couldn't walk. A supervisor asked me what was wrong and told me to go home to see the physiotherapist. He said the factory would pay for it.

Initially, the factory paid for my physiotherapist and for the medicine I needed. But three months later I hurt my back again. My employer asked me to move to a different job on the same pay, it made me worry about my job security. So I went to see the GP and a specialist for tests and I made a workers compensation claim. I submitted the paperwork to my employer, but my case was closed.

My boss said he would put me on light duties again. But the supposed light duties were very similar to what I was doing before. I got very stressed and anxious from the way the boss treated me. My shoulder and neck got injured while I was on these supposedly light duties and I began developing mental health problems as a result of mistreatment by my boss.

I needed the paperwork from the specialist translated into my language, so I rang the organisation Asian Women at Work. They attended meetings with my employer. My boss gave me two options – go back to my GP and get a certificate that says you can do your old job or go and work somewhere else. He then sacked me.

My workers compensation case stayed open from mid-2014 to early April 2016 but I believe I wasn't receiving workers compensation benefits. I only received Centrelink sickness benefits. I fought my case at the Workers Compensation Commission and won. I was back paid my workers compensation payments. However, I'm now still on Centrelink benefits and unsure about what else I should be paid. Nobody has covered my medical costs either.

My solicitor is currently reviewing my case and I'm hoping that they will advise me on what I should do. My Centrelink allowance is \$540 per fortnight. I don't really understand what happened when we went to the Workers Compensation Commission in April 2016. I rely on my solicitor, who is Vietnamese speaking, because I only understand a little English.

In terms of filling out the forms for my claim I would always ask someone who knew English or my children to fill in the forms for me. I never received any letters that were translated into my native tongue. They were always in English and therefore I have the secretary at my solicitor's office translate them for me.

WorkCover asked me what language I spoke and I ticked Vietnamese on their form. But they still wrote to me in English only. When I phoned WorkCover, they arranged a translator over the phone.

I haven't worked since I left my job in the factory. I think it would be hard to find a job that I can do because of my injuries and because of my mental health problems. I really want to work and I'm still looking, because Centrelink payments are not enough money for me to support my family.

I haven't had a vocational assessment or any offer of retraining. I did talk to some rehabilitation people after April but I haven't heard from them since.

I'm paying for my own doctors and medical treatment and the pain is still present. I've been getting cortisone injections in the shoulder and they're expensive. I don't think I've had a work capacity decision but I don't know.

I feel I've never been treated properly by the worker's compensation system. I feel very alone and isolated at home

Rebecca's story

Rebecca injured her left shoulder due to overuse when working for NSW Health in 2004. She required surgery, and has since experienced ongoing pain. During this time, she has faced an unsupportive employer and a real fight to hold onto her job

I had an overuse injury to my left shoulder in 2004. Despite intense therapy and surgery, I still have ongoing pain and very restricted movement.

I originally returned to work on restricted duties about six months after the injury. However, after six months of completing these duties without any issues being raised, I was laid off with almost no prior warning by my employer.

After six months of fighting, including letters to my local member and the Minister for Health, my case was reviewed and I was again commenced on restricted hours. This eventually became full duties with modifications. I have successfully managed this role for over ten years.

The insurer and rehabilitation supplier were both quite supportive throughout this period, although I had to do most of the fighting to regain my job. They supported me to update a TAFE certificate while I was looking for alternative work. However, they would not support me to do a Masters' degree, which I feel I need to find another permanent position.

I think that there should be more strategies to ensure that employers take as many steps as possible to assist injured workers. Government departments, such as NSW Health, should be an example to other employers. However, they seem to be the worst offenders.

Barry's story

Barry suffered Post Traumatic Stress Disorder (PTSD) as a result of research for his employer that involved looking at photos of violent deaths. He received no support from his managers, whom he accuses of bullying him. He believes his insurers behaved unethically, colluding with doctors and disclosing confidential information to his employer. He would like to see stronger regulation to prevent such behaviour.

Officially I was injured in February 2013, however I was repeatedly injured since 2006 with bullying and harassment by my managers and a colleague.

My main health problem began in 2011 when I began suffering Post Traumatic Stress Disorder (PTSD) from research I was doing that involved photographs of violent deaths.

I have not been able to afford treatment for PTSD. I still suffer from it, and I am probably depressed because my career has stopped and it is hard to find employment using my training.

I was not able to return to work. I had no assistance from my rehabilitation provider or insurer to do so. In fact, the rehabilitation providers denied that they were my case workers even though I had letters to say they were. I received no help even after medical reports suggested I had capacity for work but in a different environment.

Not only did I have no assistance from my employer to return to work, they made it harder for me. They made it clear they did not want me to work for them, and didn't offer any retraining.

I have been subjected to both psychological and psychiatric interviews where I believe medical practitioners were paid by the insurer to write subjective, inaccurate and damaging reports. One in particular doctor based his report on fabrication. A court transcript I found shows he has been accused of this by others in the past and he continues to be employed to do independent medical examinations.

A recent review (June 2016) of the NSW Health Care Complaints Commission reported that 241 complaints were made regarding accuracy of reports/certificates by medical practitioners on behalf of insurance companies over the past two years. However, the review failed to ask the pertinent question of how many referrals of this nature were made to the Director of Public Prosecutions. There is no evidence in the review that any were referred at all.

I was also unhappy at the length of time the investigation took. It went on from February 2013 to July 2016, with no income or compensation paid until July 2016.

I also believe the investigation was unethical. My supervisor threatened me that when I came back to work, saying she was going to reprimand me for something she found out from the interview with the private investigator arranged by the insurer.

I would like to see the following additions made to the Workers Compensation Act:

- 1) Prohibition of linking the events of attending a disciplinary meeting and going on leave after to be a reason to deny liability.
- 2) Abolish medical practitioner membership for workers compensation and ban medical practitioners from being paid by insurance companies.
- 3) Mandate objective assessments of psychological and psychiatric health with specific instruments (questionnaires) which must be included as evidence.
- 4) Mandate audio recording at all medico-legal assessments. This will help to ensure fraudulent medical practitioners match their reports to what is said in the interviews.
- 5) Tighten up timelines for insurers to act and have a regulator or another body enforce financial punitive measures to prevent delays.
- 6) Enforce punitive measures for insurers, lawyers and employers when they fail to respond and then make up administration excuses.
- 7) Enforce punitive measures when insurers disclose information to claimant's employers after saying they will not.
- 8) Preferably remove insurers from handling investigative processes and give the role to an independent body.
- 9) Prevent Insurers from arranging surveillance of claimants who have psychological based claims especially those with PTSD.

Lynn's story

Lynn was working as an assistant in nursing when she injured her shoulder lifting a patient. She was one clinical placement away from her nursing qualification. Her insurer has accepted liability but has declined the surgery her specialist says she needs. She is now on the Medicare waiting list and zonked out on serious painkillers. The pain of her injury and financial worries has left her suicidal and hospitalised. She receives weekly payments but relies on a rent subsidy, Centrelink hardship payments and food parcels.

I was injured in March 2016. I have a tear in the tendon in my shoulder and now I have frozen shoulder and I have also developed severe depression.

I'm an assistant in nursing and I was putting a patient to bed. The patient started falling out of the bed and I grabbed her to stop her from falling onto the floor and put her back up towards the top of the bed. As I was doing this, I tore my shoulder.

The nursing home I work for is run by a large NGO.

My injury has not changed much since I did it. It's been a nightmare from day one.

They put me straight on workers comp with 3 months physio and a cortisone injection. Then my doctor said you're not getting better so we're going to send you to an orthopaedic specialist. I went to him and he said you need surgery and it's been a fight with the insurance company ever since. They have declined the surgery, wanting to take a more conservative approach.

Every couple of weeks head office try to get me in there to develop a return to work but I am in so much pain. I am on morphine and Endone during the day. It is dangerous to put me on the floor dealing with patients while I am off my face on Endone and morphine. It's also dangerous for me because I'm not steady on my feet of course.

I am now receiving \$275 dollars a fortnight and before the injury it was roughly about \$700 a fortnight. I work 17.5 hours a fortnight.

I've been to TAFE for the last two years studying my diploma of nursing and I was working reduced shifts to get me through. I injured my shoulder two days before I was due on my last clinical placement so everything is up in the air now.

I wasn't aware I could dispute the calculation of my weekly payment with WIRO. I'm in the Nurses Union. The union has been good. They have been supporting me. They are fighting the decision to decline the surgery.

I'm supplementing the weekly payments with welfare at the moment. I need a food parcel from the community some nights. I've ended up at the food kitchen in Penrith. I was paying \$422 per fortnight in rent but I've got Government assistance that has reduced that to \$270 per fortnight. I've also been receiving a Centrelink hardship allowance of \$311 per fortnight for the last 4 weeks. I may get back pay if possible. I've cleaned out my bank account to cover my costs. I have no savings left. Some weeks I only had 12 cents in the bank.

I always planned to come back to work after the surgery but work asked me to return to work and recover at work or the payments would stop. So I agreed. I asked work to send a taxi for me because of the morphine but they wouldn't. When I turned up my deputy director took one look at me and said you are a mess, you can't work on the floor. My boss took me to the doctor and got me a new certificate with more time off. That fortnight I didn't get workers comp payments just one hour of sick leave paid to me. It's so very confusing.

Even though the insurance company has refused the operation no one has taken it upon themselves - not work or the insurance company - to do any kind of recovery treatment program for my shoulder. Their idea of a recovery program is to get me back to work and sit there talk to the residents and cut their nails and do filing but I

haven't been able to because of the painkillers. I am building up a resistance and I'm a bit better in the morning but night-time is impossible. I'm not sleeping as I'm getting pain. So I'm sleepy during the day.

The insurance company stopped the physiotherapy because it wasn't working. I asked them about hydrotherapy, or massage. Do something. Get me into the pain clinic so I can get some control. They said it is up to your treating doctor. But my treating doctor said I need surgery and I agree with my doctor.

Something has to be done to stop these insurance companies. They won't give you 100% of your wages because they say you won't come back to work. But if you're injured at work they should be paying you your proper wages.

I've got into a point where I have to decide on a course of action because I cannot cope with the pain.

I lost my bundle one night. I had that much ache in my arm. I wasn't on morphine at that stage. My doctor was trying me on standard pain relief like Panadeine Forte, anti-inflammatories but I'm allergic to codeine. It made me vomit and nauseas. That night I was in that much pain I just cracked and I lost it. My pay had just reduced as well. And they are pressuring me to be at work and not really supporting me. I was getting no support from the insurance company. I ended up in emergency. I had suicidal thoughts.

They kept me in the hospital for a few days to start me on morphine and get my pain under control a bit. They also got me onto the mental health team mainly because I was going ga-ga. I had psychological counselling. The psychiatrist at the hospital said psychiatry cannot help you. You need an operation.

My doctor has given me a medical certificate for 2 months off work while I get myself back on my feet mentally. I'm trying to get my shoulders sorted out too. I'll probably go and have the surgery done under Medicare now I'm on the waiting list. I might be lucky and only have to wait 6-12 months.

There is safe work for me to perform despite the morphine. I can't deal with patients but something in the background might be possible. I could probably do sorting out paperwork but nothing involving decisions about medication or something.

I can lift up to 2 kilos. I can't push or pull more than 4kg.

The insurance company sent me to an independent medical examiner. He said I didn't need surgery. The insurer also disagrees I'm not fit for work.

But if I had the operation and intense physio I could be back at work in 6 weeks. Then I could do my clinical placement and get my nursing qualification.

Brent's story

Brent was a police officer who experienced relentless bullying from his superiors. As a result, his mental health deteriorated, and he suffered a breakdown in 1984. He went off work with stress, but when he returned the bullying continued, leading to more mental health problems and the breakdown of his marriage. He believes management even went so far as to make false criminal charges against him.

Due to an overworked environment and incessant hassle from a senior police officer, my workload became insufferable and I suffered a very traumatic breakdown in 1994.

At the time, due to the overworked situation a cheque was inadvertently placed into my account. When the cheque went missing, I initiated the investigation on paper to track down its location. The cheque was later found in my own account being mixed in with other cheques from solicitors for civil court proceedings. Even though management recognized that the matter could not proceed to a conviction, I was to incur constant harassment and placed into a situation where I was viewed as a burden to the rest of my shift crew.

I was so distressed by how I was treated by management that I suffered a traumatic breakdown. During this time, I was not provided with any assistance. My life was intolerable and I found myself walking to Perth one night only dressed in shorts.

After a couple of weeks I was asked by work to return to duty. At the time, even though I was on sick leave I returned to work without sanction from my doctor.

I suffered with multiple recurrences of anxiety and depressive episodes. During these times I had to go out the back and sort myself out till the episode subsided. I still had my workload to clear but I could not leave the station as part of the punishment. So in addition to the busy station duties I also had my file load to contend with and court matters to attend.

I suffered another large breakdown after a court matter exposed a training problem to acquit an accused.

Management came down on me fairly heavy yet again and I found myself requiring psychiatric assistance and some time off. After two years of punishment and several further episodes requiring time off, I was placed in the hands of the rehab section. They arranged for me to change location and begin working in the Intelligence Office on a part-time basis. Shortly after I started, through official interview, I was questioned in relation to a double homicide. I was then taken to my residence and the place was searched, even though the information relating to my involvement came from an anonymous informant. I was advised, however, that I was not considered an ongoing concern in the investigation. I still suffered from fatigue and other problems relating to my illness.

I lost the ability to drive a car as my mind sometimes ceased being able to understand road conditions. I would find myself in a trance like state headed down the wrong side of the road or just towards an embankment etc. All of this increased the pain.

I tried to drive one day from a car park and I could not start the vehicle. After a short while where everything seemed strange I was brought back to reality by a lady requesting that I should remove myself from her vehicle. When I alighted and apologized, I noticed that the vehicle was a different colour and type. I don't know how I gained entry. The owner stated that she had watched me inside her car for quite some time and recognized I was in distress. She even offered to drive me home. After which I suffered with another anxiety attack afraid that the matter would be reported and I would be in further trouble.

A short time later, I was confronted by management whilst I was doing a maintenance task on one of the three computers in Intel. Apparently, a "file" was read by someone relating to a murder case (I found out later it was a breakdown of my home telephone calls during the period).

I was taken out of Intel and given a filing job in licensing. This caused a further episode and I could not return to work. The only time anyone (other than someone advising of appointments from rehab, and some workmates) from the police service visited my home was when a sergeant and an offsider delivered a summons for me to attend court to answer charges for illegal computer use.

When the matter went before the court, the evidence by the prosecution was unable to be provided and their chief witness gave evidence on my behalf relating to my illness. Their witness was at the time my section commander. The sergeant was challenged about her ability to give evidence, but she advised the court she had a degree in psychology and had protested my return to work as I was too ill for the position. The matter was dropped by the court and I was free to leave.

I was so affected by the processes, that I ended up leaving my then wife and retracting (away from everyone) for a lengthy period of time. I was not given what I believed to be my entitlement to a police pension as I had been put before the court with a criminal offence (eight years or so after the illness had first presented itself).

I could not take the matter before court as I was not able to give evidence as the pressure of such would have destroyed me. Now twelve years on, I believe it would cause me great problems. I just feel that I should not be held to account for having been such a diligent (and honest) Police Officer.

Xanthe's story

Xanthe was injured on her way home from work, a NSW Government Department. Under the 2012 workers comp changes

she was not covered for the journey. She used up all her super and accrued leave to take 10 months off to recover. She sought to return to work 3 days a week initially but has been isolated, bullied and harassed. She now has a psychological injury as a result of her treatment. She is about \$70,000 out of pocket and with retirement around the corner, she is worried about her future.

I was injured in April 2015. I was on my ½ flex day and on my drive home I went to the bank. I tripped going into the bank. I dislocated my right shoulder and I did all the tendons in my arm and fractured it and also suffered shock and was taken to the hospital. Stopping at the bank on the way home from work was a regular thing for me.

Today I have very limited use of my shoulder. I didn't have surgery but had lots of physio. It's still painful and I get pins and needles a lot.

I wasn't able to lodge a workers comp claim because journey cover is no longer included.

I work as a case worker with the Department of Family and Community Services. I had 10 months off. I used up my long service leave, sick leave, rec. leave and withdrew all my super.

I didn't hear much from my employer while I was off, until about the 6 months mark when they rang and asked when I would be coming back to work. The conversations went like "you're coming back to work and you won't need a return to work plan or anything like that."

In February 2016 after 10 months I thought I would give returning to work a shot 3 days a week. I discussed it with the Doctor and he said we should try 2 days. But I thought 3 days would be good as I could get a fair bit of work done. So we agreed on 3 days.

It didn't go well at all. I was harassed and bullied as soon as I went back to work.

At the first meeting with my supervisor I told him I had a medical clearance to work 3 days a week and I could do my normal field of work and he refused to allow me to do that. He said no I could not do that sort of work until I was working full time. Until he knew I was capable of doing my work. He then said I would be treated differently on my return to work. That as your injury didn't occur during work time – they didn't have to accommodate me.

He also said if I was not able to return to work to full time in two months – I had better make some decisions about what I was going to do for work. I was very confused at this stage as I wasn't aware there would be major changes to my job. I couldn't believe he even said that to me – I was just totally confused with what was going on. I took it that if I didn't return to work in full capacity, I took it as a threat, that I would not have a job.

I worked part-time until July. I was given desk duties and made to sit isolated from everyone else. I was the only one sitting in a pod by myself. There are usually a few case workers to a pod. I have asked and asked to get moved. But they say NO you aren't getting moved – because you were assessed at that desk. It is a moveable desk! Someone did leave and I asked to get moved to that desk. They said they had to get someone out to do an assessment on me – which they did and they said no to moving.

Every return to work meeting was a fight. The Return to Work Officer, was really not accommodating at all and was not hearing what I was saying.

I am still three days a week.

I put in a grievance about my treatment and requested a change of management. The outcome of the grievance was that it was not substantiated. The reason given was that management did not understand the return to work policy. It did not even mention the bullying and harassment behaviour. So I have now asked for a review of that. Until I hear the outcome of that I am not moving to full time work there.

I have managed to get a case load so I'm not stuck in the office, but only because I fought to get it – I questioned and queried every step of the way.

I now have a work-related psychological injury but I haven't put in a workers comp claim for that yet. I'm not sleeping and I get migraines. I'm discouraged because I don't want to put myself through all the grief and stress.

I'm not sure what will happen at work – I might just leave – I will see what happens. I feel I have put in some effort and recording what is going on and rising above the current managers.

Not having my shoulder injury covered by workers comp has probably cost me about \$70,000 – with household and medical bills. I had an investment property that I was tempted to sell but I didn't. That is why I used all the savings and super to keep the investment property because that would have been a huge loss for my retirement with retirement right in front of me PLUS the loss of wages on top of that for working 3 days a week. They did overpay me as well so I had to pay that back.

Annie's story

Annie was working at a small food manufacturer store when she fell through a floor, badly injuring her back. She kept working despite her pain, out of fear of her employer, who she didn't think was covered by workers compensation insurance. It took many years for her to finally claim and receive workers compensation. She found the process so difficult that when injuring her finger in a subsequent job, she didn't make a claim. She also feels she is

discriminated against when applying for jobs because she once received workers compensation. She is now retired and financially dependent on her husband.

I was injured in 1993 when I was working in a chicken shop where I was preparing souvlaki.

I needed a tub and I couldn't find one in my immediate work area. I saw one up on the mezzanine level above where I was working and I went up to get it when the floor gave way, and I fell down through on to the production area below. I hurt my back and my arm.

I barely managed to stand up after the injury but I did take the rest of the day off. I felt my boss was very scared of me being injured, so I came back to work and I kept working. But after a few weeks I was still in pain so I went to see my GP and he gave me a certificate for four weeks off work.

The chicken shop employed only three or four employees and had no workers compensation insurance. So I didn't return to work there and it later closed down. I didn't actually make a claim for worker's compensation until four years later. My injury means there's a problem with a disc in my back. I've not had surgery; I've just had massage and acupuncture for which the insurer, Allianz, initially paid.

After my four weeks off work I went to work for a different employer. I was still working full-time but I have a very sore back by the time I got home. This new job involved washing and packing sheets. I was there for about one and a half years, and then I worked at a plastic packing job for about two and a half years. Then I lodged a workers compensation claim in relation to the injury I acquired at the chicken shop. I was still in so much pain, and the massage was only relieving it for a short period of time.

I had one year off and during that year I received weekly payments on and off but not consistently. The insurer paid my medical costs but only for that year. I went to the Workers Compensation Commission and received the \$25,000 lump sum for permanent impairment.

I am from China and I do not speak much English. I had interpreters for when I was attending doctor's appointments. All the letters I received from my insurance were in English, and my case was handled by my solicitor.

My solicitor dealt with the case manager from the insurer. My solicitor is not Chinese but he organised an interpreter. It is very hard for me to understand the workers compensation system, but they gave me \$25,000, so I can move on with my life. I'm glad about this because every time I think about my workers compensation claim, my stomach churns.

After the settlement, I found it very hard to get work. As soon as people hear you have made a workers compensation claim, they're not interested. Luckily, I went for an interview for one job where the boss didn't ask whether I had a history of workers compensation, so I stayed there for ten years. It was a very physically taxing and in a dirty environment, making train seats. After ten years, I was just too sore to continue

and I retired in about 2010. I injured my finger while working for this new employer but after my first workers compensation case, I didn't want to make another workers' compensation claim.

My husband works and he supports me. I'm 59 now; I would have preferred to keep working.

Pamela's story

Pamela was attacked by a client – an ice addict, ex-inmate with an intellectual disability. Her employer accused her of exaggerating the attack, leaving her to feel ostracised. When the same client had another flare up 3 weeks later she couldn't return. The insurer declined her claim but the 2 IMEs they sent her to see agreed her psychiatric injury was work related. Pamela's agreed return to work plan was that she look for another job so she negotiated with the insurer to move to Melbourne. Within 3 days of the move she was threatened with being cut off workers comp if she didn't return to Sydney, where her employer was suddenly offering her office duties. Within 2 weeks of the move she had been cut off and terminated. An internal review with the insurer reversed the decision to cut off her workers comp but she is having to sell all her possessions while waiting for the back pay.

I was injured in December 2015. My injury is psychological that directly resulted from an incident that happened that day.

It was my day off and I was called in to an emergency situation. I am a community support person dealing with ex-inmates with intellectual disabilities. On arrival at the house the police were in attendance and I could hear swearing. It is the normal practice to go to the office and get a work vehicle but I went directly there as the incident was acute.

The client was high on ice and had set a fire in the house. The fire brigade was there. The ambulance had been. The doors were smashed. There was water everywhere. My boss arrived shortly after my.

When I arrived the client came out to me saying "let me show you what I've done". I went inside. The client picked up a mallet and hacksaw and threatened to kill me. He charged at me and I only managed to get out of the house because he slipped over.

I asked the police "are you going to do anything?" I was thinking they might be planning to arrest him or section him. The police answered "we're only here to protect your boss".

The client was ranting and raving. The ambulance workers had left because he had threatened them.

My boss said “he can’t stay here. I’ll give you my work credit card so you can put him in a motel.” She was sitting in her car seemingly terrified of the whole situation. I remember she wound down her window just enough to pass the credit card to me. Then she left and the police left as well.

My offsider arrived. The client was still acting in a threatening matter. He wanted cigarettes. We got him some. After 45 minutes I tried to ring the on call help number to say I can’t do this. I also texted. There was no reply. The fact that I had worked in the prison system previously really saved me here.

The client was meant to have 24 hour care but we were only contracted to do the day shift. There was an agency to cover nights but he would kick them out. I started at 7am and the agency generally arrived at 3.30pm.

The client was calmer by now. We fed him and got him into an Ibis hotel, where I understand he was arrested for doing exactly the same thing later that night.

When I went to finish my shift the client chased me to my car. It was my personal car with my number plate traceable to me. He was saying “I’ll f***** kill you”.

To cut a long story short, I sold the car and moved to Melbourne.

When I got home that day I broke down. It had also been a 39 degree day and I had been standing in the hot sun.

The next day I wanted to debrief with the coordinator who was there. She didn’t show but scheduled a phone conference at 3.30pm. When I told her I felt abandoned and that there had been no consideration of my safety or the organisations duty of care to me, the coordinator said that was wrong and she had checked-in with my offsider about 4 times during the day. My employer claimed I was exaggerating. I felt very ostracised.

I had 1 day off.

Then about 3 weeks later the client kicked off again. I saw the EAPs provider and he said to go to my GP and get some time off and support. I have been off work since then.

The insurer was GIO. They are bullies.

My doctor and psychiatrist said I could not return to work. GIO argued with the psychiatrist and said the case was an industrial matter.

I told them I didn’t feel safe as the client lives in the community. My colleagues aren’t allowed to talk to me. I am not allowed to attend the office.

The IME said the injury was a direct result of the incident. The insurer didn't like it and sent me to another IME. He agreed and apologised to me for what I had to go through.

My interaction with the injury management people was good. They formulated a return to work plan that involved not returning to that employer.

I wanted to work and agreed to the plan because it said I wouldn't have to go back there.

But I became so debilitated. I couldn't sleep. I couldn't leave the house. I couldn't drive long distances. I was anxious. I had changed. I knew I couldn't face this kind of work anymore.

The insurer agreed I could move to Melbourne. They said they would fund me getting a working with children check in Victoria and suggested jobs for me in Melbourne.

On 20 May 2016 I moved.

On 24 May 2016 I received a letter saying I had 7 days to return to Sydney and commence work with my employer. The letter claimed to override my psychiatrist and doctor. My employer claimed they had a job for me at head office doing filing (even though I have a tertiary qualification as a psychologist).

After 14 days they cut off my weeklies completely. Then they terminated me for abandoning my employment. Yet on 16 March 2016 it had been agreed I couldn't return to my work there.

GIO denied they knew I was going to Melbourne. I had their support for the Melbourne move in writing. I've also FOI-ed a copy of the plan we prepared for job hunting in Melbourne. That including me job searching for 5 jobs a week minimum.

I went to WIRO and iCare. They were useless. As were Law Partners. I used Shine in the end.

The decision to cut me off was overturned following an internal review. I am waiting on backpay now. I'm selling my furniture and other possession to pay my bills.

During this process I've had suicidal thoughts. I've nearly been sectioned.

I went to work to do what I've been doing for years. I got attacked and threatened. They didn't follow procedures. And I got fired. It was not my fault.

I've got angry. I've put on weight.

I've followed their processes.

The employer and the insurer breached my confidentiality. All my colleagues know about what happened to me. They worked together to try and defeat me. But I want them to be accountable for their actions.

Ryan's story

Ryan worked as a general assistant, employed by the NSW Department of Education, with his work taking him to various schools. He injured his back lifting a sleeper as part of a working bee. His back was not properly diagnosed due to delays in medical assistance and delays in approval by insurers. Living in a region, he found it hard to make regular doctor's appointments. He was offered no assistance to navigate the system. Medical advice was ignored in order to force Ryan to do a job. He has five children and it is difficult to support them. The financial pressure of losing most of his income on the transitional rate, plus inadequate skills to undertake office work lead to hospitalisation after he tried to suicide

I was injured in September 2011 with a lower back injury. I was working as a General Assistant with the Department of Education and Communities (Schools). It was my day off and I got hired to work on my day off for a working bee. To make the story short, a girl walked straight onto the job site, no shoes, no PPE equipment, and we went to lift a railway sleeper, and she could only lift it 5 cm off the ground, so you are virtually touching your toes with a railway sleeper that weighs approximately 40kgs. I felt my spine dislocate and when I stood up it just popped back in. From that day I just kept trying to work for a week or so and just tried to tough it out. And I was working at one of my other schools because I used to work at three little schools, and this time it popped out and did not go back in. This time I just stayed at a 90 degree angle. I forced it in myself and I lasted 2-3 days after that. I saw a doctor and he said you have seriously hurt your back here. I took approximately 9 days off. I was given 9 days to recover.

Then I went back to work and tried to work on it again, and lasted 2-3 weeks and it just popped out again. The back was going in and out all the time, so it was like a dislocation all the time.

They ended up finding that there were two levels that were injured. There was the S1L5, and L3L4, they found a large bulge on that one as well. It took a while to diagnose. They did not do an MRI until January, and X-ray in between there closer to December/November. Then CT scan and MRI which opened up a can of worms too, because when they did the MRI I was still complaining about how much pain I was in, they actually asked the people to review the MRI, not re do it but look at that one again. Then they found I had a rather large tear at one of the levels, which they missed on the first initial look. I was back at work by then putting it at risk.

So that was a six month delay, because everybody is guessing. They wanted to do surgery, then they did not want to do surgery on me. It came down to who you saw to what diagnosis you got.

I did not get my full diagnosis until 2014, 2 years later.

I put my workers compensation claim in September 2011 when I injured my back, and it got accepted straight away. No hassles there.

Getting permission from my case managers led to large delays. I have to get written permission each time. Then they make an appointment and then they get it pushed back. When you are in the country a lot of doctors only come up occasionally so you try and make an appointment but they are booked out, then there is a delay on that side of it. It just gets stretched out for way too long.

Making things worse for my injury was I was I was back at work on so called light duties, but I was also doing my normal jobs because that is what the principals wanted me to do. They claimed that I was losing 1.5 hours. I copped a real verballing, or victimisation at one school. The school in particular where I got injured. One principal harassed me about jobs not being done around the school, so I had to put up with that.

So just for the point of the story, General Assistants are employed on a basis of number of students and not on the size of the school area, quantity or complicated nature of the school grounds. So if you have three small student schools it does not mean that you have small workload. You need to get a week's worth of work done in one day.

That is why they hired me to come into a second day, because they did not have enough time for me allocated to do all the jobs in that one day. You are definitely overloaded. I even had to mow a lawn of the community hall that was not school grounds because of an agreement, but they do not understand that I have to take another hour to do it, because there is no time, to maintain that property. Plus all the other work. So yeah, quite often I had to go in after hours to catch up on work, because it was a really bad school for snakes, really bad! You can't leave lawn clippings around because the snakes get underneath it, and the kids love playing in lawn clippings. Because the grass grew so quick, you were always collecting the lawn clippings. I was down the coast towards Raleigh, right on the river edges, so it was really lush grass.

In January 2012 I got my first MRI and I went back to work the eight months on light duties. There was an issue with my pay. I went to the workers compensation commission because I had been working in the bar and could not do that anymore. As soon as the WCC ordered back pay they retracted suitable duties. So all of a sudden there were no suitable duties even though I had been doing them for 8 months. This is before they found out my full diagnosis of what was going on with me.

As I got my back pay, they removed suitable duties. What was explained to me by my solicitor, is that if I am going to work two jobs they have to do make up pay as I was only working 18 hours, they would need to do make up pay. When there was no suitable duties it meant I went to a different section which meant it was capped at \$1000, because it goes on how many kids you have got. I have 5 kids. So your base rate and independents added up to \$500 and something dollars per week. Which is why I reckon they did it. On the transitional rate it is even less again.

In 2014, they were going to do spinal fusion and put in an artificial disc. The doctor said I need to get an MRI, and that is when they found out I actually had a ruptured disc. I was working with a ruptured disc, being put through all the rehab provider functional assessments, everything on a ruptured disc. I was even asked to lift heavier weights on the functional assessment, more than what the doctor said I should.

Rehab providers did not come until later and they were appointed by the insurer. Everything was written under the insurer's eyes. On one occasion, the rehab provider said I had to tick all these boxes or we do not get paid. I said "hold on", I do not know all of that, just because I have a resume, does not mean I know how to write one. She said if I do not tick the box, we do not get paid, so she ticked it anyway. That is how you get dealt with. I also had a functional assessment done on me by another company. They did video conferencing, they were in Sydney, the video conference did not work and they said do you mind if I ring you on my phone, when the report came out, they said I appeared to be fine and I was not fidgeting in my seat. I said hang on we were on the phone, how do you know that, for the whole hour we were talking. It was just lies after lies.

Eventually I found out I could choose my rehab provider. Probably 12 months later. Then I found someone better to deal with, but by then it was all done and dusted. There was not much they could do for me.

I last worked for the department in August 2012, and have not had any jobs since then. No one will put me on. Even my second job won't employ me. Too much risk with a spinal injury. I lost my second job as well. Because of my background has always been a labouring person, even people I have worked for in the last 30 years, said no I can't risk being put on. They say I am taking on your problems!

They ask if I am on workers compensation and I got told by Connect my first rehab provider not to tell them that I have an injury. They said wait until you get employed and then tell them. I did not react very well to that as I do not take to lying to a new employer right off the bat, and that makes a bad first impression.

I suspect there would be legal ramifications also for not declaring it properly, that is why I said to them, I will need to tell my new employer as to why I left my old job because of serious injury.

I have probably had about 4 or 5 vocational assessments over my time and the type of jobs they come up with include a storeman, a clerk, a courier driver, small engine mechanic, working on mowers. I have never done any studies or fixed engines under pay. The recommended storeman, courier driver or small engine mechanic involves squatting, lifting, bending etc . It says on my medical certificate I am not allowed to do it and I must avoid it as much as possible.

In defence of them at the same time they did not know how serious my injury was, probably the biggest thing is that they treat you as if you are a fraud straight off the bat. I got sent to a Dr Walls who was doing an assessment to see if I was fit to be a clerk or a storeman at one stage. It was June 2013, and he said yes to either of those and he would cut my payments tomorrow. I did not take that too well and I tried to put my car under a truck. At that time I was under such pressure. My wife was

taking the kids, I was going to lose the house, because I could not afford to pay the mortgage, and I lost all my jobs. I was still putting up with this spinal injury because no one knew what was going on, before they found that other ruptured disc. So I did not take that too well and they locked me up in the mental hospital for 2 -3 weeks and they would not let me out. I was scheduled under the Mental Health Act.

I was put in the hospital with everybody who was in there for their own reasons. I was in there and you are virtually defending yourself from all the other “customers” (mental health patients) I suppose. That is due to all the stress of the workers comp system, no one is listening to you.

The financial pressures and the pain, they just don't understand the side effects about what is going on to the injured worker. They keep blaming the injured workers for costing the system so much, but one of the first rehab providers I saw billed \$12,000 and they did nothing for me.

I had to beg and grovel to get computer training as I did not know how to use a computer back then. I knew how to turn it on and play solitaire and that is it. So I asked if they can put me through a computer course, in order to get my skills up. Everything needs a computer nowadays. I asked them if they could do that and they said no because you are a lawn mower, grass cutter and that is all you are qualified to get training for. I asked, how am I supposed to improve? So they finally came around and they said they will put me through a basic computer course. Twelve hours and I think it cost \$150. I am sure the bill would have come in a lot more than that from the Connect mob.

Anyway, I got through the 12 hours, 3 hours per day a week for 4 weeks. I finished that and the idea was they would put me through that and then another computer course. They said no it was the basic, which is sufficient for you to go and get your job now. All that did was detail how to turn a computer on and what not to touch in the hard drive section, how to turn it off and I think it even brushed on how to send an email. That was it. I was late 2013/2014. I have had no further training since then.

They did not tell me that there are a whole range of training programs that are available, including at Coffs Harbour Higher Education Campus at Southern Cross Uni etc., TAFE. They do not pass that sort of stuff as it costs them money. I have been stagnated for past 18 months/ 2 years.

I do not know what I could do. I have never worked in an office in my life. I have not used computers. I would be too worried that I would let people down who I am employed by, because I do not know what I am doing. I can't type. One of my psychologists gave me typing and I can't get my head around it. I am more of a manual person. Give me a table or a bookcase and I can put it together. Give me typing or word processing and I just could not do it. That is why I did that type of work I did, I could not finish year 11 and 12 and I had to accept that at an early age and move on. Now like I said I am that far behind, someone who leaves school in year ten is that far in front of me.

My daughter just goes like this (signalling fast movement on the phone), constantly ribbing me about how long it takes me, so I just ring people as it is quicker. I don't

have those skills, and it would take me a long time to get it, I would be that far behind everyone it is not funny. It is not that I am not interested.

I have never had a WPI, because you are only allowed to get it once. If I get it now and it say comes in at 5% and I get surgery in 12 months time and I am 20% because the surgery does not go right, they base it on the first assessment. That is how it has been explained by the solicitors. I have to wait until I get the surgery and then I will get my WPI.

They won't do the surgery because they think that I am too young. They want me to go down the track and wait in case it does go wrong. While I am moving they want to put it off as long as possible. While on the workers comp system you are trapped on a timeline, you only have five years, and someone in my situation that is the max.

I have had one work capacity decision back in 2013 when I was transitioned over, that is all I was told about. I know they have done another one because they had to do one to go over 130 weeks. The case manager does not talk to you. I had a new case manager and they had spoken to me once and emailed just three times in six months; I have had one email off the new one that has just been appointed to me.

When I get to five years they will just flick me. On my certificate they have me down as totally unfit for work. That does not count me down as permanent impairment. I am unemployable now. It does not count under the workers comp laws.

I was told I could not go doctor shopping yet went to Sydney to see Doctor. He was not interested much. I could not get through to him, and he said that I could work 8 hrs a day, 5 days a week. He uses a generic letter.

In November last year I got a melanoma. It is hard at Christmas time. I have got five girls at school, all doing sport. I was earning \$1500 per week with two jobs, and will have to go on Disability Support Pension to now survive.

I have a \$300,000 mortgage and have to do a TPP claim on the super. It has opened up a huge can of worms, the changes to the new system. My employer is still the Department and I am still employed. They have done nothing to get me back and do not contact me.

They want me to find a new employer yet my spine is still shifting in my sleep as it is not operated on. I am supposed to be flexible and apply for jobs that are casual on call, but my spine discs may rupture and no one wants to employ someone like that.

The neurologist is saying that I should have only physio and if I had a more accurate diagnosis at the start it would have changed things.

The mental health effects are enormous. There has been the misdiagnosis by case managers and rehab providers. Correct diagnosis could have saved years.

I will have no super and will have nothing to fall back onto, but I will still have a \$550 per week mortgage. I saw a financial counsellor and they said that I am \$10k a year short of my commitments.

Everyone is different but they apply a one size fits all.

Zara's story

Zara required surgery and attendance at a pain management clinic after she injured her shoulder working at a hardware store in 2012. She worked hard to return to full time hours and to limit her on-going restrictions but her employer withdrew suitable duties recently. The mental health toll of on-going pain, her treatment by management and family conflict from being on workers comp has seen her attempt suicide twice.

I was injured in November 2012. I injured my left shoulder working a hardware store. I kept working and didn't inform them about the injury until February the next year as the pain was just getting worse. Liability was accepted by the insurer

After I reported the injury in February 2013 I had physio and scans and in October 2013 I had surgery. The reason for that delay was that they couldn't find anything on the scans and then they were trying cortisone injections. I was referred to a specialist who looked at the scans and found fluid they had missed originally.

After the surgery in October 2013 I had 3 weeks off and then went back to light duties. I was at the registers or standing at the door greeting customers. I wanted to go back to the paint department but my employer wouldn't let me. I stayed on light duties for probably 12 months or so. Then in 2015 I went to the pain clinic to help manage the pain and had about another 3 weeks off. After that they did exercises to gain strength into it and slowly they reduced my restrictions.

I had a vocational assessment in September or October last year where I was told I should go get a job a KFC or Coles. At that time my store manager actually said I didn't need to look outside our company because he had suitable jobs for me and was offering me a new job at there. It never became a reality. He asked me to change my restrictions to get the job and I did, but the job didn't eventuate. The job was working in price integrity comparing prices with competitors making sure our prices are cheaper. Emailing the stores, collecting their catalogues and changing the prices on our system. I would have needed to put on new labels up on the shelves or something but nothing really physically demanding. I would have liked that job but I had another break down in April and he said I was too mentally unstable.

Up to May 2016 I was working with few restrictions and even managed to get back to full time hours. I was on 4 hour and 5 hour restrictions for a long time. I got back to full time in May to June 2016 and was very close to 100%. I still had some restrictions but I was working 8 hours 5 days a week.

I still wanted to return to the paint department. I think I could have done it with my restrictions. At that time my restrictions were no lifting over 10 kilos, no working past 6 o'clock at night because of my medication, and I could only work 2 days in a row for mental health reasons.

The mental health issue started in early 2014 because I was in constant pain and I was being harassed by management. Management were intimidating me to have less time off after surgery. They kept giving me unrealistic deadlines to put stock away when I was injured. Just picking on me and my attitude when I was becoming depressed. My secondary psychiatric injury has been accepted.

I'm off to work at the moment. I have been off now for 11 weeks. What happened was I was just called to a meeting and they told me they are no longer willing to accommodate my restrictions. They felt I was going backwards not forwards. I felt it was the exact opposite because I was back to full-time hours.

A WorkCover return to work inspector has just started investigating. WorkCover have made a preliminary finding that my employer is breaching their obligations to injured workers. They have actually decided yesterday that they are going to send an investigator out. I don't know any more than that.

I have a great lawyer. We were friends for few years before. Since I've had suitable duties withdrawn we have pushed for a rehab provider to get involved but they have rejected that so we pushed for a medical conference with the insurer. At the medical conference we wanted to talk about suitable duties at my old work but the insurer is pushing me to find a new job. All the insurer wanted was for the doctor to sign off on clearing me for a new job. I think this is what they call a final certificate. My doctor signed.

My hardware store is big. We just had a renovation so we doubled in size. There are more than 100 employees.

I want to return to there. It will be 5 years in September this year.

The insurer stopped paying me weekly payments in early 2016 as I was nearly full-time and they did a work capacity decision. I just got it reinstated and back pay. That took 2-3 months. I'm getting 80% of my previous wage.

My first suicide attempt was in January last year and I was diagnosed then and was put in the mental health clinic. I was there for 5 weeks and while I was able to gain strength I have had a few other hospitalisations. In April this year I attempted suicide again. I ended up in ICU and then back to the mental health clinic again. In my mind I was going over all the work stuff, how I was made to feel worthless at work and the pain and everything. I had had a fight with my family. My dad actually apologised to me after he saw something on TV about professional athletes when they get hurt and get depressed. Before he didn't get it.

I have a one work friend that still keep in touch with.

The insurer plays games with reimbursing medicals. Even if I get the receipt to them on the same day they make excuses and keep you waiting the 21 days or longer.

Jan's story

Jan fractured her foot at work. She is most unhappy with the workers compensation process – it took five months for her to be approved to wear a Cam Walker Fracture Boot. She feels that had she worn it immediately after the injury occurred, her foot would have healed by now. Instead, she's on reduced pay and still unable to drive to work. She doesn't understand why employees get penalised for being injured at work.

I fractured my foot at work. I just want to let people know how much workers compensation stinks.

Since my injury, I have had to wear a Cam Walker Fracture Boot. I can only drive an automatic car. It took a few days for the insurance company to approve cab charges to and from work at a cost of around \$80 per day. It would have been cheaper had they paid for me to rent an automatic car. I have also been doing Monday to Friday 8am to 4pm rehab-type work, at a place which is different from my usual work location.

I find it strange that I get paid at 95 per cent of my income whether I work 40 hours a week or the minimum 15 hours required to obtain this. To me, this alone feels to me that it forces workers to sign off sooner than they should. Losing \$600 a fortnight in pay whether you fall down the stairs at work or are assaulted makes no difference to the employer. After 13 weeks if you don't return to work your pay drops to 80 per cent, so essentially you are penalised for injuring yourself at work.

I think the system forces a worker to take sick leave or return to work before they are ready. Who would want to work an extra 25 hours a week for the same pay as working 15? My Cam Boot is awkward, my right hip has hurt since I injured my left foot as I have relied heavily on it since and still hurts as now I am still walking at a funny angle. Eight hours a day wearing this thing might not be feasible anyway, I have been mismanaged all the way.

I fractured my foot mid-February, and it took five months for the approval to go through in order to use a Cam Boot. Had I been put in a boot straight away I would have healed much quicker and probably back to my usual job earning my usual pay. My podiatrist stated two weeks after my injury that I should be in a boot, even after I relayed this to my doctor and also my physio no one took any notice.

I actually went to my podiatrist on my own accord, fed up with not getting anywhere. Now, I am in a Cam Boot. I have to say as much as wearing it is awkward I am not in terrible pain at the end of the day.

Who can afford to hurt themselves or get hurt at work? Who would want to put themselves in a high risk job? Your income is reduced, you lose out on penalties and overtime, and you are forced to return to work whether you are physically or mentally

ready or not. You also feel like you are lying or something when the rehab worker insists on coming to your doctor's appointments with you.

I can't stand the constant turnover either. I am now on my third rehab provider. I am so over this.

Sam's story

Sam has a manual job, which takes its toll on the human body. He has a serious back injury. Initially his employer, a large retail company that is a self-insurer, accepted his claim. Then 17 months later, following an IME report that was inconsistent with his treating specialist, the claim was denied. At 48, his injury was blamed on arthritis, even though he has no history of it. Sam hasn't been able to return to work due to the pain and the surgery he desperately needs to relieve that pain is now on hold while the issue of liability goes to the Workers Compensation Commission. Injured workers have no hope of returning to work if they don't get the medical care they need.

I was injured in October 2014 at a supermarket retailer and lodged a workers compensation claims.

I worked as a storeman and packer and forklift driver.

I injured my lower back – L4, L5, disc protrusion.

It arose because I do lots of hours on the forklift and you do a lot of driving sideways, twisting and turning. The injury was built up over time.

Today, nearly 2 years later, it's very painful. I've had no surgery and physio doesn't do anything to ease it.

The insurer (Employers Mutual) initially accepted my claim then denied liability in March 2016 so I'm on sickness benefits at the moment (since March 2016) and leave without pay. Prior to March 2016 I was receiving workers compensation payments at 80% of my wages.

I don't know why it took them so long to make a decision on my claim. I'm well aware the standard is 21 days yet this took over 12 months.

The insurer claims I have standard old age arthritis. I'm 48.

The NUW is my union.

At my first appointment with the specialist I was referred to as a “tissue worker”. I said pardon. He said you’re a tissue worker, your broken and the company will just get another one out of the box. I’m not the only case out of that shed. There are high numbers of injured workers sacked. No rehabilitation.

I am challenging the denial of my claim in the Workers Comp Commission.

After my workers comp claim I was put on light duties for 4 hours a day for 6 weeks. After this I reported that I was in too much pain to keep going. My doctor changed my medical certificate to show I couldn’t work.

Over the following months I saw many specialists. It was 12 months before I was referred to an IME. I was subsequently told it was arthritis.

The IME doctor didn’t really refer to my medical history, accept the tests that I have had done. I don’t have any history of arthritis and my mother or father don’t have arthritis.

Up until my claim was denied it looked like I was going to get surgery. That was what my orthopaedic surgeon that I see regularly on a monthly basis was recommending. The insurer seemed to be agreeing to that, but now it’s not an option. I’ve had a couple of injections – cortisone and epidural.

The professor on several occasions requested hydrotherapy injury management. Nothing came of it.

I have not received vocational assessment. As far as my employer are concerned if you can’t do the job you were employed to do if the first place – you are out the door. They will not retrain you to do anything else.

When I was working light duties for the first 6 weeks after the injury they had me picking up cardboard – still not a great thing for your back – outside on the yard.

I’ve seen other injured workers just allocated to hang in the lunch room and play computer. It’s not meaningful work.

Right now I need to get my claim reaccepted and go for surgery. The surgery is a spinal fusion. It should stop the pain as my injury is squashing down on the nerves. My mobility will never be the same.

I don’t know how long it will take for my lawyers to get the liability issue decided. There have been other problems, like the insurer not paying the chemist. So I had to chase that up for them. The account was shut down and any medication I need I buy them straight out. Even before when the claim was approved, they still wouldn’t pay properly. The poor chemist bill was over 190 days overdue and they still didn’t pay. They would just pay random amounts.

I had another claim back in 2013 with a knee injury. I took 6 or 7 weeks off and returned to work.

With the claims I’ve had several case managers.

It is always a struggle to get things done, even with approval. You are treated really badly. You either shut up and don't say anything because you know you are going to get treated like a piece of crap through the whole process. And when you come back their mentality is to put you in the hardest job there is to see if you break.

When I returned after my knee injury, the hardest job at that time was picking cartons of drinks, job after job. This is where they placed me. It was basically lifting weights.

I had an issue with one of the team managers trying to discuss my medical records with the doctor in the waiting room. My doctor doesn't take any crap and he was shut down very abruptly.

The timeframe for dealing with my injury is unacceptable. It has been 2 years since the injury and I'm still sitting here waiting. It took them 14-16 months to decide to decline it.

I have a separate claim for shoulder injuries as well. This arose the same time as the back injury. I'm just put to the sideline, basically with nothing happening. All I've had is a bit of physio.

I feel like the insurer is pushing me to a point where you say I don't give a stuff and walk away. It's not uncommon.

If I wasn't with my partner I would be on the street. She has supported me. I couldn't afford to pay bills or rent. They have pushed me into a corner where I have had to use all my sickness benefits, all my holiday pay. I've used up everything.

Lyle's story

Lyle was working for an Earthmoving company when he fell off a tipper truck, badly injuring his knee. Although initially granted workers compensation payments, the insurer, Allianz, cut them off a few months later. Lyle then experienced financial hardship, which led to bankruptcy. He had to engage a law firm to fight for his rights to continued compensation. He also had to wait in the public health system for a knee replacement operation. After a long battle, causing more distress, he eventually won and was reimbursed. However, he has lost around \$200,000 and remains in a perilous financial state.

I was injured whilst at work in late August 2013. I fell from the step of a tipper truck and severely injured my left knee.

I attended various doctors and orthopaedic specialists, who determined my need for a total knee replacement. I claimed and was granted WorkCover assistance through my employer at the time.

In December 2013, my employer's insurer Allianz decided they would no longer pay me compensation benefits.

I confirmed my required total knee replacement operation at this time under the public hospital system and that it would be done in approximately September 2014.

I instigated legal action, or an "appeal", through a law firm in Canberra. I was informed by them that this process could take some 12 months.

From approximately January 2014, I received Centrelink unemployment benefits until about March 2014 when I received a carer's pension, as I actually have cared for and continue to care for my 86-year-old father.

Because of my debilitating injury and sudden inability to pay our rent, and my existing financial obligations at that time, I became severely distressed. I was forced to seek financial assistance from my sons and to surrender my principal superannuation (some \$16,000.00) in about February 2014.

I also sought advice and assistance from a charity. They helped organise reduced loan repayments from the bank from this time until November 2015. This negotiated agreement was not able to be renewed after this date and, accordingly, I was forced to declare bankruptcy in May 2016.

In July 2014, I attended Calvary Hospital for pre-admission health checks for my oncoming proposed knee replacement. During this health check I was referred to a heart specialist, and advised to see her as soon as possible. My knee replacement was indefinitely postponed.

The specialist referred me on to a surgeon of the Royal Canberra Hospital in approximately November 2014. I had open heart surgery (Aorta valve replacement and three by-passes) in December 2014.

As part of the legal action I had instigated I saw a WorkCover-accredited medical specialist in October 2014. As a result of his medical assessment certificate, Allianz accepted liability for "payment of my medical expenses and weekly compensation" in December 2014. Corresponding consent orders were issued by the Workers Compensation Commission.

Allianz organised total reimbursements of all Centrelink and Medicare payments in January 2015 but did not pay me my due compensation until March 2015. This was only after I had involved the Workers Compensation Independent Review Office (WIRO) and my local member.

In September 2015 my left knee was (finally) replaced.

My medication accounts have also been a matter of considerable distress. Although I initially had a professional, empathetic, helpful and capable Allianz case manager, I later had one who consistently caused major financial anxiety. There remains a significant discrepancy in reimbursement for my chemist accounts. Whilst I do not have accurate accounting to hand, a \$1,100 discrepancy was evident in February 2016. I had made a number of requests for assistance and direction through WIRO but they proved to be of no value to me.

In March 2016, my Allianz case manager claimed I should be ready to resume some form of part-time work. Accordingly, he organised a RehabCo representative to attend medical appointments with me and to insist upon job search activities.

I have, in fact, recently begun a selection process for a casual role in Canberra. However, this job will only be available during Parliamentary sitting times and will not be sufficient to provide a “living wage”.

Throughout this almost three years of extreme financial difficulty, constant physical pain and emotional and psychological distress; I have not received any query or gesture of health or well-being enquiry from my previous employers. After some years of very “faithful service” (as my time-sheets would show), many years of personal/family friendship, I have been ignored and I believe I have been publicly denigrated by their inaction and innuendo in a variety of public forums.

In financial terms, to date, I believe I have “lost” about \$170,000 in wages, \$15,000 in superannuation, \$10,000 in leave and long service entitlements as well as now carrying the personal stigma of bankruptcy.

I also believe I have been underpaid by some \$144 per week since December 2013.

I am not a “bludger”, nor am I “rorting” compensation Insurance. Indeed, I actually have the physical scars to prove my injuries. I will soon be 63 years old. Physically, I believe I will not be able to return to being a construction truck driver and, when fully recovered, shall be forced to look for alternative full-time work where I shall not be able to make comparable wages.

Graham’s story

Graham was physically attacked at work and needed stitches in hospital, yet he never had a day off work (against doctor’s advice) because he didn’t want to lose any pay. The Department calculates workers comp pay in fortnightly blocks, meaning an injury that occurs 10 days into the pay cycle could deprive a worker of overtime and weekend payments they’ve already worked. An absence of suitable duties and a workplace culture sees workers return when they are not 100%, therefore not making the best decisions for their own health and the safety of their co-workers.

I was injured about 18 months ago. I was bitten by someone. I needed stiches but the injury recovered and I had 6 months of tests to rule out disease.

I wanted to give evidence today to say how the workers comp system isn’t working because it financially punishes you for being injured. I didn’t take a day off because I would be financially penalised. We are paid fortnightly and the majority of the pay is from overtime and weekend work. The workers comp pay doesn’t include the majority of those payments, so it means you just can’t take a day off on workers comp.

Even if you are only injured ten days into the pay cycle, the Department pays you the workers comp payment for the whole fortnight. So it's like you worked weekends and overtime for nothing. So there's an incentive to either take the whole fortnight off, or nothing at all.

When the person attacked me and I got bitten, it would have been nice to have a few days off. My doctor really thought I should. But I didn't want to lose money in my pay packet.

I've raised the issue with the union and they are looking into it. It seems it's only the Dept that are applying the workers comp payment system this way.

Another workers comp problem in the Department is that there are no light duties available after being injured if anyone needs them. The boss does try to accommodate you but it really is impossible. There is no regional office. It's a real problem.

The absence of light duties really impacts on morale.

Rarely anyone gets terminated. Normally everyone comes back.

After my injury, the insurer contacted me and asked me to send him copies of my blood tests for his file. I was offered counselling, but I didn't use it. My medical costs were covered.

But I'm worried some people are working when they should be at home. There is a cultural element too. Not wanting to let your co-workers down. Plus, you don't want to appear weak. But the Department asks you to take the risk of working in that environment but they are not prepared to give a workers comp system that properly backs you up. It's not right.

Mikhail's story

Mikhail was bullied and harassed at work. Despite being the victim, he was the one forced to leave his position and move to a different workplace. This triggered stress, he went on leave and sought workers compensation. The insurer relied solely on a report by his employer and denied his claim. The bullying continues.

I was bullied and harassed at work when I reported serious rule breaches and on general bullying and harassment.

I was told that I would be moved from the workplace and asked to sign a document confirming this.

I signed the document under duress. I then went on stress leave, frustrated at being punished despite being the victim.

I felt my honesty, integrity and professionalism was not accepted by my employer.

I was not the only victim, though. There were others who would not open their mouths due to the fact they have to “swim in the pond with crocodiles”.

An investigation was conducted by the insurance company. The management told the investigators that our work area had become so toxic that I had to be moved, another said I coerced the doctor into writing a workers’ compensation medical certificate and another said I was never bullied and did not make any bullying and harassment report. My co-worker, who would have corroborated my side of the story, was never interviewed by the insurance company.

I felt this was a big cover up of what was going on. The bullying and harassment continued, so much so that the peer support officer was moved to another work area.

After about three months I was cleared to go back to work. I was placed in a different work area. The insurance company relied solely on the report by management and declined my claim. I am very happy where I currently work, however I have again been told that for my own safety I will be moved again.

I feel bullying is not being addressed and the peer support officers get no say. This is what’s called “workers compensation”.

Bruce’s story

Bruce was a metal worker who suffered a horrific injury in 2007, when the metal he was shaping whipped back and tore his arm open. He went to hospital, was operated on, but his employer pushed him to go back to work the following Monday. After waking up in agonising pain a week later, he took some time off, but was again pressured to work and remained working for another five years despite his pain. His employer sacked due to his injury in 2012, so he sought legal advice and the right to workers compensation payments. But he said the payments have been erratic and insufficient, and he’s had to redraw from his mortgage to make ends meet. He has also suffered from depression and lost his teeth due to the pain killing medication.

I was a metal worker who was injured in February 2007. I was forming a U-shape out of stainless steel, about eight feet long. The metal ripped open my arm. I was bleeding profusely. There was nobody with me, but eventually my boss and a co-worker saw me and drove me to the hospital.

I was operated on that day and discharged soon after, without spending a night in hospital. They thought I was tough, so they just pushed me out that day.

On Monday, I was back at work because they needed me.

A week or so later I woke up in incredible pain. I went and saw my doctor, and was given two weeks off work and pain killers. He confirmed nerve damage. I was also prescribed a physio.

My arm was put in a sling, they've since used different types of slings to try and combat the pain. But the pain is relentless. It's been that way for ten years now. I've had four operations; the arm swells constantly and is very sensitive to touch. I am on a constant barrage of tablets to combat spasms.

I can't even feed myself with my hand anymore. I can barely hold a telephone.

Nevertheless, my employer kept hassling me to come back to work. I was told "I don't care that you're sick, just come in and answer phones". I came back to work and was basically running the business – doing all the phone calls and invoices etc.

For five years I had to work despite the pain in my arm and the fact I could barely sleep at night. I had to work 10 to 12 hour shifts, and sometimes on weekends.

My employer spied on me, getting someone to take photos of me when I had passed out due to stress at work.

My employer hired other people and paid them more than me, for doing less work. I was told "you're lucky to have a job".

In 2012, I was terminated by my employer, who said he couldn't afford me anymore. I think because of my injury he didn't want me.

I haven't worked since then. I had a Return to Work assessment, and it was deemed I wasn't fit to return.

I then had a rehab provider assigned to me who said she would try and get me back to work. She appeared really sweet, she said she'd organise training for me. But actually they tried to push me back to work even though I wasn't fit enough to do so with my injury.

After the initial injury, I was assessed as 27 per cent Whole Person Impairment (WPI) by a local doctor. But the insurer's doctor assessed me as 11 per cent. It then went to arbitration where they tried to negotiate a settlement figure (but they didn't agree on a WPI figure).

But five years later, I saw the employer's insurer's doctor again and he changed his tune. He could see I was worse than 11 per cent.

But the issue hasn't been settled yet.

My mental health has been damaged by the process. I'm seeing a psychologist. The costs are covered the workers compensation scheme.

I am receiving workers compensation payments, but they are not regular or consistent. They pay me when they want and how much they want. I was paid as little as \$500 a week, then with my lawyer fought to get a bit more – but it's still \$200 less than what I was getting pre-injury. I sometime get paid at one week intervals, and at other times at two week intervals, or month intervals.

I've had to redraw on my mortgage to cope financially.

Due to my high amounts of medication, my teeth have fallen out. But the insurers have attributed this to me having too much sugar and smoking.

Laurie's story

Laurie has seen the proliferation of mental health problems due to the workers comp system in his role as a mental health nurse. The health system in country NSW has been struggling to cope. The failure of the workers comp system to provide a proper safety net for injured workers, together with the sense of self derived from work, is perpetuating the mental health effects from injuries at work.

I am training to be a lawyer. I used to work as a mental health nurse.

In my nursing role I saw more and more young people presenting who had been injured at work. They were 18 to 35ish. And these people were falling through the cracks of the system. The health system here in western NSW didn't know how to handle such high volumes of young people with mental health problems coming in. The hospital would generally give them 3 days in a local clinic for respite or they would be turned away.

You hear stories about people presenting to emergency with mental health issues. It's very real. People do get turned away. If you don't find the right nurse or the right health professional or if your breakdown was on the weekend or late at night (which is normal) then the health professionals are not there to deal with you.

These injured workers have no proper support mechanism outside the family unit. And the family can only take so much. They think life is too hard or I am useless or I am going to hang myself or take a handful of Panadol and they end up in emergency or they self medicate, use illicit drugs or abuse alcohol. It impacts on the whole family and the family unit begins to break down.

The majority of people I assessed at the hospital here in town were males. They tended to have consumed a lot of alcohol and wanted to tell the truth and talk to someone. I remember one guy telling me he was raped on the work site and no one supported him and he had to sit in the room with the offender. It was really soul crushing stuff.

I left nursing because it was starting to wear me down. I only got my qualifications in nursing in 2014 so I got burned out very easily. There are so many broken people because of the workers comp system. It is just incredible.

In relation to return to work, the workers compensation system is letting people down. The insurance companies are just there to make money. Workers comp was set up to help people in dire need. But the changes stripped the guts out of it.

The system just is not working. It's too big. It's top heavy and the weight is crushing the people that it is supposed to protect.

The mental health aspect from the failure of the system cannot be overlooked. People think: I'm not able to provide for my family; I may not be able to provide for myself; people think I am a whinger; I'm a very independent strong person so I don't want to lean on people to help me; why me. People who have done manual labour don't know how to fit in society once they have a disability. It makes life very hard. It causes the injured to hide their injury. If someone's got a sore back they'll suck it up and they will cause more damage to themselves or they sit at home and self-medicate and they destroy themselves.

In regional areas we are going through a jobs crisis so it's even harder for injured workers to find jobs, which means they have to move away.

What politicians need to realise is that every part of life affects a human beings mental health positively or negatively. We are sponges. We take it all in. If we have a negative experience in a workplace, that stays with us. If we have a positive experience in a workplace, that stays with us.

The effect seems amplified in the workers comp space because of the strong connection between the sense of self and your ability to work.

Danielle's story

Danielle suffered a nasty spinal injury while working for a large supermarket retailer, a self-insurer. She snapped a disc in her back, meaning she required surgery. But her employer was unprofessional and unsympathetic; stalling her workers compensation and making her use sick leave. They also told her she shouldn't speak to her union or see a doctor they didn't approve. When her doctor recommended surgery, her insurer, EML, made her get a second opinion, delaying her operation. EML did not answer calls while Danielle was in hospital, and rejected claims to pay for home equipment or transport to post-hospital medical appointments. It was only after involving her union and making complaints to WIRO that she got her insurer to fulfill their

obligations. Danielle is still off work and her mental health has suffered due to her treatment by her employer and insurer. Her family is also in financial stress.

Near the end of my shift I reached over while standing on a pallet to pick up a box and felt a little 'snap' feeling in my back on the right side. It left an uncomfortable feeling. I reported this to our Health & Safety Representative (H&R rep) in the store.

The following day I experienced pain in that area, like a constant pinching. I went to work and I told the nightfall team leader. He said he would note it. He said the only issue would be that I could "only use the work doctor".

My injury become progressively more painful, driving home was tough.

I was in extreme pain the next day, so called my boss and said words to the effect of "I'm sure you're aware I've had a workplace accident." He replied words to the effect of "I know nothing about it". He told me to "go and buy some Voltarin" and that "[he] will see if he can get [me] into the physio today." I told him I was very thankful and he replied "don't hold me to it".

My boss also said I could only use the work doctor. He also texted back and said "they cannot get you in anywhere as all physios are saying shut or booked till Monday/Tuesday. They will call Monday morning to advise, if you haven't heard anything by lunchtime Monday ring me at the store."

I was skeptical and in major pain so I googled 'Physios' and I got an appointment that very day at 3pm at a physio I found myself.

I texted my boss and sent details and asked if it was OK to use them and he replied by text "call me at the store". I called him and he told me they use the same physio with whom I booked an appointment. I found this upsetting as it was obvious he had not rung around for me.

My boss told me to pay for the physio appointment and to avoid using workers compensation as it would take more than an hour to complete all the paperwork. He told me to keep all receipts and to apply all my restrictions at home too.

I went to my physio appointment and was given a massage. The physio told me I need to strengthen my pelvic floor muscles "like my husband's penis is in my vagina and I'm squeezing on it". I felt really uncomfortable and intimidated but I needed his help as I was in so much pain and no one was helping me.

He said he would see me on Monday and gave me stretches to do and told me not to go to work.

I called the store the following Saturday and discussed why I wouldn't be in for my shift due to the injury. I later discovered they used my sick leave.

I called my boss and said that I had an appointment with the physio again and asked whether it was OK to go. He quickly said "yes no concern at all."

Later that day, I was very upset at being left to deal with this myself not knowing what to do so I called a workmate crying and pleaded with her to give me advice. She advised me to call the H&S rep.

I called the H&S rep and he was helpful and understanding. He recommended I go to a chiropractor. He said I would get instant relief. He messaged details and I booked in straight away.

The chiro said to undress and did a procedure and I could instantly lift my head and stand straight. I was very happy.

The following Tuesday, I woke up with all my pain back again. The H&S rep advised me that you “usually you need a few visits”. I was so upset and in pain that I went against what I was told and I made an appointment with my GP.

My GP said I needed a CT scan right away and said she was very concerned. I received work cover forms and CT scan referral and scripts for pain relief and was told to come back Friday.

Later that day, my boss texted me and told me to call him at the store. He said I had done the wrong thing by going to my GP and that I had jumped the gun by not following protocol. He said he or someone from work should have been there. He asked me not to have my CT scan until I spoke to the manager.

My boss also questioned why the physio hadn't sent anything to the supermarket. I told him “because to date I paid for everything myself, like you told me” and that “I still haven't been seen by a manager to get a workers comp claim number”.

I later discovered that my sick leave was used as I was unable to work my shift.

On Wednesday, my boss messaged and said it was OK to have the scan sooner and to keep the receipt and he will organise a refund. He told me to go in on Thursday to see the manager and get to get the workers compensation form filled. He told me to continue with physio and that no one could come to my appointment with my GP. He also said to tell my GP I can still go to work and do other duties if I can. He said call later to organise a catch up. He said not to mention it is workers comp as it may cost more and that he can refund me earlier than Tuesday if needed. This did not sound right to me as it was a work injury and he was telling me to lie.

I visited the physio and while doing exercises he said to me “no sex” and told me to “tell your husband to use his hand” and to “put him in the corner”. The physio also said “the first time he gets any he will explode and shoot across the room.” He got me to do a stretching exercise in my bra. He stood in a way where he could look down and see straight into my cleavage. After three times of doing the exercise I stopped and said I would do it at home. His comments made me feel very uncomfortable.

The following Thursday, I was unable to work my shift due to my injury and again my sick leave was used.

I went to my GP, no one from work came. The doctor informed me I had a prolapsed disc very close to my spinal cord. I broke down in tears.

My boss asked for receipts so I took photos. They wouldn't pay for the chiropractor.

I called my union, SDA, and asked if I was right to be concerned about telling them not to bill the scan as workers compensation and they told me that I should be.

I told my boss I had called the union for advice and he questioned why I had done that.

I rang my GP and told her I had no feeling in my big toe and the side of my right leg. She told me to come in right away. My doctor sent me to hospital, and while I was there my boss met my husband and gave him hundreds in cash for medical appointment reimbursements.

My husband sent all my paperwork to work, and called my boss to ask for insurance details. My boss said he would get back to us. My boss messaged my husband later to ask if he could come in to the store to receive a cash refund for medication, and my husband was given approximately \$200 in cash.

We were told the insurer EML would call us but they never did. But the union managed to contact them and I went through a claim process.

I received a call from my boss, who questioned me in an aggressive manner about what I had told the insurer. I told him I did not want to speak to him as I felt groggy but he persisted asking what I had been telling the insurer.

Later I went to see a back specialist. I was not well at this stage. I was using a walker, was in massive pain, was suffering spasms, was forced to pull my right leg back and could not sit.

The specialist sought permission from EML to have an MRI and a lumbar steroid injection

It was accepted by EML and carried out that day and I was then informed my disc has also snapped and my nerve was compressed and the disc was dangerously close to my spinal cord.

EML then sent me to another doctor for a second opinion, but I didn't receive any payments from them. When I rang them they told me they were processing them.

I finally received a report from the second doctor, who approved the surgery. This was good but very disappointing that it took so long as my specialist had booked in the operation days earlier but due to the tardiness in the report it had to be cancelled and rescheduled. I was devastated that I had missed surgery due to this.

Without any prior notice, I received a phone call by a woman who said she was two minutes from my house and was coming to do a home assessment with a physio and the store manager. I didn't know who she was. I said "No, I can't shower to look presentable and my husband isn't here to help me get ready". I also said I will not have the store manager in my house as I was upset he had never made contact with me the entire time I had been injured.

I called my husband and told him that a lady was coming. I couldn't remember her name or where she was from. We discovered it was a rehab provider sent my EML even though we requested "ipar". I was very annoyed as I had previously chosen ipar as my rehab provider and I was given no notice of the visit. We allowed the woman to do the assessment that day (as ipar were unable to attend at such short notice) and she said she would pass the details to ipar. This was never done.

I then had my surgery. The physio attended and I got up with a forearm walker. The physio adjusted the walker while holding it. This jolted my back which was very painful and I was put back into bed in tears.

My pain was intense and I could not walk as I was too dizzy. The rehab provider was approved and I was moved to a rehab ward.

I was sharing a room with an 86 year old lady. Throughout the night there were several incidents where the lady:

- I. tried to poo next to my bed;
- II. tried to get into bed with me;
- III. shook my bed while I slept;
- IV. tried to urinate on the bathroom floor; and
- V. repeated the word "danger" over and over so I was unable to sleep

The lady was moved the next day.

We requested earlier in the week for day care assistance for our youngest son who is 4 years old. We got no response.

We were told it's not protocol to pay for this but my husband said we are suffering financial stress due to my husband having to take time off from work and because I was not in a position to look after my child.

Childcare was finally approved after the hospital vouched for my condition.

I was discharged from the hospital before I was ready to leave. I had not been provided with any in-home services or transport home and there had been no communication. EML would not return my calls.

We called our union and she contacted a solicitor for advice and I was told not to go home if contradicting medical advice.

An old lady I was sharing a room with poo-ed herself through the night and left the bathroom door open while getting the shower head and washing up her bum then changing her nappy. She was up most of the night and a few times I had to yell at her as she tried to get into my bed.

Very early in the morning at the nurses' shift changeover time I began to cry as I was tired and upset and in pain. Two nurses gave me medicine. They asked what was wrong and I told them how I had had no sleep because the old lady was up all night and also tried to get in my bed. I found it distressing but the nurses just laughed at me.

The new manager called me and asked why the union was involved and whether we were taking action.

The hospital said I could leave next day, however EML would not let the hospital know if a toilet chair, shower chair or transport was ready for me.

I was extremely upset at the hold up and lack of communication and EML. We told them they will be charged with a further nights' stay for me until my 'at home situation' was sorted. It was only then that EML approved home equipment.

However, even though I was ruled medically unfit to drive, EML refused to provide me with transport for post-hospital physio appointments. I couldn't afford the high cost of taxis so have had to miss appointments. I was even told by an EML employee to "drive for five minutes, get out on side of road and repeat until you are there and same on the way home". I was outraged as I can't even drive and it is not appropriate or safe to stand on the hard shoulder of a highway.

I made a complaint to WIRO about this, and days later a taxi account was finally set up.

I am still off work with my injury.

Bill's story

Bill had a workplace injury claim settled at the Workers Compensation Commission. He believes the contract is "disgusting" and against all return to work ideals. He also objects to the secrecy clause.

Steale's story

Steale is a building worker who seriously injured his spine in 2014. He is awaiting spinal fusion surgery. The vocational assessment process identified completely impractical job options given his injury and his attempts to re-train were frustrated by the insurer. He has a secondary psyche injury and fears a work capacity decision and removal from the scheme is imminent.

I was injured in July 2014. I had a prolapsed disc that required surgery relatively quickly as the injury was quite close to the spinal cord. It remains very sore. I take opiates every day. I'm currently waiting for approval to get an MRI so I can get another operation to fuse my spine together.

After the injury I was forced to return to work at a building site in Sydney 3 days a week. When I was injured I was working in Wollongong but that job had finished. I started at the Sydney building site about 4 months after my surgery. There was a return to work plan but when I got to the city there was nothing for me to do because the job was finishing up. So I was basically sitting on the train from Wollongong to Sydney, which made my back worse.

I had a case meeting with the rehabilitation provider and my doctor. The rehab provider wanted me to try to go back to work 4 days a week and duties that included me cutting sheet metal. I'm on such strong medication and I did not think me cutting sheet metal would be safe. My doctor kept saying you have had the operation and your back is fixed. They were just pushing me to go back to work. But I refused to sign the return to work plan and I changed GPs.

It was clear to me I was not going to be a bricklayer again.

I suggested that I could do a First Aid course, working at heights, confined spaces, safety rep etc. All of these requests were denied by the insurer. The insurer got me a job placement person and he agreed to the working with heights course. It was about to be signed off when the insurer changed to Allianz. I asked Allianz to approve the course for 6 months. One day it would be approved, then they would retract and then send me to a yet another independent medical.

I was sent to an injury management consultant. I had already seen 3 already. At this stage I really needed psychological help due to the stress from the insurance company. It took the insurer 97 days to approve it.

After one year on workers comp, the overtime and shift allowances were stripped out of my weekly payment. My pre-injury wage was about \$1700 a week. Now I had to live on \$1200 a week. The insurer claimed I had been overpaid \$5500. I felt this was a threat so I wouldn't pursue other claims against the insurer. I was shocked that my collective bargaining agreement between my union and Fusion, my employer, that defines the ordinary rate of pay for workers compensation purposes, was not upheld by the merit review officer at SIRA. After taking my case to the Ombudsman, my payment has now increased, which I believe is fair.

Right now the insurer is trying to remove me from the scheme. They conducted a vocational assessment that says I can be a delivery driver (my pain killers don't allow me to drive), a Foxtel installer (how am I supposed to get up on the roof with my back injury) or a building estimator. They are not dealing in the real world. I've been a bricklayer since I left school and I still want to do something that is connected with my trade.

The insurer paid for me to attend a test and tag course. They finally approved it after 2 years. But it caused me too much pain and my restrictions got in the way.

The insurer is now asking how much a test and tag person earns and saying I have to search for 4 jobs every week. There are no jobs that meet my restrictions. My restrictions are: lifting no more than 7 kg; driving up to 20-30 minutes at a stretch, limited twisting, bending and squatting, 5 days full-time only in sedentary work. They never consulted my doctor or me about the return to work plan.

The insurer bought me a test and tag machine so I could practice. I couldn't even do it on the appliances at home it was so awkward.

I know they are going to do a work capacity decision on me and say I can earn heaps of money and get me off the scheme. I can see what they are doing even before they do it. And when they do I won't be able to use my lawyer to help me.

I haven't had my whole person impairment assessed yet because I haven't had the spinal fusion surgery yet. Hopefully then I will be able to work, even if my back hurts. I'm won't be doing it for the insurance company but to help my family.

I'm now on 80% of my previous wage. It's really hard to make ends meet. I can't pay my landlord 20% less. It's hard.

Lily's story

Lily is a teacher who badly injured her neck in an accident while driving to work. Despite the changes to journey claims, as the accident was not her fault she was covered by the other driver's Compulsory Third Party (CTP) insurance. This paid for sick leave and long service leave that she had to take as a result of her injury. Rehab providers helped her with a gradual return to work and she was satisfied with her return to work program.

I was involved in a car accident on my way to work on in May 2016. The other person was negligent, so my Compulsory Third Party (CTP) insurance got on board quite quickly. I fractured my neck, was in a neck brace for six weeks and off work for ten weeks. The insurance company repaid the sick and long service leave I had to take.

My doctor suggested a graduated return to work, to which the principal, my rehab provider and the insurance company agreed. I worked for three mornings the first week, then five mornings the second week, then full-time by the third week.

This was a return to work program which I found helpful. It allowed me time to attend physio, doctors' appointments, and to get a rest in-between.

My rehab provider came to school to look at my classroom, staffroom etc. and made some adjustments to help me. The principal was willing to help as much as possible and walked around with the rehab provider to see what needed to be done.

I highly recommend a gradual return to work program for injured teachers.

Simone's Story

Simone, a government worker, was horrifically bashed at work and then 3 years later suffered a serious fall at work while pregnant. Her injuries (physical and mental) stabilised but she could never return to full time work. She spent years working part-time but eventually resigned with the never-ending pressure to return full-time. Simone wishes her disabilities could have been permanently accommodated. Simone now works for herself and is working on her Masters. Her pay is lower and unstable and she would still prefer to be working back in the Department.

My first injury was in 2003 when I was assaulted by a client. I suffered hearing loss, fractures to my ankle, knee, shoulder and 3 bulging discs in my back as well as other physical issues. I was a Government worker.

My second injury was in 2006 was when I was 36 weeks pregnant. I was climbing the stairs to work at 7am. The cleaner had just cleaned the stairs and unfortunately I fell down the stairs. I exacerbated my old injuries in my knee, ankle and back and got some new ones like my other knee, a crack in my vertebrae, an unstable sacroiliac joint and ongoing psychological issues.

I live with pain every day. I've managed through it. I just came from a psych appointment today. I have monthly appointments to manage my PSTD. I have continuing GP and specialist appointments to manage the pain but I struggle. Unfortunately some of the medications I need to manage the pain and psychological injuries impacts on my day to day life and has other side effects.

I've been assessed as 17% whole person impairment. When I went to court for my first injury I had completed the wrong paperwork (as I had changed solicitors) and therefore I was awarded a lot less than I should have been.

After my first injury I returned to work after 6 weeks. I did not know the workers comp stuff at that time. It was actually quite embarrassing to be on workers comp. I felt pressure to come back. I'd get a call every week asking "when are you coming back?" When I did return to work I was actually holding on to stand up. I came back initially for 2 hours a day 2/3 days a week and built it up to 6 hours a day. Previously I had worked full time 7 ½ hours plus unpaid overtime and casually on the call centre. The weekend work paid really well. About an extra \$600 a week. I never returned to weekend work.

After my second injury I didn't return to work and went straight on maternity leave. I was 36 weeks pregnant. All my old injuries had flared up and also the PTSD became worse after the baby. That was due to the fact that I wasn't at work and was in enclosed spaces. Then you get anxiety and then you get scared about things - scared about what's happening out there and you stay home with a baby to protect the baby, protect myself.

With the injuries I had I was quite disabled carrying the baby. I was certified as being unfit to work until 2010.

I started seeing a psychiatrist in 2009. Prior to this I had seen psychologist, EAPs and a counsellor after what happened in 2003. The Department had organised and paid for this. The psychiatrist put me on medication. I've paid for that since 2010. That's because I was cut off workers comp in December 2009 once I was deemed fit to return to work. All medicals ceased then.

I was meant to return to work in March 2010 for 4 hours, 2 days a week. I had a meeting with my supervisor. They said you can't return to work as you are too injured. They organised a full medical by an IME.

I had the medical in May 2010. I was told in June I could do 4 hours, 2 days a week but with a review 6 weeks after I returned. I heard nothing from them so I called the Union. When the union got involved they finally started paying me in August and I got back to work on 15 September 2010.

I was not allowed to return to my original position in my work location. They said there were no suitable duties at that location. But the department could have easily accommodated me in the in another office in the same location.

I was then employed in the District Office in a desk job with more paperwork. I wanted to stay on 6 hours a day so I didn't have to drive in peak hour traffic with my back spasms and I also asked for on site parking. They agreed. But this was seen as a negative by the IME as he said it shows I am at a high risk of re-injuring myself.

I had a review every 6 weeks but we had a change of management so no more reviews happened. It was a shame because the boss I had up to that point was really good. The new ones did not get it. I did manage to add another day as there was so much work to do. There was a lot of pressure to work more and more. I continued to work in accordance with the return to work plan. I also added one hour working at home but that was seen as unfair to others as there wasn't enough supervision. This hour was removed as I couldn't do it at the office.

There was more and more pressure to come back full time. They were pushing me to return to work full time. I explained I have a disability and return to full time work is for people who can improve but after all of these years I haven't improved. This is it. I am now disabled. The Department however never treated me in accordance with their disability policy. My health really suffered as they were pushing me to work more. My liver was damaged because I was pushing myself to work more and needed to take more painkillers.

Then there was an unfair complaint against me and I just couldn't do it anymore. So I resigned in 2015.

Since then I have started my own social work practice because I am not employable. It was very difficult looking for other employment. As soon as you say I have a back injury, I need to have a special chair and headboard, immediately they don't want you. I did get offered a 4 day a week job back in the Department in the following July

but it was too much for my injury. My kids were over 6 by then so there was no requirement to let me work 3 days. That seemed silly to me.

I have significant qualifications as a social worker. I have an associate diploma and a bachelor in social science. I'm working on my Masters. And I'm not including 20 years experience in this field. But I do have restrictions.

The workers comp system didn't pay for any of this training. The Department supported my placement, but they didn't pay.

I've had no contact from my insurer since I quit. In 2012 I needed knee surgery. The insurer declined. They said it had been too long.

I am not earning a comparable wage as before I was injured. My wage is unstable. Christmas time is very slow. But I have partnered with a more established firm of psychiatrists. I would have preferred to stay in the Department with permanent accommodations.

I received a settlement in the Workers Compensation Commission of \$25,000. My monthly psych bills are covered by workers comp as are my fortnightly physio and doctors' appointments. I pay for my acupuncture and I paid for the knee surgery I needed.

Shan's story

Shan was a science teacher. He was injured at school doing sport with students, destroying his knee. He had an operation but his perineal nerve was injured and unable to be repaired causing constant pain and 28% whole person impairment. Shan tried to return to work part time but because of the complicated nature of the injury this caused significant pain. He was put on more difficult classes and then transferred to a school further away, with less support and harder classes. He has successfully transformed his hobby to a career as a dive instructor. It is seasonal and with a lower pay rate. The pressurised environment in water reduces the pain of standing. Due to the changes in 2012 he is now on a transitional rate that is less than what he was getting before. Financially, things have been is very difficult for him.

I was a Science teacher. I came from a background of working 13 years as an engineer, until my employer downsized. I then got into casual teaching and then went into full-time teaching. I had a dive business back then and had my Dive Master qualification and a commercial boat licence. At the time, the business wasn't very successful.

I was injured on 25 October 2007. I was a school teacher and we were encouraged to get involved in sport and encourage the kids. I was playing cricket with the kids.

It was a freak accident. I slipped and my foot went from being straight to sideways as I bent my knee the wrong way and basically ripped my knee apart, it snapped. I tore my ligaments; I ripped and ripped the tibia band, lateral ligaments, the femoral hamstring and the muscle tendon from the bone. It all snapped. I also injured the perineal nerve.

Most of my injury was fixed in a major knee re-construction. But one of the main things I did was rupture the perineal nerve. That's the nerve that runs down your leg that allows you to pull your foot up and rotate your ankle and a lot of little muscles in your leg that allows you to balance and things like that.

It was all on the old system, and I had three major operations.

1. The knee re-construction;
2. A nerve graft where they took a nerve out of the back of both legs, and that didn't do terribly much, they tried to graft it into where the perineal nerve was;
3. The nerve graft was unsuccessful so about two years later I had my 3rd operation, to reduce the amount of foot drop that I had.

I felt like I was going in blind a lot. The only people I had much to do with at the time was someone from the agency, a return to work organisation that the insurer chose, and at the time it was GIO and later on I switched to Allianz.

I was most in contact with a welfare officer at the time with the Department of Education and I switched the treating medical officer from the Orthopaedic Surgeon who was only interested in treating my bones and not the whole person, to my GP who I had a good relationship with.

I was assessed as having 28% permanent impairment; with partial paralysis in one leg, continual pain in both knees, poor balance and instability.

Most of my problems were trying to get back to work. They pushed me to go back to work straight away. I think my Head Teacher thought I wasn't going to be reliable, because I was only going to be part time. I started on ½ day 3 days a week. So rather than risk the disruption to the good classes like seniors or top classes, they decided it would be better for me and for the students to give me all the bottom classes. They are however, much harder to manage. I also thought the disruptions didn't give you time to build a rapport with these kids. It makes it worse for the bottom kids as the top kids can cope with change a lot better because they are more motivated.

The trouble for me going back to work was I was in pain standing all the time. My leg was swelling up and because that water (in the legs) was coming from somewhere. I was dehydrating all the time. You can't really be drinking water in class – because you can't say to the kids "just wait a minute I have to go to the loo".

So I was dehydrated and was very irritable, every bug that went around the school I got because I didn't have any resistance to it, so I was getting sick all the time.

I found every irregularity in the school grounds – whether it was because my foot was tired, I found I was kicking things. My biggest fear - because kids are pretty

unforgiving – the last thing I wanted was to trip over in front of them in the playground and have all the kids laugh their heads off at me.

Amusing things occurred as well, as there was a kid with Spina Bifida and he challenged me to a race which was quite funny. He is a great kid. It was really difficult.

After the 3rd operation, they actually moved me from the school I was at teaching at to another regional area. It was further to travel as I was living and they moved me to a very difficult school. I'd been teaching and my old school since 2001 and I knew the kids, and I could walk in the class and they would say you don't look so good today. They were good kids they'd just behave and do everything I asked them to do. So it was easier even with the Year 7 kids as I had taught half of their brothers and sisters. It was a lot easier because I had a report with them. So they sent me to this other school, where teachers were asked to give me a class each to help. So I got the worse classes in a Year 10 class – one kid was from day release in gaol. It was a nightmare.

I was in pain and just didn't cope and they decided the first option of me returning to my old job was not possible. So then the claims people thought, "you have your teaching qualifications, do your Cert IV Training and Assessment" and they got me through that then I could teach at TAFE. But unfortunately it didn't work. I am a Chemical Engineer with degrees that have got chemistry and physics in them. Yet my first permanent department job was as a biology teacher, so I had to learn biology as I taught it. But when it came to TAFE I didn't have the academic qualifications in biology despite having been teaching it for quite a few years and I didn't have the practical experience to teach physics and chemistry because I hadn't taught it. Basically they said just to get in as a casual – there was no chance with the changes in TAFE.

I was basically switched down to the 80% income by then. I thought I have got to do something else. I had my Coxswain license ticket valid and my dive master so I check out dive shops. I Googled them and sent an email about my qualifications. A quarter of an hour later I got a phone call, "Can you start Saturday?" That was a start of driving boats again and leading dives in early 2011.

The Department determined in November 2010 that I could no longer go back to my permanent job. I was not terminated and I'm still on the books. I have no intention of trying to get terminated. The owner of the shop at the time talked the Department into retraining me and to giving me a Dive Instructor course. So I upgraded from dive master to dive instructor so I can lead qualified dives to a lead diver.

I was doing the diving work on a casual basis. During this time I went from 80% down to the statutory rate. I was on the stat rate of \$815.80 per week plus an allowance for student children and with the diving money I could earn up to 80% of my previous income. I wasn't as well off as when I was a teacher but certainly not doing too badly. But diving is seasonal, there are some hardier types but it is seasonal. The fact that I had the hobby job back in the nineties suited me. The trouble with a diver instructors job, say in Sydney, is you have a lot of IT professionals and people like that, who like diving and become instructors so shops will look after them and give them free holidays and things like that – so they don't

really want a lot of workers. The standard rate for a day's work for a Diving Instructor is \$120.

While the "new" pay scale took a few years to be implemented for me, avoided for a time by using available sick leave, the true EVIL of this new system became apparent to me. The old system was basically a living rate + what you could earn up to 80% of your old income; the new system is supposedly 80% of your old income minus what you are assessed as being capable of earning. As far as I'm concerned it seems like a cosmetic change really – but the true "cost saving the government gave to the insurance companies was that they could virtually "write-off" all existing claims when the law was enacted.

Instead of being paid what the new system calls for (80% of my average income minus my earning capability) existing workers were put on a "transition rate" – essentially 80% of the statutory rate from the previous system (\$788.32) minus what I am capable of earning meaning the insurance company is only paying \$428 per week – less than half of what I was paid under the old system or what I'd be paid under the new system if the transition rate didn't exist.

Plus the insurance company initially used the minimum wage instead of the diver's instructor rate to calculate what I was capable of earning.

I had to go to WIRO and appeal the fact that I was getting paid less than the minimum rate. This worked on this occasion. I found out about WIRO and my rights through googling.

I've been on my own a lot. I got a payout for pain and suffering because I was more than 15% or whatever it was. But I really found the whole experience with the Lawyer – I had Fed Law – she was part-time coming back from maternity leave, I felt like I wasn't much of a priority and felt they didn't really have a clue of the new system, which is probably true.

With my level of impairment I got \$70,000 as the total pain and suffering.

I would have been happier if they had rid of my loan and debt, house loan and things like that and I could survive on what I could do. The insurer wouldn't entertain that.

After I paid my mortgage and things in the month I basically have \$200 left a month for everything. It puts a lot of financial stress on everything.

You have a government policy that basically that aims to push every injured worker to the edge to the brink. I would like to know is anyone working out how many people on that transitional rate have suicided, or if their marriage has been ruined and how many people are homeless because of it. I'd like to see what damage that has caused.

I was working 5 days a week but they started enforcing monthly visits to the doctor. I was seeing the doctor every month during the high season and working 5 days a week. The doctor was noticing I was really deteriorating in the peak season, so he reduced me to 3 days a week.

I am no longer good on my feet. They audited me one time to sit me down in front of the classroom to teach. They stated I would have had another teacher sitting at the back of the room – it just doesn't work with those students.

I could teach at one of the top schools, but even playground duty and walking around – I would have to be treated unlike a normal teacher now. When I was teaching I was finding I was in a lot of pain and wasn't coping with anything at home. I couldn't mow the lawn or anything like that because I was too sore. What I am doing now after I have had assessments both by my personal doctor and by the insurance company has concluded that spending a lot of my working time in a wetsuit is like a great pressure bandage and it stops the swelling. Being underwater and swimming is my best exercise, it really is ideal for me in a lot of ways. I was very grateful that I was already a diver before I got injured. So I am happy with the job and the lifestyle I have now.

I lost confidence to go back to teaching because of the pain. Look, there are two types of teachers. There is the stand-up law and order type that demands respect and I have always been involved hands on and have a rapport. I still have hundreds of ex-students friends. My students simply behave themselves because they got on with me. I'd have a new kid come in and muck up on me – and another kid would say don't talk to him like that. I never had a problem teaching but I just haven't the confidence now.

They never offered anything like curriculum development or office jobs. I tried it for a very short amount of time. After I came back from my 3rd operation they got me doing ½ days 3 days a week to the end of the school year. Everything I did they put straight in the garbage bin. It was just like digging holes in the sand. Doing what I am doing now, I like the lifestyle and because I have been diving for 25 years I have the respect. I'm not an old injured teacher there in pain and grumpy. Look I know the best ways to get the best out of people – you get respect out of that.

I don't want to be medically retired from teaching – as it is the only thing that helps me survive for 10 weeks when the credit card goes up.

I dropped a dive tank on my finger and split it open a couple of weeks ago and for 3 weeks I couldn't work, so my rate went up to \$755 which allowed me to pay my car rego. Just shows you how desperate things are moneywise with this new transition rate.

Whilst I am happy doing what I am doing, it's just the financial side that is difficult. It's like moving the goal posts after the ball has been kicked and I find that's terrible.

I talked to an ex-teaching colleague. He said he has spoken to people who are almost suicidal on the transition rate. I've sent letters to the Premier's office and someone rang him and I said 'Why this transitional rate' the answer was 'it's too difficult to calculate 80% of pre injury average week earning rate for everybody' who was on workers comp before, so now we have gone onto a transitional rate. The thing is the maximum you can earn has always been 80% of your average weekly earnings. So why is that so hard to workout. But now it is 80% of your statutory rate

I personally think the real evil in this whole workers comp thing has always been the thing with the media finding people who rot the workers comp system. It's a way of get everyone to think they're all like it.

I think Mike Baird should be held accountable for it. This transitional rate is criminal. It's allowed insurance companies just to effectively right off people and I notice Allianz was a big donator to the Liberal Party last election. I also blame Labor as they allowed the Liberals to walk in and mandate and do whatever they wanted to. I just think that transitional rate is one of the biggest evils and it should be abolished. I'd like to say abolish the transitional rates and make all workers paid on the new law or if that's not possible for those people who have been on workers comp for 20 odd years and they can't find their average weekly earnings – well pay them on the old system. But I just think this should be backdated and corrected.

Alison's story

Alison injured her back due to a faulty chair at work, and now has to live with three bulging discs. She feels her employer has treated her badly since the accident, rostering her on public holidays rather than exercising the option of giving her the day off. She is also unhappy at her insurance settlement, believing the insurer has capped the amount she can now earn.

I was injured by a faulty chair at work which gave way. I now have three bulging discs in my back.

Before my injury, my work would never roster me on public holidays as they didn't want me to get the penalty rates.

However, once the laws were changed to reduce penalty rates, I seem to get rostered on every single public holiday.

My insurance company will only let me make a certain amount. If I go over that threshold, they take it.

I'm so disadvantaged as a result of this rule. I have lost so much in wages through no fault of my own. My work has the option of granting me a free work day instead of rostering me but refuses to do so, saying I have to work due to "business needs".

Mina's story

Mina worked as a social worker for NSW Health when she injured her shoulder. She feels her employer and insurer did not assist her

return to work. She was given alternative roles in different locations that exacerbated her injury. She was then let go because she was unable to return to her substantive position. She expected NSW Health to be supportive of her health needs, but has been disappointed by them.

I was working at NSW Health, staying with my aged parents so that I could up-skill as a midwife.

In 2010, I was doing an evening shift one night when I reached above shoulder height and felt severe pain in my right shoulder. I couldn't complete the shift. My boss gave me a couple of days off. I tried to go back to work but it was too painful.

I was made unfit for duties and put into the hands of WorkCover. I was placed with a Return to Work Co-ordinator.

I was then told there were no suitable duties for me.

I later started work as a clerk at a hospital – a three month position. Towards the end of this tenure I was approached to be a drug and alcohol support worker. This was a long way from my home and I found it physically challenging because of the driving involved. I needed pain relief on a daily basis.

I then took up a position as a mental health support worker in a distant location. The driving exacerbated my injury and the doctor put me on restricted duties with no driving.

In early 2012, management told me to return to my substantive position or resign. I saw a shoulder specialist who verified my injury. However, the employer's insurer sent me for an Independent Medical Examination, where the doctor told me the injury was all in my head. The insurer then terminated my claim.

I appealed the decision at the Workers Compensation Commission but lost.

My workers compensation payments were cut off in February 2012. The insurer said I had to take part in a return to work program to return me to my previous position.

In 2014, I decided to get a second opinion with my shoulder. The second opinion concurred with the first – confirming my injury.

I had surgery done and have since been pain free. I got a certificate saying that I could work again. I then had a work fitness assessment from a rehabilitation company.

I was still unable to get a job with NSW Health, so I went to a nursing agency. I worked as a midwife at a local hospital but this employment only lasted a short time.

It's hard to deal with the fact that they don't want you unless you can perform your substantive position. I assumed that NSW Health would have been supportive. As a midwife, I don't have many options. I am too old to go overseas. I don't have an income.

My Return to Work coordinator was totally incompetent. She was obstructive and accused me of lying. I found her behaviour very unprofessional.

Garry's story

Garry was injured 27 years ago and worked up until 2013 when he was made redundant. Since then he has found his workers comp history has been a huge barrier to finding employment. At 58, he's worried he may never work again. He also knows a local injured worker, sacked after he made a workers comp claim, who is weighing up deferring the serious neck surgery he needs so he can work in order to afford the 4 months of recuperation.

After working nearly 27 years in one job I had a really great employer that retrained injured workers so they could stay in the workplace. I was injured in 1989 and again in 1991 in my lower back. They got me out of the heavy work into less heavy work with a lot of responsibility and I ended up being the logistics coordinator on site. I took redundancy in 2013 and then got a job as a forklift driver but my back started to play up. I sadly had to resign that position because I found that I couldn't get by without taking anti-inflammatories.

Having a history of workers comp, I found it very hard to be employed after that. I had a few interviews. I would hand up my resume and I always found out the problem was my back injury. They would ask "do you have a certificate with restrictions" all the time. I have a certificate with restrictions. The restrictions don't stop me from working but as for future employment I am seen as a liability.

I went to a large logistics company. I was in a room with a group of people and filled out this application form, did some psychometric and numerical testing and passed. I put in a tax declaration form and completed all this documentation and had a one on one meeting with a manager. She told me where I would be working, what my hourly rate would be etc. It was casual, minimum of 8 hours a day, 15 minutes from home and the money was great. The only thing is that I didn't have a certificate 3 in Warehousing and Logistics even though I've been doing that for the last 20 years. It's a day course so they agreed to book me in to get it done and they would get back to me with the details.

At that point of time I believed I had a job. The following Wednesday I hadn't heard, so I rang the office and the manager called me back. I asked when I would be doing the training and she said my application was unsuccessful. I know why. It was my honesty about my workers compensation claim and also ticking the box that gives them access to my medical history.

I understand that I may be deemed as a liability. I'm 58. But I was proven in my employment with my previous long term employer. I worked there for 23 years after my last injury.

I think it's a bit sad. I know I'm not the only person this happens to. I'm a capable person that has a lot of experience to contribute. It's depressing. I try not to think about it too much.

When you apply for jobs online they don't want a physical resume, they don't want to meet you. You're treated as another piece of paper. It makes it very hard but that's just the way it is.

Garry's friend's story:

In early 2016 a local fellow was injured in the workplace. His neck was really hurting 3 or 4 days after the initial injury so against his employer's wishes he went and spoke to his family doctor. His doctor had some tests done which identified some issues with his neck and shoulder. He then proceeded to put in a workers compensation claim, which the insurance company accepted.

Once his employer found out he had put in a workers compensation claim he was terminated. He has been off work since. He has been getting insurance payments but they are decreasing. Now he's receiving about \$220 per week when he was receiving about \$1,000 each week after tax, not including overtime, when he was working.

He is about to have an operation. He's stopping smoking for that and to save money. He's having a small operation on his shoulder then another one to fuse his neck.

He was injured working in construction for a private contractor. It is a large employer. He was injured lifting scaffolding going up a staircase.

He thought he was well respected by the employer. He got along really well with his boss and the other workers. Everything was fine until he put in a workers compensation claim.

At the moment he is in a position where he doesn't know whether he should do the operation because he is suffering financially now and having the operation will have him unable to work for at least 4 months. If he doesn't have the operation he is thinking maybe he could work to get some money behind him, then have the surgery.

He actually has a significant level of fear of the employer. There have been some threats.

In my experience, fear of repercussions is a common thing. I've spoken to a number of injured workers who fear their employer.

Plus the system doesn't seem to recognise that even if you do make a claim and get compensated for injuries, you still carry those injuries for the rest of your life.

Carmela's story

Carmela injured her right shoulder while stacking shelves for a large supermarket retailer. When she returned to work, her employer made her continue doing shelf stacking, lifting heavy items to high shelves. This caused her to injure her left shoulder. She had asked to be put in a less labour-intensive position, but her employer denied her requests. She received workers compensation payments for 10 months, but these were cut off when the insurer decided that her injury was due to her age, rather than her job. The insurer also refused to pay for surgery. She feels as if she is only a number, to be replaced by a newer model, despite having worked there for 10 years. She is still out of work and suffering from depression.

In 2013, I injured my right shoulder stacking shelves for a supermarket retailer.

When I returned to work, I was put on what was supposed to be “light duties”, but it was really intensive and my injury worsened. They made me do a lot of reaching to higher shelves, even though I’m short.

As a result, my left shoulder was injured in 2014. I was trying to put all my work in my left hand, because I couldn’t use my right arm. One day, when I finished work, I got home and couldn’t move my left shoulder.

I booked an appointment with the doctor, and I was accompanied by a case manager of my employer’s insurer. The doctor advised that I could no longer do the job I was doing. But this was ignored.

The doctor also advised that I needed an operation. But insurer rejected this, because of my age.

I received some workers compensation payments for 10 months, but these were then cut off. The insurer ruled that I had developed the injury outside of the work environment. I don’t believe this as so many of my co-workers have developed the same injury as me.

My union, SDA, helped me appeal the decision to the Workers Compensation Commission. This was one year ago, but it’s still continuing and we haven’t had a decision. It’s so slow.

I had income protection insurance through my super provider, so I applied for this, and was assessed as have a Total and Permanent Disability. They agreed to pay 80% of my wages. But the case worker I deal with is acting as if he has to pay me out of his own pocket.

I had a meeting with my ex-boss, who said they couldn't take me back because of my injury. They told me to look for a job at another retailer. But they didn't help me with my job search.

My boss was very impolite, he was rude and a bully. He asked me to resign, or to come back and work regardless of my injury. I refused both options.

I was always arguing with my managers because they kept making me do things I couldn't do. I asked to be put in a position that didn't use my shoulders. There were lots of other options, but they didn't offer me any.

I felt my employer had something against me. Other workers who were injured got moved to less labour-intensive jobs that required no lifting, like on the register or putting the sales stickers over the regular prices. But they never moved me.

I'm suffering from depression because of this issue. I sometimes stay in my room all day and all night. I've had to visit a psychiatrist. I haven't worked since re-injuring myself in 2014.

I feel like I'm only a number, being replaced by newer models. Even though I worked there for 10 years.

The way they speak to you, the way they treat you, you feel as if you are nothing.

I'm too scared to return to my employer, because of the culture of bullying.

I find the jargon around workers compensation difficult to understand. I have a South American background, and English is not my first language. But my insurer never offered me an interpreter or to translate documents. I feel my English is good, I just wish they wrote things in plain English.

I have since been terminated by her employer.

Bobby's story

Bobby was doing some work in a warehouse/factory after finishing school to earn some money. Bobby's passion and intended career was dance and he was earning some money to continue this career. An unsafe workplace with inadequate safety lead to Bobby's foot being crushed. Bobby had two toes removed and suffers from pain. This has terminated Bobby's aspirations to become a dancer and will affect Bobby's entire life.

In 2012 I was injured in my workplace. I was helping out on the other side of the factory as the other male worker was already on workers compensation as he had hurt his back from a crane not being able to reach the work space he was in.

I was asked to move a 220kg marble slab with my female boss, by crane, load it onto a table which would then will cut the marble. The timber that was meant to hold the marble up had deteriorated. The marble fell and crushed the whole front of my right foot. I ripped my foot out. I had only being given gumboots and no safety gear. There were no signs in the work place, no induction, no safety procedures.

I pulled my gumboot off happy to see no blood – but what would come next would change my life. Being a full time dancer this was my life ambition to continue this forever. I was on a break working and was looking to get back into it after my HSC and after I had earned some money.

4 operations later I have now my two toes amputated, nerve damage, constant pain, difficulty finding shoes, waking up in night in pain, anxiety. My foot will forever have problems due to an unsafe work place. I should only reach 13 % whole body impairment, for someone whose whole life has been affected by a work injury.

I am 22 and I have a whole life ahead of me and now I am forever affected.

The laws need to change – I am still my way around WorkCover in order to be compensated.

In the meantime I continue to suffer due to an unsafe workplace. There do not seem to be fair rights?

Jacqui's story

Jacqui first suffered a muscle strain performing repetitive duties in her checkout assistant job in 2008. But her employers kept pushing her and denying the seriousness of her injuries. She experienced bullying and her health deteriorated further, until she eventually suffered a herniated disc. She was sacked, but fought her employers for workers compensation, which she now receives. She hopes to be operated on soon to correct her injuries.

In 2008, I suffered a muscle strain injury in my upper back brought on by a repetitive job at the checkouts.

Lack of breaks and working for long extended periods on the checkouts again became my undoing in 2010 when I suffered a slipped disc. The constant twisting, lifting and standing in one spot was the catalyst. I was placed on light duties (still checkouts but the express lane).

After being treated by my doctor, I was harassed by my managers for not getting better quicker.

There were no scans of any kind done for at least three months, until my physio sent me for x-rays because she was frustrated with my lack of progress. Then, I felt a ray

of sunshine as a new doctor straight away arranged an MRI, which confirmed I had a herniated disc as well as L4-5 collapsed space.

One year after my injury, I was sent to a specialist for a review and I continued to work. At that stage, the specialist did not feel my pain levels were high enough to warrant surgery.

Another year passed and I was sent for another MRI. The specialist compared my two MRI scans and confirmed there was more damage evident in the original scan. I continued to work in great pain, there was no let up. I wasn't allowed to go home if too sore, nor was I given extra breaks. I cried one day as the pain was too much, and then bullied by the manager and assistant.

Over the next two years I continued working. It was one nightmare after another until I could not continue and had a breakdown. I cried non-stop for over two weeks. The doctor wanted to take me off work, but they found me other duties. Eventually I was selling raffle tickets at the door, but even this proved too much.

I was sent for an independent medical examination (IME) and to see a psychiatrist. I felt the doctor was influenced by my employer. He was totally disinterested in me or my symptoms, he just kept saying yes, yes, yes. Not long after that I was fired by my company despite being examined by other specialists who said my case was genuine.

I had to seek a solicitor's advice, and luckily found one that had a good knowledge of the revised compensation laws. I endured a long journey through arbitration, having to see more specialists. Arbitration ruled in my favour and, I had to be reinstated for weekly payments. Now, six years after the injury I am going for an operation. I really hope there is light at the end of the tunnel.

Superannuation insurance ruled that I had a Total and Permanent Disability during this time.

I also discovered that injured workers are not entitled to borrow money from banks. But that's another story.

Meaghan's story

Meaghan, a teacher, was assaulted at work in 2012. She has had no support in returning to the NSW Schools DET (a self-insurer). She has had no help with a return to work plan or job placement despite working for the largest employer in NSW. After her injury in 2014 and 2015, Meaghan worked casually at another education provider but they terminated her when they found out she had a worker's compensation claim. Meaghan has paid for re-training and been to the IRC and the WCC and got recommendations and orders to have

her reinstated to a position, yet the Department has not complied. Meaghan is currently before the District Court seeking orders to remedy a breach of statutory duty to return her to work and if she loses she will lose her house.

I was assaulted at work in February 2012 at a high school. I have suffered five violent assaults previously, with no time off work.

I made a claim for the physical assault and also for the psychological injury which the previous assaults had laid the foundation for. the acceptance of the psychological claim.

Then I was left off work for 15 months. My first return to work plan was after 15 months. The WHS Coordinator was a nice lady and then the Department had a restructure and there was no more contact.

Allianz provided psychological counselling.

It was recommended a staged return to work, with 2 days for observation at first, with the second week in front of a class for one lesson. Then in May 2013 I had a car accident and tore my ACL (knee) and had to recover.

After 3 weeks from the injury they suggested I start the return to work plan again. The Department suggested that I go to a school that was over 100km away and I had a manual car so this option was not viable.

At this stage the Return to Work person in the Department resigned and I was given a new person. I emailed the new person for 4 months and was unable to make contact.

I got my first work capacity decision in October 2013. I found it was not based on medical evidence, and there was no information about what evidence it was based on. It said I was good to work. I could work as a teacher in a different high-school. The work capacity decision ended my income and I started to use up my sick leave until Feb 2014.

I was then finally able to make contact with the Department of Education Return to Work Coordinator after 4 months. I was given 5 options:

1. Return to the school of the assault which was against the doctors recommendations;
2. Resign;
3. Apply for an advertised position;
4. Apply for a compassionate transfer; or
5. Apply for Leave Without Pay.

The first three options were not appropriate for a tenured teacher and I applied for a compassionate transfer. This was rejected from the Department. I then tried a nominated transfer and there was no school to go to.

The next thing I was assessed as was that “I could work, but not at a school”.

I was forced to take leave without pay. There had been no offer of suitable duties or a return to work plan. In February 2014 I left leave without pay to try and work as a casual. I secured some work at another education provider. For most of 2014 they gave me a lot of casual work. I had to find the work myself from contacts. I was working with year 1s and tried really hard to do the work well.

Then in 2015 a new Principal came to the school. I was offered 4 days a week until the end of 2015 teaching English. Then when the Principal found out I was actually on Leave Without Pay I was terminated. I was told that the numbers were down and that I was not qualified despite my ten years of experience.

I was dismissed from the school but not the Department and I took the school to the Industrial Relations Commission. The Commission ordered that they offer me work.

I went back to the school the day after the IRC. I was employed again on a daily basis and not permitted to work more than three days.

I was only allowed to teach year 8/9s and no senior years. These were harder because they did not behave. The working environment was really bad. I then trained my replacement on my last day at the school.

I was not offered any more work.

I then went to the Workers Compensation Commission to seek a return to work order. They were ordered to explore placement in positions that were vacant, yet they still filled vacant positions with other people when I was qualified to fill the vacancy. I was not put in the mix at all.

I asked to get a rehabilitation provider appointed. In response I was provided with a 3 page report and a vocational assessment with no return to work plan.

I took the school back to the Commission and the Commission made more recommendations for which the Department did not comply.

I then went back again and the arbitrator dismissed it on the grounds my case did not meet the monetary threshold as it was a suitable employment matter.

Despite gaining recommendations and orders for my return to work the Department has not complied and assisted me with my return to work. The Workers Compensation Commission is a toothless tiger.

I called the WorkCover Return to Work Inspectors. Although they had the WCC orders, they did not issue an improvement notice against the Department.

WIRO did not want to fund it as it was a suitable duties case.

I applied for in excess of 40 positions at schools in 2014-2015 to get a permanent position, to no success.

I paid \$600 for training in CERT IV TAE and Cert 2 in Business Services.

I requested training from the Employer/Insurer but they made me ask my old school for funding, yet I was no longer part of the school and could not go back to the school because of the trauma.

I was called into a meeting and asked why the orders were not being met.

I queried why I got none of the 40 positions I had applied for and they said I did not have an adequate application. They cut off the school email and said I was not coming back.

When I went to the Commission we found an email that said words to the effect “no one with workers compensation concerns will be employed at the school” they just wanted to put an end to it. I had to finish up.

By then I had sunk into depression and had to put in a workers compensation claim for psychological injury. It was rejected due to Section 11A and I was put on an Acute Mental Health Plan in an emergency psychiatric appointment.

Throughout 2016 I have applied for multiple adverts for vacant positions.

The treating Doctor said I was still not fit for my old high school yet they wanted me to return there.

I am currently in the District Court funded by myself. I am arguing that the Department is breaching its statutory obligations. There is a notice of motion and no hearing date yet.

A QC is costing me \$6000 a day and there is a court ordered mediation. I have had to pay \$20,000 so far to try to get my job back. If I lose I will lose my house.

I have gone back to Uni and funded myself, and there is no HECS as it is a law course.

I still have no return to work plan and no suitable duties.

I have been put on Centrelink which was only approved in July.

Before this I had an unblemished record. The biggest employer in the State cannot return a teacher to work.

Leroy's story

Leroy injured his back, forcing him into an early retirement. He sought workers compensation, but feels the employer's insurer treated him like a criminal. They cut off his benefits, which meant he had to vacate his house. He now lives in poverty in a family home and hopes he gets cancer to escape his awful life situation.

I injured my back 2000, which eventually forced me to an early retirement in 2002. Initially, I was placed on workers compensation, but then cut off and forced onto Centrelink benefits.

I have been made to feel like a criminal. I had to get out of my own house and rent it out to avoid losing it. The rental income I receive only just covers my mortgage repayments.

I currently live like a hobo in the backroom of a family home with very little money to even eat, cancer is my hope!

I didn't return to work because my employer would not provide any re-training – it cuts into their profits. There were no work duties available for me.

I feel that both insurers and Centrelink only want to "NON COMPLIANCE or BREACH " you to dispose of actual injured people.

Sophia's story

Sophia injured herself at work. After receiving workers compensation, she returned to work while her company was undergoing a restructure. She thinks companies use such restructures to get rid of injured workers. Worse, is the fact they do it in a covert way, first by pushing workers into jobs for which they are unsuitable. She says this inflicts further psychological damage on injured workers. She would like to see a more transparent process for workers compensation that is easier to comprehend.

I am confused as I am on workers compensation and I am also going through a restructure at work. This adds extra stress, trying to work out what is required from the injured worker and what is not. I also have different people looking after different areas, meaning no one person is responsible.

There are loopholes and traps which can put the injured worker at a disadvantage. This will undoubtedly also raise the prospect of unfair discrimination and harassment, especially when a Voluntary Redundancy (VR) is on offer while a worker is on workers compensation. This arises especially when the worker is in a process where original duties are taken away and no guarantee has been given that the worker will be successful in maintaining a position.

Injured staff are put under extra pressure which could be lifted if changes were addressed in a more personalised approach to accommodate each individual. A proper consultation process which is presented at each step covering standard government requirements would help eliminate confusion and allow all parties to move together.

There should be a standard paper with agreed planning that is presented to the injured worker in combination with the relevant department. The plan should allow for all parties to work together to assist a return to work. This would eliminate confusion/conflict/legal costs/bitterness which often cause people to go around in circles and not move forward. Poor cooperation in the current system leads to further injury for the worker.

An organisation's best financial interests are top of their agenda rather than the injured worker. I feel that injured workers are often coerced to take a VR out of fear of losing their job in future organisational restructures.

It is unfair that, when unfit for duties, an injured worker's superannuation contributions are not paid. This is difficult for some who are waiting for operations and continuing treatment for lengthy periods.

Also, not all injured workers are entitled to use their sick leave whilst on workers compensation to top up their wages and/or also put this towards their superannuation payments. It would be good if this was mandated.

Most employers plan to remove long term injured staff on medical grounds when they can.

Instead of most employers stringing injured staff along on false hope which often pushes the injured worker to return to work in some capacity, a more honest and open disclosure should be in place. Workers need to be informed if nothing suitable is on offer for the long term, and this needs to be in writing so that the worker may pursue alternate options outside. This would also help prepare the injured worker through a better transitioning phase. Too often this stringing along is drawn out and done in verbal discussions only, and the injured worker sustains other psychological injuries by being misled when they are eventually told.

Workers compensation should not be treated as a game. It is a very serious area which people have been thrust into with no choice; many injured workers hide their injuries for a long time for fear of losing their jobs. Yet they also have the added exposure of more psychological damage from a system which is driven by companies looking at saving costs in any areas they can.

Jane's story

Jane is a teacher with 36 years' experience, and was injured whilst playing with her students. She tore her hamstrings from the bone. Misdiagnosis lead to prolonged delay in return to work. The misdiagnosis also lead to permanent ongoing injury with lessened chance of full mobility without pain. Her employer was resistant to her return to work, providing minimal adjustments and whilst away from the school deliberately shut her out of communications. Jane

has attempted to return to work several times, and each time pressure has been applied to return full time. Her return to work has been made more difficult by the provision of work that is actually harder for her to cope with for her injury. Jane now must apply for numerous jobs every week and despite still being employed by the school system has been black-banned from the school system and stopped from communicating with colleagues. Jane's has suffered a secondary psychological injury as a result of the pain and the treatment by the employer and insurer.

I was injured at school in 2014. The injury was misdiagnosed. I tore hamstrings from the ischium. I suffered extreme pain and scarring where the tears had occurred and could not walk effectively and had serious pain sitting. Inadequate medical support was provided to me, and when I was finally properly diagnosed and had the surgery to reattach the tendons, it was only partially successful and I was left with residual nerve numbness, weakness and tingling. No other medical assistance was provided to me and the lack of diagnosis became telling as it led to scar tissue and inability for the injury to heal.

I really wanted to return to school after 5 months despite severe pain I was still experiencing. However, I was banned from entering the school having never seen my students who last saw me collapsing in pain. I was only allowed to attend school for meetings and banned from attending staff gatherings, nor was I mentioned in any school meetings or correspondence. I had effectively disappeared and been isolated. At one stage I even communicated with my colleagues via email to state I was having an operation and was called by my Principal and admonished for doing so.

In October (6 months after my injury) I was finally offered physio, and I was directed to attend the school for a return to work meeting. I was restricted at this time and could not walk up or down slopes, up or down stairs and walking on level ground was still extremely difficult and very slow. I had difficulty sitting, standing and walking, but the Rehab Consultant decided that I could just sit at the front of the class and have the year 2 students come to me instead of me walking around the room and actually teaching. I returned on a part time basis initially at the end of the year..

I told my principal that with my current inability to walk, the nearest toilet was at least a 10 minute walk up lots of stairs from my classroom. The Principal's comment, verbatim, was *"So what do you expect me to do? Put a Porta Potty in your store room?"*

Fast forward to the beginning of the new school year and I was so sick of the insurance company's bullying and harassment (*"If you really wanted to get better, you would be trying harder"*) I agreed to go back to work full time despite still having great difficulty with walking and sitting and with an unbearable pain load. The doctor just said ok! There was no graded Return To Work plan to help me. I was just thrown back in and put back in my old classroom that was far from toilets, and required walking up and down a very steep slope to get to the staffroom. I was never told I could choose my own rehabilitation provider.

This was despite an empty classroom right next to the library, toilets and a short level walk to the staffroom. My colleagues on my grade were directed not to give me any help at all, as I was told I “needed to be able to do everything by myself”. This included carrying boxes of reading books up and down stairs. I didn’t make it through the first week and I collapsed in a sobbing heap. In all this time, the principal had NOT ONCE asked me how I was.

Another doctor in the medical centre immediately put me onto 2 days per week. The principal made it a point to tell me that despite the fact that I had medical certificate to work 2 days per week, it was my professional responsibility to ensure that I had planned the whole week’s lessons for whoever was going to take my class for the other three days per week. (This was extremely difficult let alone when I was in nauseating pain at the end of the day). I would go home and be asleep by 4 pm.

I managed to keep it up and was doing a good job despite having to do activities such as my reading groups while lying on the floor to manage pain. My principal told me, I had to do Parent Teacher interviews, despite the fact that the timing after school and into the evening made them completely at odds with her medical certificate. The next day in the classroom, I arrived back to school to find another teacher in my room. Once I had done the interviews, so that the principal wouldn’t lose face, the principal had decided to take me off my class and hadn’t even had the courtesy to tell me.

So I went from staying in the one room with a single class to walking all over the school collecting children for withdrawal lessons. At one point I had 10 children with special needs in a room that was up 42 stairs, was so small there was no room for me to sit down. Some of the lessons I had to teach were on the outdoor wooden picnic tables, which was still extremely difficult to sit for any length of time.

The treating doctor had resigned from my case in a screaming match with the rehabilitation provider because they were completely ignoring the conditions she had put on my certificate.

More and more of the same continued until the end of Term 2. The case workers stayed in the new doctor’s office for an hour until he agreed to write that I might sometimes be able to do 6 hours per day but with limited sitting, standing, no stairs and no slopes. My school then wrote a full time RFF (special needs) timetable that completely ignored the conditions on my certificate. When I complained I was told that 6 hours was almost full time so I had to do it. It required walking all over the school on a split campus, up and down lots of stairs and this was impossible with my injuries. I was crying all the time.

No one assisted me.

I suffered a secondary injury. I was diagnosed with PTSD and anxiety. I was suicidal, as I could see no way out.

There was no way I could do what I had been told I should be able to. When I asked the doctor who had agreed (under duress) to me working 6 hours per day, whether he should at least examine me, he said “ *What would be the point as I know nothing*

about this injury" He had no knowledge of how to treat my injury, no medical plan at all but he still said I could work 6 hours per day.

I was told to see rounds of *"cash for comment"* doctors who said exactly what the insurers wanted them to say. To say that I was broken physically and mentally would be an understatement. Then my school said that unless I could do full time pre injury duties, there was no work for me.

"No goodbyes, just thrown on the scrap heap and made to feel like a criminal. "

Two years since the accident and it makes me so angry to think of the money that has been spent to try to prove that I am lying about my injury. I can walk early in the morning before my buttocks gets too sore, as long as it is flat (old ladies walk past me as I am so slow.) I still have difficulty with sitting for any length of time but I now have to search for jobs as an admin assistant! My house is on the market as I can't manage the house and garden anymore and I can't manage the hills. The sale will free up some money for the inevitable day when I just can't comply any more with WorkCover's impossible demands.

How much longer can I continue to jump through the hoops that are continually set for me? I know that if I fail to comply with any directives regarding job-seeking my WorkCover payments will cease. I was not ready to retire and I bitterly resent that despite having some capacity to work, my school gave me duties in contravention of my certificate that they knew I was unable to perform. I have lost my vocation and the Department of Education has lost a passionate and very experienced teacher who still had so much to give.

I managed to secure some work experience as a teacher's aide (school learning support officer). Despite having performed the work much to the teacher I was assisting's satisfaction, it would appear that a call between old and the new Principal, lead the Principal in the new school to ask me not to come back the next day, as now the school had another work experience teacher's aide. This was despite having asked me to come in for the whole week as a trial before being employed.

There needs to be someone independent assisting the injured worker upfront. I would like to see work places accountable for the way they treat injured workers. The mental injury I suffered was entirely preventable. The way I was demeaned and demoralised has left me with a diagnosis of PTSD and anxiety. The thought of going back into a school system again fills me with dread so my teaching career is over. And I still don't see any likelihood of being able to walk properly again or being able to sit comfortable for more than 5 minutes.

Ernest's story

Ernest was a senior public servant in an emergency service role in regional NSW, and his experience of culminated bullying lead him to cease work 2013 with a psychological injury. The bullying investigation lacked rigour. One IME deemed Ernest as fit to return

to work, but ignored his own doctor's recommendations about the dangers of the bullying environment. His family initiated an involuntary psychiatric intervention. The attitude of the employer changed when the psychiatrist at the hospital sent a letter off his own initiative requesting a recommencement of the bullying investigation. Ernest was provided with a Rehabilitation coordinator who wanted him to look for work elsewhere. Ernest was unable to get advice from any independent parties and accepted medical retirement. Ernest is undertaking voluntary work as part of his graduated return to work and hopes to return to his original job.

I was originally injured in May 2013 after a new manager was appointed and I experienced bullying. I have not returned to the workplace. I was diagnosed with an anxiety disorder.

I would love to go back to my job. I loved the fire service where I was for 35 years including 15 volunteering and 20 employed. I was a zone manager for 11 ½ years out of a winery. I travelled across the coast to become an operations officer.

I walked out after there was a lot of isolation, and extra workload placed on me. The Rural Fire Service conducted an internal investigation.

There was also an investigation done. Both of those findings were handed down the same day. Both were saying there was no case to answer by the fire service, yet the only people they interviewed were the people conducting the bullying activities.

I've been off work since and the problem I've had was the insurance company sent me to a so called independent assessor. They accepted liability and there was an agreement with WorkCover. Now I receive weekly payments from of \$625 dollars a week under the old scheme.

I have had not whole person impairment tests to determine impairment and payment. I would like to improve and go back to my job.

There was no contact from the office and no return to work plan and I was told not to take calls from my office. I got in touch with the PSA, who organised for me to attend the Sydney office. I drove to Sydney, don't remember much of the drive and the problem was I was a crying wreck there. I got emotional with the interview with head office personal. It was emotionally draining for me to return there and there was no real support. The fire service was virtually sending in my weekly monthly medical certificates and then I was made to go to a doctor an IME for an appraisal. The doctor stated that I had adjustment disorder and that he didn't believe that work was the primary effect or cause of the symptoms, so then I went and saw a psychiatrist specialist referred from my doctor in two days after I saw the first doctor. I wasn't happy with the 5 and a 1/2 minute consult sitting on his table waving his legs around and then he told me – did you tell the doctor you were seeing me the next day because it would be very hard for me to give a different diagnosis.

Then I was still off work for a while then I was sent to the doctor, the fire service refused to go through Employers Mutual for me to go and see the doctor. The doctor made the statement that there was no problem, there was nothing wrong with me and I was fit for full inherent duties

It was January, 2014 I was sent to another doctor on behalf of the fire service.

I had also seen another psychiatrist through my solicitor. The paperwork I was given by Median Solutions said I could take additional supporting information to the consult. I took the additional psych reports and I took all the other documents. The doctor read off his report that he was not required to receive anything off me at that medical appointment.

He already had made up his decision. I had a previous psych reports from another doctor, where I had gone off work on stress and depression, so there was other information there that the doctor did not want to look into. So he made his findings there was nothing wrong with me and that I was fit return to work.

Despite letters from the health department that they reinstitute the investigation, I was then threatened with abandonment of my employment from the fire service.

That month I received 3 letters from the fire service and after I received those, that's when I spiralled down where I had a plan to do things to them.

My sister and family took out an intervention and I got some full time psych assistance.

So there was virtually no support only until they got the letter from the psych.

Another doctor sent an un-solicited letter in and I didn't ask him for it. He sent a letter to the Commissioner advising what was going on, where I was and then all of a sudden there was support for my assessment and they backed off.

So after that I continued to see my psychiatrist I had, as the doctor had gone back to another city to work. I'd done a couple of video links with him and that wasn't working out and I was seeing my psychologist and going through the process with my psychologist.

Then all of a sudden I get an email from a lady saying she been appointed by the fire service to manage my case at Employers Mutual getting me back to employment. I was advised by her she normally doesn't do people who are going back to their previous employment. It's about getting someone back to gainful employment. I told her there is no need for me to be looking for a new job because I currently had one. She went back to fire service and was waiting for more info from them. Then there was nothing for a while, then I had another lady from Employers Mutual, they changed the person.

And then she sort of said I'd like to have a meeting with you, just to get to know you and I said I didn't know you and one days notice was not good enough. So then next minute shes made an appointment with my doctor for me to go and sit down with her and for her to put my plan together.

The doctor was not happy that she was there. I was not happy that she was there. But they basically told me that if I refused to comply with these sort of things that they could stop payment. The threat is throughout the workers comp process. If you don't do everything they want, they just cut payments. So that was the first one so from there they wanted to know what qualifications they could give me to go to another job. Everything they offered me was lower than what I already had.

They were not offering training but offering me to have my skills recognised as part of recognised competency. Recognising my skills to say that I could go out and get work.

They were not talking any jobs at that stage, they were just talking qualifications and where they would fall and in what industry. They were not talking jobs with the fire service.

In November last year, with sort of encouragement from the RTW coordinator I was medically retired

The problem is the solicitor wasn't talking to me until the case had finished and I wasn't able to get much advice and there is not much on the Internet regarding medically retirement. I signed the paperwork and I was finished up. I was actually successful in obtaining a CEO job and started one day and was in a crying heap and walked out of the job. Driving home I couldn't see, tried to ring everyone, I tried to ring the coordinator. I also had my nephew suicide the day before so it did not help with making the decision.

Everything they offered me were certificates, I had the Diploma in frontline management, nothing to up skill. Then working with rehab people started to talk about medical retirement. I had some discussions with Frances regarding medical retirement and all of a sudden an appointment was made to see the psychiatrist here in Newcastle.

They sent me to two specialists, as I had anxiety in the defence force. One was to see if my physical injuries were impacting on my job. They say I could work within my limits and do the job. Then the psychiatrist said I was not able to go back to my previous employment.

So I was with another company and was a Vice President. They offloaded me with other jobs as I was injured. I was told that it was best if I resign from the role as the president said I was in the position but not really doing the role. Then two weeks later the rehab came up with an idea that I should volunteer to do two hours of voluntary work. This is after they asked me to step down. So I do two hours and that was at the beginning of the year. I am now up to four hours a week, and I help veterans and their families with assistance. By November I will be up to two days a week volunteering.

I think it is very much the case that because my injury was psychological it made dealing with it very difficult for the workers compensation system. I already have physical injuries that I am dealing with, but there is no physical deformity with psychological injuries, but you just can't function, the anxiety, I could not park my car, I went down to the city, it was hard.

I believe it took me a long time to get the skills to do the job. I still had the skills and qualifications to do the job, but they took that away from me. I was on over \$100k per year. It is very hard to get another job that pays that much. For me to have the barrister sit in the hallway and have an agreement and for me to have the arbitrator walk in and say to me, it looks like a win-win situation for everyone. I did not want to sign and I signed under duress, the barrister said it is a good deal.

Then there was the sick leave, annual leave and long service leave. So when the fire service retired me they only paid me what they owed me. There was nothing extra and I had used my long service and there was heaps of sick leave. I thought by being medically retired that I may not have to jump through as many hoops but after when I found out about medical retirement, it is just the way they can get rid of you without sacking you or redundancy. I asked for a redundancy and they said no there are no redundancies coming up.

There was no help, there was no assistance, there was nothing. They were all on the side of the FIRE SERVICE and they wanted to get rid of me so they did.

I am on the long tail scheme at present on the lowest pay; I was on \$2000 per week, now I am on \$500-600 until retirement age whilst there is some point of incapacitation.

I am worried that they are going to say I am well enough and just cut me off.

I still receive payments and every six sessions I have to send off for authorisation for another 6 sessions.

I send them an email if I need anything and they are just going through the motions. I still see my doctor, they said I could see him, and I see the psychologist, and I can see my psychiatrist, I see the doctor, and I need medication.

Taking control of independent medical assessors away from insurance companies. That way it is not a case of waiting for their guy to pop up. They should be paid by WorkCover and not the insurance company. I would love it if you could walk in and the doctor said how are you, I am not employed by them and I do not work for them.

If you look at it there should be someone there to deal with WorkCover issues because they are abreast of everything.

People said it is an unrealistic goal to go back to that employer from where I am at, but that is what I am working towards and it would mean a lot to me. I would have overcome what happened to me. I was proud to wear a uniform and my desired role would be a patrol officer with fire service. In the many years I was there I built up the service to a professional service. That was a big thing for me personally.

Harold's story

Harold badly injured his back at work. His company doctor did not diagnose his injury at first, forcing him back to work. The full extent of his injury was later identified when an MRI scan was done, confirming a bulging disc. He says his employer made his job harder when he returned, so he was forced off work again. His insurer denied his claims for compensation, but he fought them in court and won. But his payments were reduced as a result of the 2012 law changes, and his insurance company have consistently tried to shirk their responsibilities. He is currently unemployed and struggling to support his four children.

I was working in transport when I first injured my back in 2008, causing a bulging disc that was pressurising the nerve route. I hurt myself when I had to position a big bin full of magazines so the truck could pick it up.

I didn't have any time off. My company doctor stated I could do four weeks of light duties then go back to normal work. There were no scans or x-rays.

When I returned to full duties, I had to do a job that was even more difficult than my pre-injury one.

I was bullied after the injury; my normal truck (a new one) was removed and replaced with one of the oldest trucks. I was also put on a different run. It was a subcontractor's run and it felt like punishment. This caused greater pressure on my back. If I was allowed to keep my truck and run, it may have been a different story. My normal truck was more comfortable and I knew how to navigate my old run.

After six weeks, I went back to the company doctor as the pain was still present. The MRI showed the bulging disc. But I was forced to keep working and after six weeks could take it no longer, so I resigned.

I then went to my own doctor, who said I should never have been put back in a truck. My employer had not developed a Return to Work plan or provided any supports other than four weeks of light duties.

I made a couple of attempts to work but my injury kept flaring up. In 2009, I went to the insurer and asked if I could set up my own business for pallet allocation on trucks. I was told that I could not because the insurer would not be see how much money I was paid (and therefore what I might be owed under workers compensation).

In 2013/14, I had a great job working for a mate driving his Tipper. It really suited my restrictions as they were short runs (30 minutes out, 30 minutes back, wait 1-2 hours to load). But I needed an operation on my hands and he couldn't keep the job open.

The job was also under a Work Cover Job Plan and my mate didn't get the money for three months, so I also didn't get paid for all that time. I eventually got paid but for three months I had to live off my visa card.

I'm currently trying to get qualified as a driver trainer. I am half way through the course. There are low start-up costs, yet the insurance company continuously knocks it back.

As I have gained a lot of weight as a result of my injury, my training course said they could not take me in the final component of the course until I lost the weight. I undertook a gym program to lose weight but the insurance company stopped it again, saying it wasn't workers comp related.

I am now going to hire a truck to complete the qualification but I need to get the money together as workers compensation will not pay for it.

I feel rehab providers do not advocate for you or your health. The insurers direct them at times.

I think my rehab provider is trying to change the medical certificate. The old one allowed for 15 minutes standing, 30 minutes sitting and 40 minutes driving. But they are trying to push me towards roles such as control room operator (security) with roving patrols, forklift driver, courier or car park attendant. I can't do any of these roles with a bad back. I also got held up while working in security many years ago and would not like to work in that industry again. Other vocational assessments have said I could be a sales assistant, bus driver or gaming attendant. These jobs just don't fit my restrictions.

I could be a weigh bridge operator but the insurer says no. I've identified another job at the Road Transport Authority that I wanted to apply for doing casual driver training. My insurer ruled it out on the basis of one conversation, saying it would involve too much sitting.

I've lost qualifications such as my loader license and pilot vehicle license since being on compensation.

My insurer also cut my benefits, saying there was nothing wrong with me. I had to fight them in court. It was a daunting process. I was able to get payments back, but they were reduced as a result of the 2012 law changes.

I am not currently working and struggling to survive financially and support my four children, one of whom is severely disabled. The insurer pays the bare minimum. I receive \$600 a week. I don't understand how they work Pre-Injury Average Weekly Earnings (PIAWE) out, but I was getting \$2,000 a week so it must be wrong.

It's hard to get medicals approved. They won't do surgery for me because of how much I weigh. They've stopped physio, which gave me temporary pain relief. It was taking 2-3 weeks to get prescription medication reimbursed so I switched to over the counter stuff even though I have to take more than the safe limits.

My insurer has approved the surgery I need on my back but my surgeon won't do it until I lose weight. It's a catch 22. I was 110kg at the time of my injury. If only I had

been diagnosed when I first got injured, I could have had the surgery and be getting on with my life.

I'm due to be cut off in July next year under the five year cap but it seems the insurer wants to put barriers in the way of me working again rather than helping me get back on my feet. I haven't received super in eight years. I really want to work. I'm meant to apply for four jobs a month but I apply for heaps more. They all suit my injuries. I get told all the time I'd be hired if it wasn't for the compo. I wish I didn't have to declare my injury. I wish that as long as I was fit to do the job was all that mattered. I have been assessed as having a 12 per cent Whole Person Impairment.

I would like to see the system changed – with more rights for employees and more incentives for employers to take on injured workers. Insurers should be taken out of decision making. Workers compensation affects my whole family. My wife has to care for our disabled son. Workers compensation affects all of the choices you make – 80% of my life is impacted.

Michelle's story

Michelle suffered a mental illness as a result of bullying at a workplace that officially had a “zero tolerance” towards this sort of behaviour. She sought workers compensation and fought for it in court. She was upset when the ruling judge ruled the bullying she experienced as normal. She has undergone a five year struggle to have her injury recognised as legitimate.

I have spent the last five years battling for the right to have a mental injury caused by bullying and harassment recognised as a legitimate claim for workers compensation.

During this time, I was not afforded a return to work co-coordinator by either my employer or the insurer. Nor was I was offered retraining.

My greatest concern is that the ruling judge in my case clearly stated his opinion of what he “defined” as acceptable levels of behaviour that should be tolerated.

I feel that condoning any form of bullying behaviour as being “nothing out of the ordinary” is an attitude that needs to be challenged. Current legislation should not grant bullies the right to inflict trauma on their co-workers.

My employer professes to uphold a “zero tolerance” policy towards bullying. But it does nothing to meet these commitments.

I also think that a worker should have a right to compensation for mental illness caused by an organisation's failure to exercise its duty of care.

Jim's story

Jim suffered several motor accidents, which injured his neck and caused depression. He was sacked by his employer and sought workers compensation. Although he won the case, he feels his employer's insurer has constantly tried to disprove his claims. He is angry at the NSW Government's retrospective legislative changes which he says have unfairly made existing claims much harder.

I was a senior executive of a large manufacturing company based in Sydney. I had several motor vehicle accidents which caused severe injuries to my neck. These injuries caused continuous chronic pain, anxiety and depression.

I was immediately terminated by my employer. The insurer has constantly tried to discredit me and my doctors. I went to the Workers Compensation Commission three times and won, yet they still have me in their sights and try to make things hard for me.

Today, I am still getting weekly payments and medicals paid but I live in constant fear it will end soon. I am now 58, I left work ten years ago but have zero work capacity according to my doctors and the insurer's doctor.

I think the NSW Government changing legislation retrospectively is criminal and cruel and would never be permitted in any other industry. But this Government does whatever they like.

Imagine the following scenario.

You own a car that is insured and you have a car accident

The car gets towed to an authorised repairer and is approved to be repaired by the insurer.

Two weeks later you get a call from the repairer who tells you there has been a policy change and we can no longer finish fixing your car.

So you have to go and pick the car up and or pay to fix it yourself. You can't even file a complaint to be heard by any authority.

This is what this disgusting Liberal and National Party legislation has done to injured and sick workers.

Pete's story

Injured a number of times with the same employer, Pete worked in a rural industry with a lot of manual work. After suffering repeat injuries to his shoulders, his employer called him in after the operation and said he did not need a lawyer. When he got there he was met with the managers and their lawyer, and asked what would happen if he got injured again to which he said he would make a claim. They then handed a letter terminating him. Pete has not had any significant assistance with his job search or rehabilitation as the insurer sees the goal as return to work rather than rehabilitation for injury.

I was injured a number of times

I was working in the rural industry until last year, where I sustained multiple injuries.

In 1999 it was second and third degree burns to both legs from water and steam. I was off for 4 ½ months.

In 2005/2006 I tore cartilage in my wrist with a 44 gallon drum. I did not have time off work. I went to the doctor and he referred me to a specialist and he recommended what needed to be done. It took 4-5 weeks for them to do anything because the insurance company did not want to pay for it. I had to take them to court through the union solicitor and they eventually accepted it. I had the operation done and so far it has been good. I have limited function because of the bone graft and I have a screw in there as well but as far as the cartilage goes it does not stop me from doing day to day functions.

In 2011 I had a rotator cuff injury in my right shoulder. I tore that and was operated on and had the required time off. I went back to work. It was lifting and stacking pallets. I was off for 15 months. I felt really down and wanted to park my car in front of a truck.

In 2015 I was back at work and it was the same shoulder again doing the same work with pallets I had it operated on the second time. The week before Christmas last they terminated my employment.

Termination

They sent me a letter and said they want to have meeting at work and on the bottom of it, it said legal representation was not necessary, which I thought was strange. I rang the head office of the union and got them to send one of the guys up. I said you know what is going to happen don't you. Why else would they tell me not to bring legal representation.

The employer had a lawyer and the two managers, and asked me how everything was going this time. I had the operation in October and I had not been back to the

surgeon for him to follow up. I asked why are we doing this now, why aren't we doing after I see the surgeon.

They said we do not want to drag it out any longer. They were going to use a loophole to get rid of me. They asked how I was going but I felt fine but sorer than the first time. I said the surgeon said it was going to take 12 months to recover instead of 6 months. They said I could not come back to work straight away.

The employer said you also have an issue with the left shoulder with the same incident which was reported but declined due to a delay in lodging the claim.

They asked me how I would go coming back to work knowing I had a pre-existing injury. They said "What would happen if you hurt it again at work?" I answered I would lodge a claim. "And if the insurer denied it?" I said I would take them to court. They said it is not a risk they are prepared to take. They gave me a letter and terminated me.

They used loopholes that I will be off work for 6 months yet when I was off the first time they had me back when I was off on 15 months.

I said to them that I have until two years to get fit again and they have to keep my job open. They said no they did not. The union said that he thought they did. They were angry and said no we are terminating you.

Rehabilitation, Training and Job Search

They are trying to arrange a work trial for me at Bunnings at the moment. I asked when is it going to start as I have been with the rehab for 8 months and there has been nothing done for rehabilitation or training.

The skills I have are just those from my previous employer since school, and I have done 12 weeks at Bunnings.

They asked me what I want to do and I said I want to get a courier job and get my truck license. The rehabilitation person said that the insurer would say no as they say I would have difficulties getting in and out of the truck with three points of contact. All I want them to do is help me get my license but they won't help.

When I am not doing the work trial I have to try and apply for five jobs a week. There is no help. They wanted me to look for 12 jobs a fortnight but there are not that many jobs in this part of NSW.

So if there is anything I think I can do I will apply.

Medical Support

Physio has been stopped once I started the work trial, because they wanted to see how I went in the work trial. The physio said the insurer would not pay for it.

I am waiting for a few more physio sessions when I finish the work trial to boost my strength.

Phsyio helped the movement but not the pain.

I have been sent a letter from my insurer saying that if I go back to work that they will not pay medicals. They do not want to pay maintenance and recovery.

Work trial

The work trial is being paid for by the insurer and there is no ongoing tenure at Bunnings. One of the first things I was told by the manager there, is that no one gets employed after the work trial. It is free labour for them.

I did a week's work at the race track. I reported it to the insurer and they took almost dollar for dollar.

None of them have to give you a job at the end.

Work Capacity

I get the feeling they are going to pay me and then send me to the doctor to get an assessment done and stop paying me. They will find a job that I could do, they then contact the employer and would he be able to work for you, and if he says yes then they say he could do the job for 20 hours a week then they don't pay for the 20 hours. It is market testing and you do not even need to get the job. It does not even need to be in your own State.

Went to see a doctor in Sydney and have 11.5% WPI.

Financially

I had a lot of holiday leave and when they terminated me I had enough to get me through the bills.

Ongoing Pain

Before and during the work trial I have noticed pain when I lift my arms above my shoulders. The second operation they had to take the muscle off the bone and attach it to the bone and there are four screws to hold the shoulder together. If I do it again there will be nothing the surgeon can do.

They gave me pain killers but no pain management classes. I had to change my pain killers because I was getting addicted to the morphine.

Representation

They said I could not bring a lawyer but they brought in lawyers. It was lucky that I called the union to be there as they had a lawyer and the CEO and 2 IC. You could tell that they were shocked when the union officer attended as they thought I would bring in the delegate off the floor.

Safety

They said that safety is number 1 at the employer but I always had to take them up on safety issues that they ignored. I have injured my shoulders doing pallet stacking both times and on one shift I do over 100.

I asked them to buy a pallet stacker, which they did not use because they did not get an electrician in to wire it up, despite there being an electrician in every week. As a result they moved me to where I was stacking more pallets and moving more boxes.

Someone has an incident just about every day, due to pace and lack of concentration. There is no safety system.

The changes I would want to see to workers compensation

- More communication as I have not heard from my insurer since I was terminated. They contacted me a few weeks ago and said when I return to work there will be no more medicals and then they said there was a law change and there were medicals for 2012-2013 that I can claim. How does a guy like me keep up with this?
- Six month is a joke as it is a loop hole for employers. If the 6 month rule was not there I would have been able to go back to work.
- Change the requirement about needing to tell people when you apply for a job application that you have a workers compensation claim. Make it based on the ability to do the job.
- Improve safety.

Tom's story

Tom was a formworker who suffered a horrific injury caused by a negligent employer. Two tonnes of timber, being transported in a flimsy packing strap, fell on him - breaking his pelvis, vertebrate and femur. He was hospitalised for more than five months, and underwent 32 operations. Yet he still had to fight his employer's insurer for five years to win compensation. He feels he has been treated badly by WorkCover, and that iCare should be renamed "I don't care"

Back in 2008, I was working for a formwork company. My boss used to cut corners to save money.

One day, we were transporting formwork timber from one site to another. My boss used one flimsy green packing strap to transport six metres of timber. It was grossly inadequate. I warned my boss that it was unsafe. He said it would be all right. When we got to the site, his son got up on the truck to unload the cargo to me on the ground.

The green strap snapped, which caused the bundle of timber to come down one by one very fast. This knocked me off my feet. The load's weight of more than two tonne broke my pelvis, my L5 vertebrae and my femur in three different places.

I was airlifted to hospital where I stayed for five and a half months. I was then transported to a specialist spinal unit. During this time, WorkCover did not attempt to investigate the accident or the circumstances around the accident. The police deemed it a work-related accident so they wiped their hands at it.

It took five years of going to the Workers Compensation Commission to get them to reinstate my rights. After winning the case, WorkCover in their infinite wisdom decided to still not pay me my weekly wages. Instead, they kept on coming up with excuses.

They said I haven't reached my maximum medical improvement so they could not pay me weekly wages. I went on the disability support pension and moved to a housing commission unit in West Ryde.

It wasn't until a year ago that they finally started paying me my weekly wages. This was the bare minimum that they had to pay. After eight years, there has been no resolution to my case. The lawyers that got involved claimed to have lost my file. I find this very hard to believe, I think WorkCover has paid them off to ensure they do not have to pay out any more money to me.

I've had 32 operations and am still experiencing mental stress and pain and suffering.

I think WorkCover, which is now called iCare, should be called I don't care.

Sally's story

Sally works for a government agency. Sally has suffered bullying and harassment at work and there is poor culture at her workplace. Sally has been medically assessed by her doctor as unfit for work but has had her workers compensation claim declined because an IME says she is fit. She is receiving no pay and management are using the system of medical assessments to victimise Sally and medically terminate her.

I am a happy person and really enjoy my work. Over the past few years I have raised issues about how our work is done and improved things at work. There has been an underlying pattern of issues occurring to undermine me and others. They recently tried to change the selection criteria for a job to exclude me. There has also been indirect harassment activities.

In March this year I had a training session and it was about management of our clients, who have a number of issues. Discussion occurred about boundaries and inappropriate comments were made by other staff including belittling comments directed at other staff. I stood up and said that this was not right. I was then sent home on special leave and told to have a holiday. When I returned to work I was told not to return without a doctor's certificate, which I had already gotten which said I was physically and psychologically well.

I presented this but was still sent home and had to see a government doctor. I waited to see the government doctor and he stated that I was unwell after he presented me with a series of rumours. The doctor said I was unfit.

My treating doctor has repeatedly said that I am well. But has said that I am able to return to work but not at my current location because I am being bullied at work and return to work at that location is unsafe. The employer won't have me back and has sent me to another psychiatrist to assess my fitness to continue as a government worker.

I am prohibited for working for other employers as I am currently employed by the government, and have secured a job elsewhere in the department away from the bullying behaviour.

There has been nobody there to support me and the insurer is of no help. The Workers Health Centre assisted despite not being a client and so did WorkCover.

I have not been paid since April and fear that my employer is just trying to get rid of me.

The insurer has been of no help and has not provided any return to work assistance.

Sheila's story

Sheila was injured in 2011 while working at a childcare centre. This led to her being terminated by her employer. She had surgery in 2013, but when she recovered a year later, she was not offered her old job back. She instead began working independently as a nanny. She was offered limited assistance by her employer, and their insurance company have now ceased weekly payments.

I was injured in 2011 at work. I had surgery in December 2013.

I was terminated from my employment after the injury. A year after the surgery I began working for myself as a nanny because I had little choice. I wasn't able to go back to my childcare centre. I wasn't offered retraining because I was told that I can get work as a nanny.

I received help to write a resume and cover letter, but that was it. No further medical help. Now, the insurance company has decided to stop my payments.

Todd's story

Todd tore the meniscus in both knees in a work accident in 2009. He underwent surgery for these injuries the following year. When he required further surgery in 2014, his employer's insurer refused to pay. Lacking private health insurance, he had to fund his surgery out of his own pocket, then fought his employer's insurer through the Workers Compensation Independent Review Office (WIRO). He won the case, and was reimbursed for his surgery more than a year later. In 2016, he requires further surgery, but again the insurer is resisting liability. He is fed up with their constant delaying tactics.

In 2009, I had an accident at work and tore the meniscus in both knees. I had surgery on the knees in 2010 to repair the tears, which was paid for by my employer's insurer.

In 2014, I informed the insurer that I needed more surgery on my left knee. The meniscus in my left knee had become unstable and kept locking. The insurer refused this surgery and I was in so much pain I had to fund the surgery myself. As I don't have private insurance, it came out of my own pocket.

After going to arbitration through the Workers Compensation Independent Review Office (WIRO), the insurer finally accepted all liability and eventually refunded my costs. However, this process took a year.

Due to the meniscus being removed, my left knee is now bone on bone and I need further surgery on it. I sent the forms to the insurer in February this year, but they again stalled on processing my claim. It wasn't till I contacted the State Insurance Regulatory Authority (SIRA) to make a complaint that the insurer made a decision. They again denied liability due to me "having no recent scans". This was unfair as they had never informed me to undergo scans.

I eventually got the required scans in mid-2016, but am still waiting for a response from the insurer –some six weeks later. Currently, I can only work two days in a row as my knee is too painful and swells up badly if I work more. I have been using my recreation leave and sick leave to cover these days off, and I have now exhausted all my leave entitlements. It seems that the insurer can just wait and stall as there is no incentive for them to progress the matter.

David's story

David injured his knees on the job working for a large Government Department. His employer's insurers have resisted his claims for much needed surgery and treatment. He's had to hire a lawyer to fight for his rights. Medical costs and lost wages have forced him into poverty and depression.

I am on my feet all day. At times, my job is unpredictable and can require physical exertion.

I was injured in 2011 and it took four months for the insurance company to decide to operate on my right knee. However, whilst having physio for that knee I hurt my other knee, and needed to find money to pay for that operation. It was a pre-existing injury, so not covered. I returned to work after seven months off work.

I hurt my right knee at work again two years later, after legislative changes to workers compensation. The insurer's "case officer" stonewalled me, initially agreeing to pay for treatments and then refusing.

I was spoken to like a naughty person and it felt like they didn't listen to me. Once my claim was eventually approved, I was refunded monies paid and given back my long service leave, sick leave and annual leave. This took three months to happen after my return to full-time work.

Since those incidents, I am under the care of a pain specialist who administers cortisone injections into my right knee every four to six months. I am on a high dose of medication to assist with the pain. I also have a lawyer to assist me, and I need surgery again.

The worst part about being injured at work is getting a base wage and having to pay for medical costs. These added costs put strain on an already tight budget. So my life had been turned upside down, I became anti-social as it was embarrassing to say that I have no money. Family and friends can only put up with hearing that "excuse" for so long. The invites stopped coming. There have been times I couldn't make physio appointments because I couldn't afford the money for fuel.

I became grumpy, depressed and stressed. These traits are the opposite of my usual self.

Aimee's story

Aimee was working for a Government Department when she slipped on a slippery kitchen surface and injured her shoulder.

Constant undermining and bullying caused secondary psychological injury. Her employer failed to support recovery or find alternate work. The insurer failed to approve surgery in a timely manner, to train her in alternate areas. Aimee now has a significant income loss and has had to pursue training on her own and has set up part time work in her own business. There has been a marked difference in assistance provided to her because of her location in the country.

I was injured in September 2011 with a rotator cuff injury. I ended up having rotor cuff surgery which was five months later in February 2012.

I just had a scan on my shoulder last week (August 2016) and I have bursitis and it's very painful.

The accident was preventable as I was working in the kitchen on this particular day and we had stainless steel grids in front of all the cookers, and there was no rubber matting in the kitchen. The rubber mats were all hanging on the back fence because the cooks don't like to pull them in and out. My employer does not supply any footwear, so I came out of the room and the cook had just hosed the floor and down I went. If that had been Bunning's or anyone else, they would have been taken to the cleaners. Because it's a government department nothing is done about it.

WorkCover came in and did an inspection apparently, but they would have had the rubber matting down by then. Even the cooks ordered special shoes for them to use, but the department sent them all back.

After the operation I initially returned to work, and they put me on suitable duties supposedly. They weren't suitable because I was not allowed to have any contact with inmates. The only position they gave me was in an administrative role. I was on restricted hours.

It took a long time before the insurance company would accept responsibility and it was Christmas, so the surgeon decided to go on his annual world holiday before I got my surgery in February.

Between September and February I had this big foam wedge for 3 months in the hot weather.

I think the position lasted for about 6 months. I was getting bullied by the manager. The centre had a head and shoulder injury previously and used to come down and sit on my desk in front of all the staff and tell me that I was playing the injury up. I would be in tears. The union rep took me home a couple of times. I ended up being really depressed and not wanting to go to work.

I was quite mortified actually that it went on. Bullying is just not on, it shouldn't exist, but it very much does happen unfortunately.

I felt violated, my doctor was mortified. I was a good worker and I remember working in pretty unsavoury jobs in my life.

I just ended up being depressed and I would just cry when I had to go to work. I had several stand up arguments with this manager. There were certain times when I was allowed to either do morning or afternoon. There was a particular incident where I couldn't do the morning so I gave him notice as for the next day and I was told that was ok Then I've got a phone call from one of the staff saying, "Where the hell are you?" You are supposed to be in, the manager is furious with you. So I rang him and he tore strips off me in front of everybody.

On another occasion I couldn't believe it when the manager sits on the table in the middle of a training course and says you guys are just cattle fodder. You think what the hell, how are they able to treat us like that? Then you see in our town there is no work. They know they have got you in a position, and they know that you're going to do anything to keep your job because you need to work. At that time my husband was made redundant and it took him ages to get other work, so you just had to deal with their behaviour.

I'm a very active person, I am from farming background and I have a farm here with my husband. I'm also nationally accredited to judge and I judge horses, I breed horses and I used to breed horses, but I had to sell nearly all of my horse when I had had this injury. We breed cattle as well. It's really changed my life what I can do and what I can't do. It's affected my relationship with my husband, we don't even sleep in the same bed anymore because I just toss and turn all night.

I was proud of what I did and I was a good worker and had excellent references from all of my departments I've worked with. Before government services, I did normal things like ran Chalets and things like that and worked in hospitality. I've got three children, I've worked in old people's homes. I still do voluntary work on Canna Island actually and teach the native people there how to grow and make coffee, and that's where I buy coffee from. I get some of the people to come over here and I teach them as well.

I don't tell the insurer about the voluntary work much at all. It's not physical work. My doctor was saying to me the other day – this is not bad for you mentally.

After about 8 months, I was certified then by my doctor as being unfit because of the depression toward the end of 2012.

I work as a coffee barista now as I put myself through a course and the insurer didn't pay for it. They were just a nightmare to deal with, you just go and do your own thing pretty much.

I opened a mobile coffee van , because there isn't the work of mopping and cleaning the shop, obviously I still have to clean the machine but I don't have the extra work like in a café like lifting and things that I can't do with my shoulder injury.

I do sporting fields, sporting events and fairs, and it is very casual. My income would be quite different from what I was earning. I was previously a full time casual.

I have been doing the barista work for 2.5years and although it's very different I really enjoy it and I like it. It's social and mentally good for my depression.

I had a few years before when I was not working and I did a few courses such as safety courses, and a few courses doing barista work. I applied to the insurer to pay but they did not pay but I probably had 15-16 case workers. Half the time you don't even know you, just get a new letter with someone else's name on it. I've had two that have been reasonable, the rest have just been atrocious, but it's a very high turnover of case workers.

They do vocational assessments all the time, and they hammer me all the time. If they find suitable work in Sydney, I will have to sell my farm and move to Sydney. I've had many tears on the phone to the insurance company with different case workers.

I've got a rehab provider in town that was approved by my insurer, but my current case manager and my rehabilitation provider don't see eye to eye. They have had many an argument over other clients, not necessarily me because this particular case manager said I'm on the high end of their list. The case manager is a tyrant and hassles everybody including the Rehabilitation Coordinator. The case manager is more or less pretending I don't have her and she's trying to get me to go through all these other avenues.

I used to have a nurse to shower me every day because I couldn't manage it after the operation. However, they wouldn't let you have the same nurse so I would have a different one every day. The insurer and the rehabilitation provider didn't say you can have anything like that.

They didn't give me an option of what I wanted to do. I was told what they wanted me to do. They had ideas of me working in an office, but I can't do that, as it would do my head in. I'm an outside sort of person, so I had to try and find something myself that I thought I could cope with mentally and physically. I now probably get ¼ of what I previously got pay wise.

They terminated my employment in 2014 and they didn't tell me at the time when they terminated me, that I actually have a right to return to a job if I have full recovery within 2 years.

I could do outside work in a related Government Department but they weren't interested.

I think that the insurer needs to look at people's prior lives as seen what they did or didn't do. As for their bullying mentality, to say if I find you a job in Sydney and if you don't take it we cut you off, I just find it quite appalling.

My doctor said to me when I had the Physio doing another assessment, he thinks it's appalling that they don't take into consideration people's prior lifestyles of what they did or didn't do. It's like you all fit into this box. There is a big difference between living in the country to living in the city in a flat and working on a farm and having animals and all that sort of stuff. The life changes are greater.

We managed to get around my husband built me a clothes line that is waist height, it's not very good for sheets though. His bought a trolley that I can pull around you learn to work around these things.

They didn't address losing income for the breeding of horses or the chance of compensation for ceasing to do that.

I have no Whole Person Impairment and still have physio and cortisone injections at the moment.

Larry's story

Larry was working for a large Government Department in 2011 when he injured his eye. It left him partially blind and suffering Post Traumatic Stress Disorder (PTSD). The 2012 changes to workers compensation legislation, applied retrospectively, left him worse off. Since then, he has been treated badly by his employer and their insurer, who have communicated to him sporadically and failed to assist him with his PTSD

I was injured in January 2011 rupturing my left eye, leaving me blind in that eye for life. The impact was so severe that it shattered my eye socket and cheek. It has also left me with a permanent disfigurement and Post Traumatic Stress Disorder (PTSD). The 2012 workers compensation legislative changes were retrospective, leaving me a lot worse off than I should have been.

The 2015 legislative changes to improve conditions were not made retrospective, so I am unable to get any of these benefits. I returned back to work in March 2013 but it was a long hard battle with my employer, as they were intent on not allowing me to return. This battle with them was almost as hard on me mentally as the original injury. I was assessed at 33 per cent full body impairment and the insurance company has provided good medical care for my eye. However, they have failed to assist me with my PTSD and do not communicate with me very often.

Communication with my employer's injury management team has been practically non-existent. They started treating me very poorly when they realized the extent of my injuries and that my injuries would have to be managed long-term.

Lucinda's story

Lucinda worked for a large retailer (a self-insurer). She injured her shoulder tendon due to repetitive manual tasks in 2005 during a period of overwork. In 2006 Lucinda injured her other shoulder with a rotator cuff injury. Lucinda struggled to get surgery in 2007 and access to medical support, medication and rehabilitation support.

The workplace superficially allowed restrictions but still required lifting beyond her restrictions for customer service. Lucinda suffered a severe secondary psychological injury of PTSD due to her experience with workers compensation.

I was injured in 2005. I tore my tendon in my right shoulder. I was a checkout operator always doing right to left operation and they never ever face me left to right.

My shoulder just gave in. We had no staff, and they would never even put in extra staff which is really busy. Management never back you, and management used to abuse you.

After I was injured I never had any time off work, until they took my job away. I used to even vomit before I went to work due to the pain.

There were no reduced hours, as 24 hours a week are my hours as a permanent part time shift. I worked 3 days a week Tuesday, Wednesday and Thursday – I was 6:30am to 3:30pm. When I got injured the second time my boss decided to change my hours to 8am to 5:30pm which put more stress on my work.

In July 2006 I had a second injury; I had had a rotator cuff injury in my left shoulder and wrist. I had cortisone injection as treatment.

On the physio's recommendation had surgery on the 1st injury on my shoulder in late 2007 after the second injury.

I had to fight to have the surgery because my shoulder was stuck. I had to fight all the time with my employer. It put me into depression and I have PTSD as a secondary Injury. I've been begging for help with my stress. My husband got a transfer to another town. When we returned home (to the coast) we got a really good return to work person. I had a lot of different specialists. My lawyer dealt with getting me appointments.

My employer wanted to send me to a particular doctor. I was horrified at the stories around this man. I was worried that he was going to injure me more psychologically. I rang my union and they got me a different IME in Newcastle.

I have been made to feel like the injury was my fault, I have been treated like garbage yet I loved to work.

After the second injury I could not do the cash registers, so they put me on front of house service as I was on a 2kg limit. A customer brought in multiple large items into the quick service line. I advised the customer that they could not come with that many items in that isle and was reprimanded by my manager despite being on restricted duties.

The struggle is with everything as they do not approve physiotherapy, and then they do not pay for weeks. They do not pay for medications. They send me someone else's payslip or simply do not pay me. They often don't pay travel expenses in a timely manner or at all

They started taking me to their Company Doctor. He was a real pig.

I was medically terminated in 2008/2009 and made totally unfit in 2011.

They are still paying me at the moment, but my issues with the pain in the left and right shoulders are still going on. The psychiatrists state that I will never return to work.

In 2008 they said I fit for permanent modified duties and unfit for all duties in 2011.

In 2011 they deemed me as permanently unfit.

There is constant changes in doctors and case managers. I rarely saw the same Doctor. At one stage I had a new case manager every three weeks. They do not send you to Coffs for IMEs and often send you to Newcastle or Sydney. My husband has to take a day off work to go there and back to support without reimbursement.

No one touches you when you are on workers compensation. I have been applying for jobs for 5 years. Despite working 3 days a week I have been applying for 5 day a week jobs.

I retrained as child care worker but could not do it because of the lifting requirements. They said I could be a Jeweller because there was no chance of being abused.

I used to play squash and golf but can't do this anymore. I can't go fishing anymore.

I have put on 35 kilograms. This has made my recovery more difficult. I was a strong person before and now I am weak.

Belinda's story

Belinda injured her knee at work many years ago, causing her severe pain and substantially reducing her physical mobility. She feels that her employer's insurer has treated her more like a damaged car than a human being. They refused to pay for treatment, are pushing her back to physically demanding work and are constantly harassing her. She is angry at the 2012 law changes to workers compensation, saying they will force her off compensation payments by 2018.

I was originally injured in 2000 when I accidentally fell and injured my knee at work. I had an operation in 2001 and claimed compensation for my injuries.

I was deemed to have a whole body impairment of 14 per cent just because of my knee.

At the end of 2007, I was walking to my car and failed to see the new parking dividers and tripped over one of them, broke my shoulder and re-injured my knee. I had another knee operation in 2008. I tried to work for another eight months, but eventually I couldn't tolerate the pain any longer.

I claimed and won a small amount of compensation. My lawyer informed me that I would also get weekly benefits until normal retirement age.

In 2012, the NSW government retrospectively changed the law and I was transitioned onto the new system. I will be thrown off compensation benefits in 2018.

I have been totally unfit for any work since 2008. My knee has gone from moderately severe to severe. My employer's insurer refused to pay for my recommended treatment, I pay for it myself. I do not claim any medication from them as they have messed me around a lot in the past – sending me other people's claims and demanding to know why I was claiming for hydrotherapy (which wasn't my claim) and losing receipts etc.

In reality, I have a 26 per cent whole body impairment, yet I am being treated like someone rorting the system. Injured workers who have more than a 20 per cent whole body impairment were not harassed and treated this way prior to the NSW Government law changes.

I have been sent for assessments, where doctors have written incorrect reports not based upon medical evidence. Case managers have threatened my doctor to change his medical certificate. I have been threatened with being thrown off workers compensation because I could not physically get to the phone on Christmas Eve to answer the case manager.

I have had case managers tell me that if I don't do what they tell me to do they will refuse me treatment. I have been told I would be able to do certain tasks which require a lot of physical work and now I am being hounded to do training to get a job. This training would actually violate my medical certificate, not to mention the fact that I have a Masters' degree and was in a management position for over 20 years (always a strong union member though).

I cannot walk more than 100 metres and I live in constant pain. I am a 61 year old woman who cannot go back to the job she loved and did for 32 years. I dread getting mail, I dread answering the phone and I react in fear every time I hear from my case manager. Like so many other injured workers, I have been treated more like a damaged car than a human being by insurance companies.

My case is not the worst, I have heard other stories with far more heartbreak than mine, and I could give all this up and probably have a life that is a lot happier. However, like many others, I have been treated appallingly and have had my rights trampled over. I will stay in the system and fight to get justice. I want my story to be known, but I am a bit wary of repercussions from the insurance company. I do not go outside very much because of the threat of private investigators.

Finally, I would just like to say that without my union and the support of my family, there is no way I could have ever been in this system as long as I have.

Kylie's story

Kylie was injured working for a large retail employer. Her injury was not diagnosed for 10 months and her surgery was less successful due to this delay. Kylie had returned to work but needed further surgery after the return to work duties were less than ideal. She also now has a secondary psychological injury. Kylie saw an IME that said she was able to return to full time work in jobs without a requirement for the use of both hands. They were unable to identify what job this was.

I was injured first in December 2010. I was on a cash register serving people and a gentleman come through with a 5kg frozen turkey and he had a leg of ham before it that was wet, and when I went to pick up the turkey it slipped and I used my thumb and I said oooww! And "he said lucky it did not fall on your foot".

It was not hurting but was numb and I just kept going, and it was not until after Christmas that the tendon swelled up. I was favouring the thumb and not using it as I was wearing a strap.

Failure to diagnose

I told the health and safety person at work and she said you should report it, and I did. I went to my doctor and asked whether I need scans, and the doctor said it should be alright. I had physio for 6 months and the thumb was still clicking in and out.

I saw an orthopaedic surgeon who said I ruptured my palmer oblique ligament. So I had ligament reconstruction and that was not until September so by this stage it had started to form arthritis.

First return to work after surgery

They said I would be off for 6 weeks then I went back to work thinking I would do the right thing by my large retail employer and they put me on self-serve. My hand was not getting any better so I went back to the surgeon and he said we may have to trim the spacing in another operation. This limited movement however.

After the last lot of surgery, my surgeon said I needed to be careful, as they removed the trapezoid between the thumb. Nothing can be done after this.

Secondary Injuries

It has done so much to affect my day to day living. The injury has affected my hobbies and I can't do those anymore. After two years ago I was allowed to see a psychologist for my secondary psychiatric injury.

Hand therapy went on and on. I had dry needling to desensitise the nerves, and I was in between working between self-serve and I ended up getting tennis elbow on the other arm because I was lifting the baskets with the other arm. I had so many cortisone injections for tennis elbow. My employer still questioned it and said why do we have all these people who do this work all the time and they do not get tennis elbow?

Lack of knowledge

My doctor was on my side the whole time. The health and safety person for my large retail employer said, I do not want you to go to your doctor and I am making an appointment for you to go to our doctor tomorrow. The health and safety person got in there and threatened my doctor to change the date on the certificate. He said “no”, you can go away.

I did not know that I did not have to have someone in there as no one told me that. I have had someone from my employer in all my doctor appointments. Then they threatened to change the NTD and I called the union and they were really good. Then I was sent to a fellow in Newcastle - an IME. The Dr said I can't believe they are making you work, and I then saw my employer's Doctor and he said I was unfit for work.

I was put onto the preferred rehab provider for the insurer. They did a functional assessment. I stood, walked up and down stairs, lifted, did everything, but nothing with my hands, and I get the report and it had “Kylie's wrist injury” (I have not hurt my wrist) and with someone else's name on it. I said I want a new one done, and the local coordinator from the IWSN gave me a card for a new solicitor and a new rehab provider. Once the new rehab provider got the job within two weeks I was getting a new functional assessment.

I had to go through job interviews and my rehab provider told my doctor I needed to have some form of fitness in order to search for a job, and once this was on the certificate they could use that.

They wanted me to do an RSA or RSG and that sort of thing, and they wanted me to work on the front desk and that is not the only thing that they do. I could not even write the RSA exam. They could not spare anyone to write the answers.

I was still doing self-service and they had me job searching,

I did not get terminated until the beginning of this year.

Re assessment and IME

The doctor cleared me for some hours to job search, and started on the whole deal of functional assessments and vocational assessments again.

I had a functional assessment and they said I was a right handed person trying to function as a left handed person. They sent me to another Doctor who was so rude, and he was so demeaning and condescending. He said do you have any complaints about the meeting and I said, “I felt like a criminal” as that is how he made me feel.

I put my bag under my arm and used my right wrist. He said I used my wrist and was exaggerating. I said it is not my wrist it is my thumb. He would not change it.

Doctor said “She does not drink and does not smoke and “she said she did not take drugs””. He virtually implied that I take drugs. I complained to the Doctor. I complained to WorkCover.

Then I saw another person who did the vocational assessment, and she said I could work in the retail industry in a competitors store. I asked the ladies at the front of these stores and they said they rotate people through the shifts to different roles.

In my large retail store, when I stood at the front desk I was told to do nothing, I just had to stand there and if I needed any help I had to contact the supervisor. Anyone I asked I would get rolled eyes.

Then I came back to the rehab provider and I said I can't do these jobs as they are all part of a roster of rotating jobs.

I had these restrictions and I had to apply for all these jobs. I could not get past this on a lot of the application forms as I had a WorkCover injury. I did it online for the several stores.

In November I got sent to a Doctor to see if I could work longer hours. He took measurements and things like that and I did not get a copy of that report, and I was not told because he said I can't do the work. Then everything went quiet with the insurance company.

I got contacted and they were taking the rehab off the case. My doctor retired. They terminated me earlier this year. The person at the insurer said they were not going to let me return to my large retail employer.

When I did the vocational assessment they said that I was getting a wage that was greater than what I was getting when I was working. They said there was no motivation to go back to work because of the money. I complained about that also. They implied I was taking it easy.

Then the IME said “She can work full time in any job without using her hands”

There was no suggestion as to what job that might be. No offers of retraining for the job with no hands. I can't write, and they did not tell me I could get help for home.

My husband took time off, long service leave and helped care for my son. It was also used against me by the case managers as if I was caring, I could not work.

Improvements I would make

What I would like is create an independent advocate, someone who knows what you are entitled to. No one tells you that the employer does not need to be in the doctor's room with you, they did not tell me about the rehab providers or that I could get an independent one. I was not told that the employer had to find employment that did not stress my other hand. If I had I may have prevented the other injury. They did not make it easy.

Patsy's story

Patsy injured her back at work. Although an MRI confirmed her injury, her employer did not believe her and denied her claims. She has had to constantly fight her employer for her right to compensation. This has caused her great stress. She would like to see the system changed so it's not so in favour of employers.

I want to know why if an MRI says I still have the same injury why the insurance companies keeps questioning it.

I was able to return to work but not to my original duties. I've been trying to do everything they ask of me. They don't understand how much this affects my whole life, not just my work life.

Their ability to terminate my employment is terrifying to me. I'm 54 with a back problem. I understand there could be a lot of fraudulent claims but why does this have to make honest people lose their jobs. Please make the system fairer and not so in favour of employers.

I was awarded make-up pay in court and medical expenses and to be told that means nothing is so wrong.

My employer made a work capacity decision for me, which I felt was unfair. So I kept appealing it until eventually the Workers Compensation Independent Review Office (WIRO) overturned it. This continual fighting for my rights has caused me a lot of stress. They are now planning another work capacity assessment on me. It's just non-stop. They don't care about the worker, they just want to get me off their books.

Quentin's story

Quentin was working in a factory when he had a serious accident – the middle finger on his left hand was almost torn off by a drill press. The law changes to workers compensation meant he is not eligible for any payouts, even though the injury has had a devastating impact on his life. He lost his job, and can no longer play the guitar. He struggles with everyday tasks like opening doors. He feels the thresholds now applied for determining whether one is eligible for compensation are unfair.

A few years ago, I suffered an extreme and devastating injury at the workplace. I almost tore my left middle finger off working on a drill press. By law, companies have to insure workers in case of an accident.

In a nutshell, around the time of my injury, the NSW Premier introduced measures preventing insurance companies from paying some injured workers any permanent disability or any pain and suffering payouts. The changes he made are unfair and do nothing to alleviate the pain and suffering of a legitimate workplace accident.

My day job was working for what was up until recently the family business. I have since been terminated.

To add insult to injury, I can no longer play the guitar. I have been a musician for close to 40 years, but after my accident, I have experienced a substantial loss of movement, dexterity, pain and numbness. It's something I'll have to live with for the rest of my days.

After my drawn out recovery, twelve months of painful hand therapy, stress and frustration; I continue to have difficulty using my left hand for the most simple of tasks - grasping items with my left hand, opening doors, zipping up a jacket etc.

I contacted a law firm for some advice after being told of the "changes" regarding workers compensation payouts. I understand that a clampdown was necessary due to the rotting of the system, however, the end result is unfair to say the least. The threshold that has been set as per the percentage of injury/disability for the whole of your body is unrealistic and unfair.

I believe a legitimate injury should be acknowledged and compensation for lack of dexterity, mobility etc. should be paid out accordingly.

I am apparently at 7 per cent – the threshold applied is 11 per cent. I think the threshold is set just high enough to protect the insurance companies from paying out.

As my injury is the middle finger on my left hand, one would naturally figure that it is in fact more than 7 per cent, when you consider the everyday usage of the hand. If it was a toe, for example, it would not affect me as much. The percentages applied are unfair and do not consider the parts of the body you use the most on a daily basis.

Every waking moment, the simple tasks everyone takes for granted involve the use of both hands.

The court decision of no payout has had a devastating effect on me. I am no longer eligible to receive a cent for my lifelong injury, nor for my pain and suffering.

Simply put, this is not fair and not good enough.

Vanessa's partner's story

Vanessa's partner suffered a minor soft tissue injury and needed some treatment and a few days off. His employer of 33 years was

outraged at him lodging a workers comp claim, which has resulted in him being bullied and terminated. Vanessa's partner is now suicidal and self-harms. Vanessa says *"I have no words to express the extent to which my partner's injury has impacted upon our lives. I have seriously contemplated murdering my family and suiciding as a way to end the torture. We were once happy and healthy. Family are the collateral damage."*

In late November 2012 my partner sustained a minor workplace injury. It was a soft tissue injury to his foot. I took him to hospital after he came home and took his shoe off and realised there was an issue and from there we reported the injury to his employer. His employer said not to accept any certificate or time off. Despite this my partner did make a workers compensation claim.

While he was at home recovering from his injury the number of calls he got from his employer was excessive. For example 5 conversations in 6 hours, 4 conversations in 5 hours as well as the yelling and threatening. It was because he had accepted a workers comp certificate and time off. His employer worried about his Lost Time Injury rate apparently. Some employers pay bonuses when there is no Lost Time Injury.

We found the employer not cooperative. For example he refused to provide the workers comp details (the claim number). They told us the doctor has to specify return to work duties and we had to file a certificate - not that I knew what that meant. The employer refused to allow him to return to work until he saw the company doctor, which then changed to we have to get an injury management plan completed.

My partner is a forklift driver and he has been in that position for 33 + years. The company is big with more than 300 employees.

While he was at home recovering, my partner was requested to attend an offsite meeting. The request came on 6 December 2012 and there was no reason given. He attended the meeting on 7 December at 9 a.m. as requested by this employer. He was told to bundy on but he knew his footwear was in breach of site safety rules because he was wearing sandals because it was a foot injury he couldn't wear safety boots. He was then taken to the work area where safety footwear must be worn and then to an onsite meeting to discuss documentation. He was told to bundy off and sent home and that another injury management kit would need to be completed.

He returned to work fit for pre-injury duties but wasn't allowed to do them. Then began the systematic victimisation and harassment which later led to his psychological injury.

He had done the same role for the best part of his 34 years but when he returned he was given menial tasks which were normally given to untrained casuals. He felt humiliated and denigrated.

Two weeks later he was taken to a meeting with no warning and he was not informed what the meeting was about. He was questioned regarding the incident that

caused his injury very aggressively. It felt like an interrogation because the questions were fired off one after another. He was told he would be given an opportunity to respond to all the questions at a follow-up meeting.

The employer indicated they wanted a follow-up meeting in the New Year. On 4 January 2013 the employer organised the meeting to be held on 7 January 2013 and my partner invited the union delegate (TWU). The meeting was cancelled although my partner wasn't told.

My partner was diagnosed with anxiety and depression on 18 January 2013.

The following week he was taken to a meeting with no forewarning and was given a final written warning for having accepted a medical certificate. He was threatened with termination. The employer refused to discuss the warning and refused to listen to the answers to the list of questions they had provided him at the end of the meeting held on 20 December 2012.

This was my partner's first warning during his 34 years of service. The employer told him that they were training someone else to do his job and said my partner had turned up his nose on the company.

9 months later they issued another written warning, which was a re-written version of the warning that they had issued in late January 2013 except the warning was dated 10 January 2013 even though it was in October 2013. It is virtually the same as the written warning issued in January 2013 except they added lack of communication. My partner had communicated with his employer about 3 times per month to try to resolve the ongoing issues which included paid leave he had requested and a workplace free of victimisation and harassment. His employer failed to respond and they also failed to address his concerns regarding his role.

My partner went off work on more workers comp on 4 February 2014. He had changed. He was suffering a lot of symptoms. 4 months later in June 2014 he returned to work. He was forced back by the insurer.

On his first day back the HR manager asked to meet with him after he was settled in. On my partner's third day back, after having worked for 6 hours, he was taken by a supervisor to a meeting with the HR manager. There was no warning. When my partner asked for the union to be present the HR manager refused to allow this.

The outstanding issues weren't all resolved. Management would organise meetings and never tell him or if they did tell him, it wouldn't happen. He lived in constant fear of his employer and he was not coping.

In April 2014 there was an incident when he was working in an area he had never worked in before. He had no training. He was asked to take some chemicals up to this work area which he did. The employer wrote him a letter alleging he breached several established safety procedures and he was terminated.

In the months before he was terminated my partner went to WorkCover. An investigator came and yelled at my partner saying he had no valid psychological injury.

The insurer failed to give us an opportunity to appoint our own rehabilitation provider. The one the insurer wanted us to use was terrible – yelling, screaming and threatening. There was no consideration of his injury - not from the employer, not the insurer, not from WorkCover.

I lodged a bullying complaint with WorkCover and even though they had my partner's authority to deal with me they repeatedly insisted on hearing it from my partner who was clearly not capable of doing this. I have not received any outcome of the bullying complaint.

There is a stigma surrounding psychological injuries. The lack of education of the community as a whole and lack of full support for people that are suffering. The workers comp scheme is either not interested in the wellbeing or rehabilitation of injured workers or it is punitive and leads to further injury. There has been no support for my partner, nor me or our children. We are the collateral damage.

Employees need an independent and unbiased workplace safety authority because WorkCover is not that. There are conflicts of interest and WorkCover is a danger to the wellbeing of injured workers and their families.

WorkCover are saying the issue is industrial and that's not covered by workers comp. But his treatment relates to him getting a workers comp certificate so surely WorkCover should be interested.

WorkCover proposed to have mediation in their offices stating that they have the doctor's consent for my partner to participate. He declined later that day. We had a case conference with the insurer and the insurer mentioned mediation again and my partner again declined to participate. But they went ahead and included mediation in the injury management plan. They made it compulsory. The mediator that was appointed refused to allow my partner to be represented, but the employer had 3 upper management present. Then I was repeatedly told that I could not talk during the mediation. The union's presence was also refused. The mediator said the final written warning could not be discussed. Mediation is subject to confidentiality and the agreement is not legally binding.

This was the beginning of my partner's self harm. He is 19% WPI and that was 2 years ago so he's very debilitated. The only way out that I can think of is to ask for a date for a durable return to work. I mentioned this to the mediator who immediately contacted the insurer and they contacted us. So much for confidentiality.

The rehab provider finally agreed to remove mediation from the plan and reissue a new one. The first case conference they tried to get my partner to sign the plan with the mediation still in it. Lucky I was there.

My partner's injury has worsened not improved during his recovery time between doctors' appointments, specialist appointments and everything else. We do not know whether we are coming or going. There is no time to think to breathe or recover. We are yelled at and threatened by the insurers and their agents.

The questions provided by the insurers to the IMEs are very restrictive, which shouldn't be allowed. The IME is restricted to answering those questions, which means they may not get the full story.

I believe the focus should be on the well-being of the injured worker. The push to return to work exacerbated my partner's injury. Treatment was not approved on a number of occasions. The insurers have spent \$18,000 on surveillance. My husband's psychiatrist appointments have been reduced by the insurer to half an hour.

My partner was suicidal and after they forced him to return to work the insurer refused to cover his psychiatrist visits.

My partner enjoyed his job. He was there for 35 years and when he was terminated he had almost 3000 hours of sick leave, annual leave and long service leave. He is not somebody who is trying to rip the system off.

We weren't told the psychiatric injury was denied until much later which means we weren't able to use his accrued leave before termination. Instead it was paid out when he was sacked, lead to receiving a bill from Centrelink 12 months later.

I've also suffered psychologically and physically. My heart specialist says my heart condition is solely attributable to the stress from dealing with the adversarial behaviour of the insurer.

If you have a problem and you're working towards a solution then you have some control over the solution but we have no control over the solution which is so stressful.

Insurers must support the well-being of injured workers by approving treatment in a timely manner. Psychiatric treatment was approved for my partner but then restricted and those restrictions actually made those appointments a waste of time and money because there was no benefit due to the restricted time. The insurers were aware of ongoing suicidal behaviour but did nothing and sent my partner to unnecessary medical appointments, causing him further trauma. We had appointments within 2 weeks of each other and there was no justifiable reason for it and they threatened they would cease his benefits if he didn't go.

Workers comp is punitive. The payments are appalling and you suffer financial distress. Support must be more than counselling or medication. Practical support such as mowing or house cleaning. I became aware after he was terminated about the ADLs because the new rehab provider insisted to the insurer that an ADL be done. That would have been so helpful initially. But the ADL made some recommendations and the insurers ignored it.

My suggestions for change are:

- WorkCover should have a code of conduct and severe penalties for breaches by employers and insurers.

- Rehab providers should not be paid bonuses for finalising a claim early.
- Insurers should be removed from the workers comp equation. Doctors can determine if the injury is workplace-related and develop a treatment plan in consultation with the injured worker and any specialist if needed.
- The injury should be covered by Medicare to ensure workers receive appropriate treatment in a timely and inexpensive manner.
- Premiums should be adjusted according to the number of claims.

I have no words to express the extent to which my partner's injury has impacted upon our lives. The impact is inestimable. I have seriously contemplated murdering my family and suiciding as a way to end the torture. We were once happy and healthy. Family are the collateral damage and there is no consideration or compensation. The adversarial process of no protection, no compensation, no rights is not right.

My children have been distraught seeing both their parents suffering and witnessing the yelling, threatening behaviour of those engaged by the insurer on the phone and in our home. They begged me to have this stopped but there was nowhere to go. They ask what's wrong with Daddy. Then they begin asking me if I'm ok and they see I'm not coping.

It was shocking to watch my partner's health decline to a point I don't recognise him anymore. He is broken -permanently and psychologically impaired. He self harms. He is suicidal. He was hospitalized back in July 2013 as with the stress he had become emaciated and gaunt, looking like a prisoner of war. You don't have any voice.

The simple solution was for the employer to let my partner return to work and get on with a job he had done for decades and stop the bullying. His symptoms have worsened and he has many violent nightmares. I've been hit or kicked while he's asleep and ended up sleeping on the floor. I walk on eggshells every day because I don't know when I'm exacerbating his symptoms. We live in fear of the phone ringing because we've been yelled and screamed at by the employer and later by the insurer. We also live in fear of receiving mail.

The legislation completely failed to protect us or provide any reasonable compensation. I am extremely concerned we may not be able to keep our own home for which we have worked really hard. The government has cut my throat and left me bleeding a slow and tortured death until the day I die. I was once patriotic. I am now ashamed to be Australian. We are going backward as a nation. To quote Benjamin Franklin - *only a virtuous people are capable of freedom. As nations become corrupt and vicious, they have more need of masters.*

Gail's story

Gail suffered stress at work as a result of a very difficult colleague. Her return to work was made more difficult by unsupportive

management and a problematic OH&S “support” person. This caused her more stress and trauma. Although satisfied with the way her employer’s insurer treated her, Gail is frustrated by return to work processes that involved her constantly having to justify herself.

I was receiving workers compensation weekly payments due to stress in the workplace caused by one particular person. Initially, it was really difficult to get upper management to take my claim seriously, despite following all the correct procedures. That caused even more stress.

My doctor put me on workers compensation the first time I went to see him and the insurance company accepted my claim immediately. They were in fact fantastic and extremely supportive, which could not be said for the person my employer allocated to be my OH&S support person. She made the situation so much worse, she seemed to have no understanding of the policies nor my issues and made me feel as though I was the problem. The situation led to me going off work. Even the insurance company was unimpressed by her behaviour and fully supported me in my complaints against her, as did my doctor and psychologist. I used to go into a state of panic each time I had contact with her, at one stage she was so inappropriate that I had a shouting match with her that left me in tears. Although she later apologised, she kept pushing me to return to work. She just minimised the situation, argued with my treating doctors and didn’t listen to me on any level.

I was also sent to see a psychiatrist who was so bad that my formal complaint against him was taken up by the insurance company and his governing body. It was one of the worst experiences of my life, his assessment of me could not be used due to his conduct. He was so unprofessional and my complaint was upheld.

Upper management were difficult to deal with initially, they chastised me for taking the action I did, recording my concerns on our HR system and making the situation much worse than it needed to be. It wasn’t until they had to deal with the person I was having the issues with that they understood what I was going through. They eventually apologised for the way they acted.

Without the support of my direct line manager, my health carers and the insurance company, I would’ve gone through a much worse time than I did. There were many times I wanted to just give up due to the organisation and my so called support person’s attitude to me and my situation. They were not happy that I had taken the steps I took. They were complained about my return to work plan – they wanted me to return to full-time duties immediately without putting any plans in place regarding the person with whom I was having the issues.

Mediation took place twice, the first time with someone not qualified to do the mediation, the second time with someone who was and who made it very clear to all levels of management that I was not the problem. This process led to management finally dealing directly with the person causing my stress.

I would think long and hard about going through this process again, though. The stress it created added to my injury, as did constantly having to justify myself. At the

end of the process, I was told by the insurance company that I had been so easy to work with and always did my best to be co-operative. Upper management also eventually conceded this but it was a very, long hard road before they did.

Ben's story

Ben injured his knee at work. A specialist recommended an Arthroscopy, but his employer's insurer stated he did not need one. The insurer fought to refute Ben's claims for workers compensation. They tried to blame his knee pain on gout and then on varicose veins. Ben went to specialists who disproved the insurer's assertions, but the insurer continued to refuse Ben's claim. Ben eventually had an operation on his knee at his own expense.

I was referred to a specialist after injuring my knee at work. He said I needed an Arthroscopy. The insurance company declined this request, blaming my work injury on a pre-existing condition (though I had never previously injured my knee). They instead directed me to have a series of cortisone injections over three months, which I did. This did not improve my injury and the specialist advised the insurance company that this was a waste of time.

The insurance company then blamed gout. I had a test that proved this wrong.

The insurance company later blamed the pain in my knee on a mass of varicose veins in my lower leg.

I then went to a vascular specialist on my own accord; the specialist refuted this claim and provided a report to say that the veins are not causing the knee pain.

Throughout this time, I was on full leave than part leave because of the pain. Then, out of the blue, the insurance company contacted me to advise me they are closing the claim, without providing a reason.

I then continued off work, using my sick leave until I could have an Arthroscopy operation.

I had the operation which I funded at my own expense. This fixed the injury and I have not had any pain since.

Beth's story

Beth was held up in armed robbery. She returned to work for two years. Beth suffered Post Traumatic Stress Disorder when she was required to relive the events during the trial for the armed robber. Her employer refused to employ her unless she could do full time duties and her doctor did not think this was safe. Beth has worked in several jobs but has not been able to keep the jobs as the stress and the PTSD conditions make it difficult. Beth has to do a job search which is difficult in a small regional town. Beth will be drawing no income shortly because her transition period will end as she has only 17% impairment.

I was held up and robbed in June 2005 while working a bank teller. I could not see the weapon but he was charged with armed robbery. I continued to work for two years and when I was subpoenaed for trial, two years after the incident, I broke down with PTSD and depression. This was mid April 2007. I had been working there for 3 years.

I saw a psychiatrist and was diagnosed and the claim was accepted by Allianz. I was provided with cognitive behavioural therapy.

I have never been given a return to work plan, nor rehabilitation provider or return to work coordinator. No one kept in touch with me when I was off work.

After the injury there was an initial counselling of maybe 8-10 sessions. My immediate manager said that is enough, and I had to see the counsellor after hours despite having two babies and it being in the dark when I was hyper vigilant.

The subpoena was the cliff that I fell off. My husband wanted his wife back. The bank did not offer any more counselling after that and I was deemed full time no capacity. There was no HR or higher up who called me. The insurer did not contact me.

My husband became area manager for his company and we moved to Port Macquarie with my 7 and 5 year old in 2008.

In December January 2007/2008 I told the Port Macquarie Branch of my availability. The bank said that they had no availability and that I would have to resign. Despite that by this time I had some capacity, they forced me to resign. They gave me no return to work program.

Then Injury Management Australia contacted me to talk about alternate employment.

I initially got a job in a time share. It was commission based with a lot of stress. I lasted 8 weeks before the doctor said I had no capacity.

It took a few months to regather and then I got a job at a car dealership. This was in aftermarket sales and reception. Working in a different work environment found my stress levels rising.

The Doctor said I should get to 100% capacity before I work next time.

It basically means that insurance companies are constantly trying to push for capacity. I was awarded a 17% WPI only. It is likely that my entitlements will finish when I hit 5 years in December 2017.

A vocational assessment was done 6 months ago and I have worked in customer service for many years. For training they came up with suggestions such as massage therapists.

There are greater prospects in the city, but in the country you have to go around and talk to people. I have had a number of GPs and specialists. They have been good and bad. There are no surgeries taking on new patients where I live. Every time I start with a new doctor I need to start again and it just makes it worse.

I go to another town to see psychologists.

I will not be eligible for Disability Support Pension due to my husband's job.

I am made to feel as though I am doing something wrong.

Stuart's story

Stuart suffered Post Traumatic Stress Disorder as a result of a 2004 incident in his job with the NSW public service. He received no support from her employer – no counselling or de-brief. Unable to identify his symptoms until later, he kept working. When he finally reported his symptoms to managers, they bullied him. He arranged his own counselling and psychiatrist, and on medical advice resigned from work in 2012, feeling suicidal.

I have Post Traumatic Stress Disorder and depression from a 2004 incident that occurred in the second month of my employment with the NSW public service.

There was no de-brief and no follow up counselling. I didn't know I was injured until the symptoms began to appear. I continued working for eight years until I was completely suicidal, and couldn't distinguish reality from fantasy.

When I first reported my symptoms to my managers, they bullied me and made me reluctant to report other symptoms. When I requested help, they continued to bully me.

I spoke with my doctor and arranged for my own counselling and psychiatrist. I resigned on medical advice in 2012.

I still have nightmares, flashbacks, night terrors and insomnia. I become extremely anxious and panic in unfamiliar situations. I have a seething anger just below the surface, which can erupt at slight provocation. I avoid any reminder of my previous

work and try to avoid any contact with previous work mates. I know that I am paranoid, but I truly believe that my managers were trying to kill me.

Jen's story

Jen was injured at work in 2013. She found the whole process extremely frustrating, her employer failed to communicate with her and she still suffers from the injury sustained despite them closing her case.

Lucy's story

After being injured at work, Lucy was extremely disgusted by the way she was treated by her employer's insurance company and rehab providers. She was bullied, harassed and intimidated for years. She was not able to find suitable work, and had to live everyday with pain; as well as the ongoing demands of the insurance company. She says it pushed her over the edge, with depression taking over her life.

Patricia's story

Patricia Fernandez is the National Secretary of the Meat Workers Union. A large number of members of her union work in regional NSW. Most of the members of her union have to do heavy and repetitive manual tasks placing extreme pressure on the workers bodies. Many workers are injured and it is extremely difficult to do restricted duties in the industry because of piece rates and KPIs. Patricia says there is not much education about what your return to work rights are. She describes some of the issues with the system under the following sub-headings.

Avoidance tactics

Some employers utilise free physio and company doctors and treat injuries in house. Whilst there may be a reduction in presentations of injuries, this is in effect a health monitoring approach to build a medical profile of the worker, that also ensures that

workers compensation rights are not accessed and workers are managed out of work, rather than fixing the safety issue. This enables the employer to medically retire a worker and decline workers compensation claims when “natural aging effects” of working in heavy manual labour starts to reduce productivity. Workers are then required to go onto sick leave rather than utilise workers compensation. The worker is also not getting specialist information and often the information is useless because of a failure to properly diagnose the health issue.

The employers also advise workers that they will be getting a 5% pay reduction if they go on workers compensation, so workers just use their sick leave and annual leave.

A number of employers also attend doctors’ appointments and do not tell the worker that they have the right to refuse their access.

Migrant Workers

There are a number of workers in my industry who are working on special visas. Many of them get poor training, and many do get injured. Often these workers are working under labour hire arrangements. When there is a significant injury it is very hard to enforce. You go looking for the overseer and the overseer and the worker have disappeared or deny involvement. It is very hard to enforce safety and follow what happens with injured migrant workers as the labour hire companies are tricky.

Lack of available independent Advice

There are often few doctors in many of the towns where there are large meat working facilities. A number of the doctors are tied up with the meat production company as they are often the biggest employer in town. There is also an absence of Doctors in some towns requiring injured workers to access triage nurses.

The opportunities to access specialist doctors in many of these towns is virtually non-existent as there are no specialists.

SafeWork

I have lost faith in the regulator as she has reported a number of incidents over the years. One day she saw an employer with a range of safety issues and SafeWork failed to issue any Notices.

On return to work on another occasion, I called SafeWork regarding the treatment of an injured worker, who was being bullied and harassed. SafeWork did not get the scenario and there is no rigorous governance of the return to work area.

Changes

The system should be amended so that:

- Company Doctors are banned
- There is a licensing regime with labour hire companies.
- More support is provided by workers compensation to the migrant workers.

- So that wherever you are in the state you should have the same access to services.
- There should be a Health line or something similar that enables you to access a nurse or other person.

Shayne's husband's story

Shayne's husband suffered a number of debilitating injuries after working in a serious of strenuous manual jobs for a NSW government-owned power station. Injuries included tears in both shoulders and arthritis in both knees. But when he applied for workers compensation, he was put through hell. He was told the injuries were "all in his head", and forced to undertake a driving test even though his doctor had advised he was physically unable to drive. Shayne believes that someone who has worked hard all their life and then injured deserves to be treated with respect, not forced back to work in positions for which they are clearly unsuitable. She also wants to see regulations that prevent insurers from acting like medical practitioners.

This is my husband's story. I am writing this for him as he is unable to use a computer for an extended period of time.

He is 60 years old and was injured over a period of 30 plus years working as a cleaner/labourer/rigger/scaffolder/power worker in a state government-owned power station.

He had a diagnosis of massive bilateral irreparable rotator cuff tears in both shoulders and arthritis in both knees. He also has asbestos related disease, industrial deafness and tinnitus. He had a 28 per cent whole person impairment from his shoulders alone, and more from his knees and hearing (can't be added together).

He has had one Latissimus Dorsi tendon transfer (did not improve function) and one total knee replacement under compensation and has had one reverse shoulder replacement since leaving the workers compensation system. He had to pay for his own shoulder replacement. He is hoping to have the other reverse shoulder replacement later this year and is avoiding thinking about his other knee (which also needs a knee replacement). He has pleural plaques from asbestos exposure which do not affect him at the moment, but he is on annual review at the Dust Diseases Board.

His work was very heavy and involved lots of shovelling coal and sludge, erecting steel scaffolding in confined spaces inside boilers, erecting steel scaffolding in and around awkward items of plant. This forced him to work away from his body, using heavy impact drivers above chest height with no support and carrying steel

scaffolding up and down many flights of stairs (beyond the level of the lifts), over a period of many years.

He worked until he couldn't do his job any more. He had tried on many occasions to transfer to lighter duties such as storeman but was always told 'no, we need you where you are'. He was sent home from work by his employer in September 2012 and has not worked since. He was dismissed from employment in May 2014 and remained on workers compensation benefits until he settled his claim at mediation in December 2015. His employer said that they were unable to provide any suitable duties due to the restructure and impending sale of the power stations.

He was sent to an injury management consultant who said that his chances of returning to work were very poor and that at best he could look at working towards three hours three days a week after two shoulder replacements. He was then sent to a vocational assessment company who produced a list of 'suitable jobs' and tried to get him to sign paperwork. He didn't sign. Some of the jobs identified were weighbridge operator (he couldn't reach out with either arm or drive or lift over 1.5kg with either arm), customer sales and call centre worker.

After some time his employer/insurer sent a workplace rehabilitation company to our home to begin training my husband for a return to work. He was given a CV and several sessions on readiness to work skills, in which he was given interview skills including telling him not to disclose his injuries in employment interviews. There was a respite while he had his knee replacement then he was told that he would be given a computer course to prepare him for 'work from home as a customer service officer'.

He was transported to the rehab provider's premises for his training. He spoke to the trainer about a week before attending and explained that he could not reach out/work away from his body due to his injuries and that he would require an ergonomic setup. He was reassured that this would not be a problem. The computer course was one-on-one with somebody brought in by the rehab company. The equipment was a laptop with a mouse and keyboard on a table with a non-adjustable chair which had arms preventing it from being pushed up to the table. He told the trainer that he could not physically use the equipment and she told him to 'just watch'.

After the session he walked into the main office and asked for the setup to be changed before his next session. When he returned the next week the setup was the same. He immediately asked for a better setup and was told 'we don't have an ergonomist here, what do you want?' An Occupational Therapist (OT) told him that 'we know all about you, your injuries are all in your head'.

He told the insurer that he hates computers (true – he is basically banned from our home computer as he is a computer abuser) and that he has only ever been interested in physical jobs.

The insurer also wanted my husband to drive as part of his return to work rehabilitation (he hasn't been able to drive since his tendon transfer failed following surgery in 2012 – another long story). His doctors had said he couldn't drive and he knew he couldn't drive. We asked to use a local company who does disability driving

assessments but the insurer said they wanted to use their own company and that the assessor must be WorkCover approved for disability driving assessments. The insurer sent a disability driving assessor/OT to do range of motion and strength testing and a practical test in a dual control car. She arrived half an hour late and said 'we'll go straight to the driving and I'll test you later'. My husband and I expressed concern that he couldn't and shouldn't get in the car before testing but she said 'it's dual controls, you'll be ok'. He drove for less than 5 km (about ten minutes) and had to stop due to pain. The instructor drove the car back to our place and the OT got in her car and drove away without testing my husband. She was at our place for less than half an hour for a two-hour booked visit. We immediately emailed our solicitor and told him what had happened. The OT's report stated that she had tested my husband using various methods but it did not list any measurements or results. It said that my husband drove for 45 minutes on multi-lane highways, through shopping centres, stop signs, traffic lights and many other locations and conditions. She got the make of car and driving company wrong and it was obvious that it was a cut-and-paste job. She recommended that his licence be taken away and replaced with a learner's licence with the condition that he only drive a car with a spinner fitted in the presence of a qualified disability driving instructor.

We immediately emailed the insurer expressing concern and giving our version of the driving assessment. We asked that my husband be tested before attempting to drive, as he hadn't been tested and didn't think that he could or should drive. The insurer said that the OT was well respected and that they would continue to use her report, and arranged to have a spinner fitted to our car and to book lessons for my husband. Once again, my husband was pushed to drive even though he was not capable of doing so.

We have a huge folder of evidence spanning over three years regarding every aspect of my husband's case and would love to share it. He went more than nine months at one stage without review of his injury management plan and more than six months at another.

The insurer constantly tried to over-ride the treating doctors and specialists and sent numerous letters to the GP suggesting that he change certificates to align with what they wanted.

Ours is a huge and distressing story which would take days to fully explain. The psychological damage of going through this system is massive and the financial cost is high – he ended up with about two years wages for a loss of about nine years of future earnings and superannuation (settled at mediation).

To encourage a better return to work system, we would like the government to realise that not everybody is a suitable candidate for retraining and return to work. Somebody who has multiple debilitating injuries, has done manual work all their life and hates and doesn't understand computers and has industrial deafness and lacks people skills would not be able to earn a living working as a call centre worker or a customer service worker. Somebody who can't work away from their body or drive or do machinery maintenance can't earn a living working as a weighbridge operator.

Don't waste time and money supporting predatory companies who produce meaningless and insulting return to work procedures. Stop insurers from trying to act

as medical practitioners – they have no medical qualifications and should not be trying to influence the decisions of nominated treating doctors. Allow seriously injured workers to keep their dignity and exit the system without having to go through the distressing manoeuvres required by the current return to work legislation.

Kendra's story

Kendra is an early childhood teacher who was bullied after he advised his employer there were insufficient staff during an accreditation consultation. An IME agreed it was work related but the employer would not accommodate a part-time return to work, and made minimal adjustments. Kendra found casual work in another centre after which his employer offered to return him if he worked in another classroom and was performance managed. He refused and resigned and continued to work casually.

I am an early childhood teacher and my issue is relating to bullying and harassment at work. I made a mid-career change. I was in banking for 31 years and decided to be an early childhood teacher and this is what happened.

I started with this an early childhood provider in March 2015. Things were going OK until it came to feedback and I told the employer that they needed more staff on the floor as it was not sufficient. After that I found a turn-around in their behaviour towards me and it was not received well. I was saying how to make the place better and they were going through accreditation at that time and my feedback was not welcome.

In November there was a child that was injured and they blame it on me. After raising the need for more staff, they changed my role from being Room Leader to reporting to a Room Leader. I had a bad weekend, my demeanour changed and after the weekend I went back to work but I was shaking and I was not making any sense and incoherent.

The doctor said "look this is not ok. We are going to have to sort this out" and I put a bullying claim and they referred me to the psychologist. It was such a mess trying to collate the whole thing.

I have not returned to worked since November.

I got another job. It's casual 3 to 5 days per week in another centre. My children went to that day care centre. I did my prac-course there and the guy at the centre ended up being a fellow student at uni. So there is a bit of history and this guy was willing take me on and I am loving it. It is a different environment from the bullying environment.

I thought I was ready to go back to work as I didn't want to stay as I'm fifty five. I was on Centrelink and found the stigma I experienced in looking for alternative employment with companies horrible. One of the key questions in the application form is "Have you ever put in a workers compensation claim?" Guess what happens? In the bin. I would apply online and the computer would not let you past that question.

I saw a doctor. He is an independent psychiatrist in Newcastle at the request of the insurer– QBE. We tried to get a copy of the report from the solicitors but they refused to give that report. So we can guess why.

The doctor wanted me to have a staggered return to work.

This is unusual because the doctor has negative reputation as being anti-worker.

It would have been probably January and I was not given a choice of Doctor. They were not forthcoming with that report. QBE would not release that report, wouldn't even give a bit of it. So the solicitor suggested another independent report. We would have had to fork out \$1,500. And I raised the question why do we need another independent report? I still didn't get it. Anyway, they just settled the claim last Friday.

The insurer has accepted the claim. So that means I was getting weekly payments when my wages fall short up until Friday. They said basically, they cannot do anymore and I could go back into Juniors. It was just like that. The new doctor who is the treating doctors said I could go back.

Initially it was 3 days per week but the employer just refused. There wasn't a letter. It was all done in the medical conference on Friday with my doctor, insurer and the rehab provider who was going to help me find alternative employment.

The psychological counselling is ending tomorrow and now I have a letter saying I have to go back to work five days a week without restrictions. I do not think I am fixed but they are cutting off my psychological counselling.

Initially they said I could come back but in the 2 to 3 room which is separate to where I was employed originally. There is a difference between the rooms and it is different role. And they want to performance manage me in the 2 to 3 room. Yet, I have no experience there.

I am actually a primary and early childhood teacher. I did not work with those children, and I didn't work with the staff and the environment is different. So I can't be performance managed. I might fail.

The only reason I am not as bad as I was is because I got this casual job and I am working with decent people. It is walking distance to school. So I ended up resigning from my old job. At my age I'm worried about just being a casual but, without psychological support, I can't risk damaging my mental health by returning to the employer who bullied me.

Darcy's story

Darcy was working for the NSW Government when she tore an upper back muscle due to continually lifting documents above shoulder height. Her employer accepted liability for the injury, but refused to reimburse her for sick leave taken (through workers compensation). Darcy can no longer do everyday tasks and feels angry that her employer has shirked responsibility.

I suffered a torn supraspinatus (upper back) tendon at work due to having to continually lift and pass documents over shoulder height. The height was made worse due to remedial aids put in place by rehab providers for another injured worker.

Despite accepting liability for the injury and me not taking any time off except to attend doctors and physio appointments, the employer (NSW government) only informed me six months later that I was ineligible to have my sick leave reimbursed through workers compensation.

Essentially, my employer is saying to me: "Yes we broke you, yes you need physio to get better (you just have to live with no longer being able to swim properly, do work in garden etc.), but you must use your own sick leave to attend the doctor and physio appointments we made necessary!"

I am very conscious, as I age, how much I will be needing my sick leave to make it through to pension age (now 67 instead of 60 for me). I have been on every rally since the late 1980s when NSW workers compensation entitlements first came under attack. I am convinced only proper united strike action will be enough to reverse the ongoing attacks.

Monica's story

Monica injured her back at work in 2012 but was denied workers compensation. She paid for spinal surgery out of her own pocket in 2013 as she could no longer tolerate the pain. In 2014, she had to return to work as she had no other source of income. She was re-injured again this year, requiring further surgery, and then told third-hand that she was to be medically retired.

I was injured at work in 2012 and denied compensation. I paid for my spinal surgery out of my own pocket in 2013 as I couldn't stand the pain anymore.

I returned to full-time work in 2014 even though I still suffered from extreme pain. I had to work as I had no income.

I was again injured at work and required more spinal surgery in January 2016.

I was unable to work until June when I went back to work on restricted light duties.

In July I was told that a letter had been sent to the CEO at this hospital and I am being medically retired as of the end of the month.

Thane's story

Thane was an electrician in a mill in a regional area. He injured his knee. He was terminated due to having restricted duties. Alternative work was available but he was still terminated, he suspects for being a union representative. Despite suffering a significant drop in pay, Thane through his networks turned his volunteer work into ongoing paid employment. Thane says the difference in pay when you are injured and the lack of representation needs to be fixed.

I was employed as a trade electrician in a mill and was injured in May 2011 with damage to my cartilage in my knee.

I was kneeling and then stood up and my leg was locked in the straight position. I had had a number of knee injuries at work as there were fairly unsafe conditions and some accidents. This was combined with 40 plus hours of overtime at work during seasonal periods.

I needed a knee replacement and have had four arthroscopies.

I was on restricted duties. The biggest hazard was that there was over 100 steps up and down the mill which in a shift you may do several times a day. These restricted duties meant that I could not do the stairs. I was moved into the workshop and did programming. I did not leave the workshop.

Then there was a process of gradually modifying the restrictions. It became no squatting with no full return. This was then changed to "stairs where necessary".

I was then up and down the stairs and was back to five days. There was no down time and there was always demand for me. I was however, a union delegate and potentially a marked person. Despite there being work available I was sacked due to the minor restrictions on my return to work.

Allianz did nothing except they wanted to send me to a motivation course on how find a job.

I asked for training as a teacher aide but the insurer knocked back. I asked what basis and they said there had been a lot of cut backs in the public sector and it was not a fit. I had to pay for it myself.

They never rang me so I started to read the literature regarding work placements at a hardware retailer.

I was asked to see an IME in Newcastle. He seemed more interested in the previous injuries I had. I had just come off 3 hours sleep in 5 days after some work.

The doctor deemed what job I was capable earning. The insurer said there was jobs in a place far from where I lived. My income was cut.

Nearest rehabilitation provider was 140km away and they did not provide genuine support for injured workers.

I started volunteering tutoring maths at the local private school after hours where I knew one of the teachers. The school then got me to do some voluntary work as a teacher's aide.

The school then hired me permanently after I completed the training.

I would improve the system and how it make up the difference in pay.

Representation- there is no rights for representation in the system and unless you had a union like me it is very difficult.

Linda's story

Linda worked in a challenging client-focused job offer dealing with difficult customers receiving housing assistance. When one day she heard of a client who threatened to shoot her, she went on stress leave. Her employer's insurer declined her request for workers compensation. Her employer also failed to put in place any security measures. She was eventually terminated.

I received an email from my team leader one afternoon stating a person had been into the local MPs office that afternoon and had threatened to come down to our Housing office and shoot us all.

This person had already been to see me at the counter on a previous occasion. When I read the email, I just felt the bottom of my world drop out. He could have very easily pulled out a gun and shot my head off.

I put up with the counter for a few more weeks until I could no longer stand it. I felt like a sitting duck. The office counter was just about to be changed to make it even more accessible to clients. Not good.

I had a week off on stress leave and then put in a claim which my employer's insurer declined. Nice one! I lost \$1000 in pay as I had no leave.

Nothing has changed. Nothing has been looked into as to what the procedures are, if I am threatened with violence again.

I had to endure a psychologist coming to see me. She couldn't keep her opinions to herself about my personal life. She also asked me to fill out about 160 questions.

Then I was given four weeks-notice although I suppose I knew that was coming eventually. I was on a three month contract which lasted for four and a half years, so I suppose I should think myself lucky!

Scott's story

Scott was assaulted at work by a client when defending another colleague. He is now suffering PTSD. Scott's return to work was made worse because his workload was not adjusted to allow him to work fewer hours and restrict on exposure to violent cases. Management tried to performance manage him, made false allegations against him and even supported the perpetrator in court over Scott. His requests for transfer have been thwarted.

I'm a caseworker for Community Services.

I was injured on 5 February 2014. I was attacked from behind after stopping the person from attacking my female colleague from behind. I thought I was punched 2 or 3 times but my colleague said it was 5 or 6 times in the head. I was putting some things in the car when I heard him rush at me and I turned around and he shoulder charged me into the car. Luckily the car was there or I would have been hitting the ground. Then he punched me in the face. I had bruising there. I pushed him off me and held him down, then he tried to get his carer to come in and also assault me.

We called the police and we called work. The policy was that a manager is always on duty when we go out on a call inspection especially when there are grave concerns about the risk. No one answered the phones, as no one was there. So my colleague and I went to the police, but they were out attending a call for two women being held at gunpoint at Raymond Terrace. So they didn't get to us, so we said we would report it to the police in the morning. I went to the doctor that night because my bruise was a bit sore.

I will say QBE and my return to work people were actually on my side, but it was the attitude of management that was the problem. They were going against all the recommendations. I went into work the next morning and went to the police and made the report.

The doctor gave me a week or two off, and then I developed post-traumatic stress disorder (PTSD) and I always feel I'm being attacked from behind. I'm reliving it at night – I still do now at times.

So I didn't understand that I had PTSD. I was back at work 2 days a week and still had to manage a 120 case load. Then I was getting picked on for not being able to keep up. Normally when on full time duty you are given 100 cases, but I was given another 6 permanent and 100 others to look after. Then I was given 120 odd cases with 2 days a week. They kept picking on me that I was late with my work. I was only keeping up with the priority cases as I was only working on 2 days.

A colleague also told me she was taken into the office of the Manager of Client Services who accused me of starting the incident which I never did. She was quite upset and said "No that wasn't what happened." as I had intervened protecting my colleague.

I'm not the only one who has been harassed by this manager.

When I did return to work I was only supposed to return between 9 to 5pm.

Because I travel 40 minutes and the traffic, what I would do is come in park and walk in the building and wait until 9am. The manager tried to stop me from entering the building and would leave me out exposed to clients. The way she was writing the emails I could see the internal return to work coordinator was actually starting to support her.

The internal return to work support person is employed by FACS. I wrote an email to the outside return to work rehab provider and I said again I think this is highly unfair I'm not starting work till 9am and they are putting me in an unsafe position by leaving me out in the carpark.

She started doing this when I was off, I didn't know anything about it until she brought me into the office. She said you are not allowed in the building till 9am. I said no I can't agree with this. It is a safety aspect, I had it clarified and she didn't agree but in the end she had to agree to allow me to come in before.

Then after that she tried to get an acting manager to give me a work performance management on my restricted duties. My restrictions were I wasn't allowed to answer violent phone calls, I wasn't to be face to face, I was to be given time to settle down at work and not be harassed at or sworn at by clients. The Manager of Client Services swore at me.

So eventually I was on and off workers comp for a year because I was working restricted duties and I kept getting performance managed on my workers comp restrictions. I said you can't give me a work performance management review and write it up and give me a warning when I'm on not allowed to do it on restricted duties. She didn't care. She got the Operational Manager in and she ended up supporting the director – its harassment.

I gradually increased my hours because I knew I had to get back to work full time – so I could get away from there and away from this Manager. I asked if I could be transferred to another Community Services Centre (CSC) until I recovered and I was refused. There are a few in the group. That was declined straight away. I asked if I could be retrained into something else or do a secondment on something else until

the symptoms calm down. I was becoming quite paranoid in a way. I wasn't acting normally to things I was doing – I felt I was under attack.

This is around the time they had massive vacancy rates in the CSCs. They were shifting people around at that time to the centres who have had suffered abuse, death threats. I had suffered death threats. So the Manager of Client Services would put them in another CSC and get them to park underground. I still had to park in the open, I still had to stay in the same CSC, I still had to stand around the same CSC where they allowed the person who assaulted me free reign of the office, allowed them to sit at my desk. Allowed him to sit at my desk touch everything on my desk and threatening to destroy everything on my desk. My colleagues would go in and say they feel unsafe, but management didn't take any notice of that whole risk factor.

Then the kid (he was 17) was charged and he went to court. The Police Officer rang me up to tell me what the charges were and the conviction. He got 14 months' probation suspended sentence, which was pretty severe for someone in our care. The police officer said he was most disappointed that people from my office went to court to support him against me. The police officer couldn't believe it that the Manager of Client Services and the case worker went there and supported him against me.

I said Jesus Christ I'm the one that got assaulted and protected another worker from being attacked from behind. Then I'm getting work performance managed, being sworn at, restricted duties and I've been told I can't enter the damn building. I'm up before the District Director being disciplined for things that weren't really there, it shouldn't have happened I was on post-traumatic stress- so why would they have written reports anyway and the lies that they kept coming up with even though I had witnesses to say it didn't happen. The Operations Director wouldn't listen. She wouldn't interview any of my witnesses. She told me that she didn't believe me anyway and took the one word of the Client Manager Services who had no witnesses.

Management made up things that I said and accused me of discrimination for which they tried to discipline me. I had to deny it on my personnel record.

I started to return full-time in about May 2015 but then I was still experiencing problems.

I was still seeing a counsellor who specialises in traumatic stress disorder and I still see her to this day. Not long after that the Manager of Client Services was transferred out of Charlestown and wasn't supposed to manage me again. 3 months ago she was brought back and the same harassment has started again – which triggered off even more of my symptoms again. She has just left again.

When I raised these concerns up to the Exec while some of them were sympathetic they still wouldn't support me. Even though it was clear what was happening - it was absolutely wrong.

I got no support from my return to work person. She was actually making excuses for the Manager of Client Services. I said come on. Why haven't you stopped them

from coming in. It is a safety issue. Why am I still being overloaded with violent people? Why is that being ignored. Even though it was written in my return to work restrictions.

QBE sent an investigator out, they even found what was happening to me wasn't right for me. The rehabilitation person even wrote reports saying what was happening wasn't right. They were both totally ignored.

Even though they divided up the cases – it still wasn't fair. I still had the most cases particularly of violent clients. My colleagues would go "Oh I can't deal with that person" and they would give it to me. What's going on? Why am I getting given all these violent hard cases.

I am a senior case worker, even though I've been there 7 or 8 years. The Manager of Client Services stopped my senior increments. Why I don't know.

My manager stopped my pay increments for 3 years. There are other senior case workers there, but they don't get the same amount of cases and they don't get the hard cases. And I'm also an aboriginal worker, there is a slight bit of racism there. I'm not the only aboriginal male that has copped it from this manager. I said you keep overloading me on these cases, I've got post-traumatic stress and you keep doing this to me again and again.

I've been trying to get a secondment to Sydney to be with my partner since February 2016. I was trying to get a compassionate transfer originally as she was pregnant and at high risk of losing the baby. We lost the baby. I wasn't there to support her. It would also make me feel better being with my partner rather than separate. They knocked me back because there was no certainty in the positions as there was supposed to be a restructure by 1 July. I was asked to put in a secondment to another area which would have suited me. The position would have been better for me and taken me out of all that scenario. I had my manager say to me that the Manager of Client Services has stopped that transfer recently. They know I am still suffering Post-traumatic Syndrome and the return to work promotes it.

I got a letter off my psychologist supporting the transfer because of my PTS disorder. It's because I am constantly being reminded as I come into the same workplace, I get the same people who are lets say unsympathetic politely – who put demands on me that they shouldn't. So it keeps throwing me back into where I've been – I feel unsafe at work all the time.

I have been to the point where I am seeing my psychologist every day – but I'm still trying to stay at work.

They haven't got enough workers – especially aboriginal workers – they haven't got enough.

I was supported by QBE because they asked for an investigator to come in and they actually tried to support me with the workplace. QBE said the workplace wasn't even listening to him on his recommendations. *So the insurer felt quite powerless because whatever they recommended the workplace just ignored them.*

Both the rehab coordinator and the insurer supported me. They had no problem with the genuineness of the case. They couldn't believe that I was trying to be at work and they were provoking me – by pushing my PTS levels to get me off again. They are not even complying with the return to work conditions and they never had. My guy said he couldn't believe it - and when they did their investigations and tried to talk to try to my employer to get to them to comply with the return to work they just ignored him.

I'm paying for my medical bills for the counsellor that now because I haven't put in for Workers Comp again for the secondary psyche injury Psychologists says there is a connection and it is related back to the day I was injured. He has said this since May 2015.

But in the end if I go on workers comp I can't get out of there. I would rather work and ease my symptoms in a different environment. They approved my claim once before and they said they aren't going to approve anymore. I was not aware that there was a one year cap for medical and it changed to a two year cap for medical.

We were never told who our return to work officer is. We are just kept totally separate from anything to do with that and they actually openly discourage you from using it now.

They say you must do incident reports but they openly discourage you from making incident reports – so when things get to a head and if you did make an incident report they would actually harass the crap out of you.

I'm still working and I have to work on my own recover. they don't care about risk. We're supposed to do a risk assessment and they sent me up to an out of the way place in Karuah and I got assaulted there. I said I'm not going up there. I will end up floating face down in Karuah River. And they did send me there and I got assaulted there.

They are still doing it today. Trying to send people out to violent situations on their own.

Betty's story

Betty was a social worker, helping families coping with sick and dying children. She was injured in a fall at work and broke her arm and shoulder, needing a shoulder replacement. Liability was denied, delaying surgery. Management attempted to performance manage her during her return to work because of her restrictions. Betty had to go to the Worker's Compensation Commission to get \$440 worth of underwear required for her shoulder injury, which the insurer paid over \$3000 to oppose. Betty believes that insurers are

not client focussed and don't have the skills that are needed to do their role.

I was a social worker. I was injured in November 2006. I was returning from a home visit and I tripped and fell into a 6 foot hole, which hit the top my shoulder. My arm was broken and dislocated.

I worked at the hospital as a social worker. I was in hospital after the injury for a couple of days while they sorted out who is going to be liable. The insurer didn't initially accept liability. I was due to have surgery on 27 November because they denied the liability. I had to go into the public system and so I had the shoulder replacement on 5 December. I sat around with a broken arm and dislocated shoulder for an extra week. I have a friend who recently broke her elbow. It took them about 3 weeks to decide whether they're going to admit liability or not and meanwhile the public system won't do the surgery that's required.

On 5 December I was wheeled off to surgery, the head of my department had my resignation form all filled in and asked me to just put my signature there. They said people with my kind of injury never return to work. This was as I am being wheeled into theatre, in the same hospital that I was working. I said no, I'm too young to stop working.

I live with chronic pain everyday. They have a formula about return work. If you have a shoulder injury they like to get you back to work after three months. So after three months, they sent me a return to work plan and I said I can't get there, I can't dress myself yet. So they sent me to see a doctor who said you might be seen as malingering if you don't return to work. I said I don't mind returning to work without a bra but I don't think you should be sending knicker-less girls to work. I can't actually pull up my knickers at the moment. So she decided that wasn't a good idea to send me back to work until I have a bit of more therapy. When I did return to work, I started out one day a week for 5 hours a week.

Return to work commenced about 3 months after surgery, and I was returning to the same job, but with limited hours. It took about 2 years to build up to 25 hours a week. My previous job was full time. My doctor was really good and he was willing to change the certificate because I said I think I can do an extra 5 hours a week and he said "I'm not sure that you will be. But I'll sign it since you are so keen to get back, but come back here if you strike trouble. So there lots of toing and froing."

They denied liability, then accepted liability, then denied liability and then it had to go to the tribunal. I was using my long service leave to top up my pay until that got sorted out. In the end the liability was accepted. I'm glad the HSU has got somebody who is dedicated to doing this work because some of the things I didn't know. Originally the insurance company was going to send somebody to help me get me dressed on my work days and they didn't turn up - so I rang. Homecare was needed as I couldn't actually get myself dressed, I couldn't drive at that stage because I didn't have a car to drive. But I couldn't put my arms at the back of my head.

The injury limited the community based work that I could do and pretty much made me office based. I did a lot of phone work. I visited sick kids and dying kids, that was my job.

My employer ended up hassling me so much. I had a new manager who didn't actually understand workers compensation. She thought I was lucky because I could only work part-time. So there was no idea of what's it's like to be an injured worker. She was trying to performance manage me. She was really frustrated because I was taking up 25 hours a week and was not a full time worker. She couldn't handle my hours and that I didn't work straight hours. She wanted me to work 5 hours, 5 days a week. So it was even hours each day. But I was trying to work around clients and my injury. In the last 12 months I capitulated and just worked my regular hours. I would clock on, she would wait for me in the morning to make sure I've got to work on time. Check that I wasn't leaving early at the end of the day. I ended up taking my X rays in and putting them up on the wall but she asked me to take them down because they looked a bit ugly.

I had reached my retirement age. One of the other things that happened in June 2013, was I got a new computer and I had to update the dragon program (voice recognition dictation for vision or hand impairment) and I put in the request to have that updated in June and didn't get it until April 2014. So I wasn't working much because I didn't have the capacity to do so. So it's all that kind of thing if you don't have somebody who has knowledge of it all. Even though there is an injury management team, if you've got a block with the manager who doesn't understand, then that becomes a problem. It was a struggle to get a voice recognition program worth \$600 so I could do my job.

My manager actually threw the first request away because she didn't feel I needed it and the fact the health department is under the self-insurance compensation management fund so they pay compensation out of their own budget. They were worried who was going to pay for it. So she did not actually understand because they are self-insured, they are going to have to pay for it anyway. So there is lots of toing and froing. So people who are managing you were really ignorant about how things work.

They never actually terminated me, I just decided to not go past retirement age because of all the hassle and all the way I was feeling.

When it went to arbitration, at first both shoulders were covered, but the second shoulder got dropped off somehow, so I paid for the surgery.

When does proper medical care come into place without the authorisation of a case manager who is not a medical person? My friend who fell and broke her elbow has a 30cm tear and was taken to Gosford hospital and had an MRI and all of that done and was referred for approval which took about 21 days. It was a 50cm tear when she went for surgery so she went from having normal use to having only functional use. So that delay in medical treatment is just one of the most disgusting things that should be stopped.

The amount of drugs you have to take with a broken shoulder and a dislocated shoulder is considerable. I also have my arm in a sling.

I retired but I loved my job, I was good at it and I could work well with the family while the child was passing away. I sound bizarre don't I? But there is a sense that I could support a family whether their child was disabled to live as well as they could do. If their child was dying I would help them while their child passes. I could work with the family through the pain management and quality of life. Often it's helping a family through the grief of when the child does fall ill and there is an order of not to resuscitate the child - if that's the case the passing can be well facilitated and as well supported as it can be. So it is a great job.

I did sexual assault support work for a while with women and children. That was pretty awful. There are times of up and down. Lots of the time I would be upset myself. I said to my doctor once "does everyone else have these sorts of problems with the insurance company?" and he said well "there's only one other person that he knows who is as pig headed and determined as you". Most people just give up and go on with disability pension so that's what the worker's compensation process does to people, it stops them from accessing their rights.

I rang the HSU because I have no idea about the worker's compensation process. You are walking into a totally new scene. I knew about sexual assault, disability, death, domestic violence but I wasn't prepared for this. It's very lonely.

If when I was injured and somebody had said "what do you need to get back to work?" I would have said this, this, this and that. So someone to help get me dressed in the morning, somebody to do my housework, some modifications to my living, like a front loading washing machine because I couldn't get my arm into the top loader, a fridge with an upside down freezer because every time I got something out of the freezer it would fall and break on the floor. My kids helped with all that. Someone could have come in and shifted my clothes in the wardrobe so they weren't so high. I would never be able to hang washing out on the line again, they could have shifted the clothes dryer down where I could reach.

Instead the insurer sent an investigator out to spy on me and take photographs of me.

The lawyer sent out an occupational therapist to work out what I needed. She wrote a comprehensive report about what I needed. I followed that and most of that I paid for myself.

The occupational therapist that the insurance company sent out said "maybe you need this" but the insurance company isn't going to pay for it. I couldn't go forever without wearing a bra as I couldn't lift my arm to put on my bra so I found some front opening bras that didn't hurt my shoulders. But they cost \$110 each so I thought I'd pass the bill onto the insurance company to pay the difference as my bras usually cost \$30 each. I think they should pay the difference but they declined that. That saved them from having someone come around and dress me in the morning. So they argued this to the tribunal arbitrator who said "taking this case would cost more than a lifetime of bras for this women, what are you doing?"

The purchase of about four bras a year would cost \$440 and they took me to the tribunal that cost \$3,000. That's what the arbitrator said "why don't you just pay the \$440 a year. "

The occupational therapist that the lawyer got for me was very good and very thorough. I've got a hydraulic bed that sits up so I don't hurt my shoulders by sleeping on my side. I think she recommended a new fridge and washing machine and those kinds of things.

The insurance company has no semblance of client focus. It is very much how can we get out of paying for this. Rather than looking at how can we support this person to live life as well as they can. Their attitude seems to be how can we make the most money for the shareholders and screw the clients.

I've gathered that people think that when you're on workers compensation you are lucky. The insurer seems to think, "It's like winning a lottery". It's not I can tell you. It's just a battle to get anything from them. There is still \$100,000 on my mortgage, even though they've topped up my pay, I was still not paid as a social worker \$95,000 a year, whereas they only paid me about \$50,000. Before the 2012 changes came in I was about \$12,000 a year worse off and in 2012 after the cuts I was \$40,000 a year worse off.

I think it's cultural in the insurance company. They see you as being a malingerer non-compliant, because you don't jump. I had one case manager she phoned me at work and I said I have got 2 minutes to talk to you as I've got clients coming and she said "you will talk to me 24/7 if you want to keep getting paid. You have to be at my beck and call if I have to ring you, you have to answer my call." I hung up on her and so she ran back and I got a really angry voicemail. So I rang her next day at 7 a.m. If I had to be available for her 24/7 then surely she should be available too. That's their attitude.

For insurers to improve there would have to be a lot of training and then a change of ideology. They should actually employ social workers who are actually advocates or welfare workers. Social workers are actually used to working the line, but you can pay the client respect that this client has had some things done to them by the employer. Social workers walk that fine line of being an advocate for a client with the person that is paying their wages. That's always how social work works and it's the clients that are really important and not management. Insurers should follow this model.

I probably would never have been able to get back to full time work because I had to have regular physio, I had to swim to help keep my shoulders moving and would never have had time to do that and return to work.

Before my injury, I was active. I used to drive speed boats with two skiers behind it. I used to drive up to Port Macquarie to help take care of my mother. I use to take care of grandkids. I had to stop because I was on a 2 kilogram limit I could never lift any of the kids. So my life changed really dramatically, and I had to find other things that would support my soul, my spirit. Luckily I can sing so that's been able to sustain me while I work.

The thing I want to stress is that people with broken bones shouldn't have to wait for a clerk to approve whether they are to have surgery or not. If they had set me up with what I needed I would not have had to see a psychologist.

Jo Cochrane

Jo, a Theatre Nurse, had a shelf in the hospital store fall onto her head giving her brain damage and a neck, shoulder and arm injury. Despite trying to return to work several times and working from home, her employer refused to accept Jo back until she had no restrictions. WorkCover supported this view that there was no work available. After many months of accepting the claim, the Insurer then declined her claim stating that she could not prove her injury was because of the incident. Her employer terminated her this year on medical grounds as they would not make a reasonable adjustment. Jo and her young family have suffered financially throughout the process. This was made worse when her husband suffered a journey injury on the way to work, which is no longer covered. Jo has secured two days a week of work with a surgeon. There has been no assistance for Jo to secure work via the insurer.

I was injured in December 2012 with a head injury. I was a theatre nurse by profession and was working in the storeroom and I had been reorganising the storeroom and was working on a shelf. I was trying to dismantle one of the shelves at the end and one of the boxes on the neighbouring shelves vibrated and fell from the top shelf and fell about six feet and on the top of my head.

I still have symptoms today and traumatic brain injury. I have a disc protruding in my neck and pain in my shoulder and arm. I live with on-going brain injury, which involves balance, loss of memory, executive functioning and neurological pain down my left arm, and the neck injury leads to my arm and shoulder pain.

My employer and initially asked me to return to work February 2013. I thought that was too soon and the GP later actually apologised to me, and said that he felt very pressured into sending me back to work and in hindsight it was way too early. I was still struggling to stand up with by balance issues as they were quite significant. I couldn't walk unaided at that point.

I had a stepped return to work and I was working at home on the computer but with a neck injury it was quite difficult and exhausting. I have a family with three young children. So I was trying to run a family and work at the same time so it was very, very exhausting. I was able to work reduced hours and light duties from home on the computer. There was no domestic assistance.

It lasted about 6 to 8 weeks and then I had to return to the workplace, but I wasn't able to drive at that point because of the shoulder issues I had. With the brain injury I couldn't work out actually what do first in the car, such as reverse on the car or I couldn't change gears. It was way too dangerous, and the GP wouldn't let me drive at all. It was 10 months before I could drive at all. So they had to provide a taxi to and from work.

I was doing my light duties there and I never did come off my light duties while I was in the workplace. They took a while before they could find something I could do within the theatre.

Initially it was to finish off the job I was working on when I was injured. That was basically data stuff and creating stock lists and things like that. Instead of actually scrubbing for surgery I was cleaning colonoscopes and endoscopes (equipment). That is usually done by sterilising department staff.

Difficult Brain injury

This was until August 2013 and my claim was declined at that point after I was asked to see an independent medical expert. I found that process very difficult because I was not able to tell my story. I was only able to answer questions that was posed to me. So I really feel from that entire conversation the doctor probably got about 30% of my story and based on that very minimal discussion, he chose to have my claim declined.

I didn't have a concussion after the injury and also none of my scans had come back with anything abnormal. So my symptoms were purely subjective and because I can't take a photograph and say OK here I have a broken skull or a damaged brain, I can't prove that I actually have an injury. Now here we are 4½ years down the track I am still living with that. Proof is the problem.

Return to Work Again

In May 2014 I was trying to get back to work and wrote letters to my workplace and got in touch with the union. I wrote letters asking to be able to return to work because it did take quite some time. I was moved onto my usual GP and she has known me for a lot longer and she said I could go back to work at reduced hours in order to see how I was going but at full duties at reduced hours initially. The employer refused to take me back on restricted duties.

Called a WorkCover Inspector

The claim has never been reopened. I spoke to WorkCover and had several complaints through WorkCover, they ended up having a workplace inspection and the inspector got back to me and said that the hospital got back to them and was able to assure them that there was no position in the hospital where I wasn't a risk to myself, my colleagues or my clients. So I did ask the question does that mean I cannot even answer phones and he said apparently not, and that was all. I was never able to access any paperwork as to what reasons were given and why I wasn't capable of returning to that workplace and that was it I had no paperwork on it just a verbal conversation to say that's it.

Finances were tough with the threat to my career

I wasn't surviving, my husband was still working fulltime but I was struggling to get any kind of work and my nurses registration was put under review because I had a head injury. So that took five months for the Registration Board to decide whether I could continue as a registered nurse so that kind of left me a bit worried about what

sort of work I was likely to do. I was applying for shop assistant, checkout chick kind of work and I couldn't get anything because I didn't have experience in that area. As soon as you say you have a worker's compensation history there is very little chance of actually stepping into a new career. So it took quite some time before I found that I could try to apply for a nurse with limited physical ability, as I still have neurological issues with my balance, so trying to find an appropriate job was quite difficult.

Catch 22

The employer requested that I have full medical clearance to pre injury duties and because I was still suffering significant problems at that point my GP couldn't and wouldn't sign me off to say I was fit because I wasn't fit. So in my return to work they accepted my doctor's report. But in my insurance they didn't accept my doctor's report which I kept providing right the way through until I was terminated. They were trying to say to me that I couldn't prove that the injury I sustained was the because of the symptoms I was having.

They had written that on paper to say that until I can prove otherwise the claim was declined and that there was no position for me unless I could return to work on full pre injury duties and have a full medical clearance. They tried to say that the injury could have been from a whiplash incident when I was 17.

Downsizing and moving in with parents

I did engage a lawyer, pretty much the same week I had the claim declined but that proved to be less than helpful over that time and things snowballed quite negatively thereafter. Financially we were very, very stressed we had to move out of our home because we couldn't afford the mortgage repayments. So we had to move out of our home and let someone else live there, so we have had to move in with my mother with three young children which caused a lot of stress for her because she is in her eighty's and finds it very difficult. The financial stress has had untold consequences, the ripple effect has been phenomenal for me it has just been nearly five years of a very hard slog. (very upset)

Left abandoned from my employer

It just feels very unfair to be asked to bear the consequences and in my case it wasn't that I had done anything wrong it was very much wrong place, wrong time. I didn't do anything to even cause the incident. I have also found it very hard for me that my workplace has not had any contact with me and my colleagues as far as I'm aware have actually been told they are not allowed to contact me or speak to me. It was just a dead cut off. The only correspondence I have had with them was earlier this year when they decided to terminate my employment in May 2016.

All that time I was still providing WorkCover certificates because my symptoms have never improved. They have got to a certain point where that are static and have got to a point that I can live with. It's still not easy but the choice isn't much of an option, you just get on with and do what you can and try to work around the limitations that are there.

Return to Work Coordinator

The return to work co-coordinator, the letters from her were quite rude and harsh but there was no doubt they had no intention whatsoever of allowing me to return to work, once the claim was denied. Initially a workplace assessment was done while it was still a claim and yes they had come into the workplace just to see the job I was doing at that point was suitable but no more.

Medical Assistance and burden of proof

It was very hard – and now with many years' experience I can look back and actually work out what the different issues were, because my symptoms were so complex, it has taken a very long time to work out what happened and what the injuries were. Because my balance was so bad I couldn't stand or walk unaided, usually my children would hold my hand and walk with me because I had a point of reference and I could go. But if I was walking on my own, I would walk into things and to this day I still take doorframes and corners as I can't judge them correctly. But at that time just to go on living and the children - the main thing was standing up right and that took an enormous amount of energy to be just up and going in one direction and not swaying all over the place. A lot of the other stuff is sort of in the background. There was pain, and a lot of other things going on but I couldn't actually sit down and work out what was going on. It was hard for me to convey this to my GP because I couldn't figure it out myself. The other issue became more obvious and as I got each thing treated we could start to narrow things down. So it has taken a long, long time.

Most of it has been at our cost because I have had a zillion MRIs and I've been to every specialist under the sun. I get the same response from everyone. I definitely have a traumatic brain injury, a neck injury and a neurological injury and everyone says I'm very believable and believe I am what I say. But I can't prove anything, I can't show them an x-ray or a scan that shows a physical injury. You can't get back into the system unless you have proof. I've been trying for years.

I had a medico legal clinical psychology neurological report done at a cost of \$2500 that was just one thing. I've had multiple costs but even he said you have a mild traumatic brain injury and you will have to live with this, but I can't link it to that particular incident.

Because no one was in the room when it happened. Someone walked in afterwards and saw me rubbing my head but even I didn't think it was bad when it initially happened. I put an ice pack on my head and took a Panadol it was five minutes before we knocked off anyway so just went home. It wasn't until the next day when I tried to get up and I couldn't get out of bed. I just couldn't walk.

Employment Assistance and Job Search

I had no assistance finding other jobs and I've spent a long time looking for work. The work that I now have, fell into my lap through connections and it was because of a colleague the hospital who knew of a job with a ENT Surgeon. The ENT Surgeon rang me directly and we spoke and I had a 3 month probation and they needed

someone quickly and I was lucky that the skills I had was exactly what they needed and I've been there 18 months now. It's a relief.

Because the job came through on a personal level it was a lot different. I was completely upfront with her because at the time I was technically employed by my old employer and she also operates there and she knew that I worked there. I hadn't worked with her a lot but I was completely upfront with her and she said if you can do the job I'm happy. And I can, they are very long hours but at the end of the day it takes me a full day to recover so I only work 2 days a week. But at this stage it is still very hard, but she has been very good.

So the days I work are Tuesdays and Fridays – they only needed someone for 2 days and that suited me. There long days 10 hour plus days but I struggle with the length of the day but I was really happy to have work and an income.

My former employer didn't offer any further training.

Further Family Set Back due to Workers Compensation changes

It took us a long time to catch up and get just where we thought we were. We are starting to get to the crest of the hump of the issues we've had and my husband was injured on his way to work – cause that's no longer covered by journey claims. So he has been off work for 6 months now.

My husband's injury occurred on February 29 not quite 6 months. He rides his bike to work and he was run off the road from someone who didn't check their vision when they did a U turn in front of him and was thrown from his bike and hit a stationery van. He has a very similar neck injury to mine which is causing a lot of neck and shoulder pain. Same thing he works on a computer all day and has the same trouble of dealing with shoulder and neck pain when using a keyboard. Because it is a journey claim he is trying to work this through with his union under the FSU but he has had some financial help it hasn't been huge but basically we are back to where we were with my injury financially.

The big problem for him was that he was hospitalised for 5 days and bed rest under the care of neuro team at two local hospitals. He didn't report the incident to police until he was discharged obviously. So they said it was just too long ago

Basically it's his word against the driver, but the driver didn't even see him. From the reports we've seen the driver was obviously coached of what he should say. So it means the compulsory third party wasn't able to be accessed.

He is still employed and he has also been assigned as to be able to work from home, which he has done in the past but they won't let him work from home. He has had to do this twice from home before. On this incident they won't. All he needs to do is actually use his access code to use the home computer. Our home has been checked by OT and everyone.

But his employer is trying to get everyone who was working from home, because they were quite open with it, they are now trying to bring everyone back to the office. So they are not letting him do that. We are struggling with that as well.

Family Effects

I was working at home and I very quickly lost confidence in whether I was ever going to get any help at all and improve my health. And at this stage I still don't know what my long term prognosis is. I just assume nearly 5 years down the track I probably won't get any better to what I am now – and just to live with it. I've had doctors say to me just suck it up you can't prove anything so just live with it and keep going. I think if I had had a more professional support around me. I would have felt a lot better about things and it would not have been so hard on my children. They've lost a lot of after school activities we had to stop, because we couldn't afford to keep going. The only things we could afford to do was with people who knew of the injury and who were able to let us postpone our fees which felt like years and we are still paying off fees to this day.

Also the fact that we had to move home because two of our children desperately didn't want to, one of them is dyslectic. We were trying to put bread and milk on the table so it came down to that, it was pretty much prioritising and I don't think my children have had new clothes because we shop at op shops because we don't have the funds to buy new ones. They still have lives and they are little people that need to grow and they have been significantly affected by this as well. Our relationship as well, my husband is incredibly supportive. So it does have a significant effect on families on my daughter and my son who is now eight he was four when the incident happened. He was very angry that we were to leave our home we deal with his anger and behavioural issues every day.

This probably breaks my heart more than anything the affect it has on my whole family. The accident happened to me and I deal with it I don't have a problem with that but to see the ripple effects on my family is really hard, because I know I am the cause of it, whether it was wanted or not. It's just hard to live with it.

It's a multi system injury – which I found difficult because if it had just a broken arm for instance it would have been easy. One that I could prove because it is just one arm and you can deal with it. The fact that it is a neck injury, that has a shoulder aspect, a neurological aspect and ultimately became a physiological aspect as well. Those multi system injuries are hard to track and I don't feel that there was never any support or no understanding whatsoever.

Return to Work Information and Support

The return to work investigation the fact that I was unable to access any paperwork from WorkCover unto what proof the hospital gave them into why I was unable to - work at that hospital in any position?

Also the fact that I was signed to return to work on certain hours and the hospital refused to do that my issue then became an industrial relations issue and not a workers compensation issue. So this a fight I have on two fronts rather than just one. I really don't know how to go about it especially when you have no funds to fight that. Because I am now going through a new legal team I was put in touch with by my union and they are going to try to access funding again. I am finding it very hard to get all this back up and running – it is just so exhausting, and it's been going

on for 4½ years and I was diagnosed with depression at the end of last year. Because it just all got a bit too much. Because it just goes on and on forever and I think the hardest thing for me is not being believed. Even though it's a genuine injury I'm just told to suck it up and get on with it. So the fact is if I now want to do something I have to make a push for a second industrial issue and I don't know whether I have the energy for that. I am still going day by day

I'm not sure what I'm hoping for in the end. I did find out I had income protection from my super so I did get some payout. I don't know what that would be compared to what I would have been earning. I've got to go and delve into all that.

My changes to the system

I know it is a double edged sword but to listen to the person who is injured. My GP could not believe I was desperately trying to get back to work and I couldn't get back to work when there are so many people willing to go back to work and they don't want to employ them. I can understand that it can be a problem, but actually just to believe people when they say they are suffering certain things that they are.

Independent Workers Advocate

There is no advocate for the injured workers with the harshness of claims management. With the decline with the hospital that showed me just how harsh the cut off was. Up until then they were very frustrated with my return to work. Because I continued to have issues the animosity between myself and the case worker from QBE was incredibly stressful when she was on site and we had meetings with the GP with her and I. They were very antagonistic, and I was still very unwell, I still had trouble walking even at that time. And to try and advocate for yourself at that time and even with the GPs support was really hard and I didn't have it clear in my own head and with a head injury I wasn't able to think clearly, I couldn't remember words and things like that. It's obviously improved over the years but my memory loss was terrible. I would just go blank I wouldn't have any idea of the answer is and they became frustrated and even though this was part of the symptom and it made it very difficult to try and negotiate any type of appropriate care because the care I got was necessary appropriate for the injury. But I didn't have anyone to direct that into an appropriate channel. Despite the GPs best efforts it was hard to get the right help.

Independence and the onus in complex injuries

Talking about the onus issues in relation to brain injuries, I have no doubt the antagonism of the case manager made me query the independence of the independent medical expert. Because if they are being paid by the insurer, the insurer obviously is looking for a particular answer and if I can't tell the medical expert what my story is and what happened and how that has affected my life. How is he able to make an informed decision that will have the consequences of accepting or denying a claim. As I was saying the ripple effect of denying the claim are huge.

I ended up in tears in that session because he was trying to find out why I couldn't stand upright and while I had two feet on the ground I could pretty well stand OK, but

if I was on one foot and then he would ask me to close my eyes. I then had no idea where up was I to always literally find a point of reference and he was shouting at me – “*STAND UP you know your wobbling all over the place, just stand up*”. I said I’m trying, I’m trying really hard and as soon as I open my eyes I have a point of reference I can do that. But what he was asking I could not, and that’s a subjective thing for me but that’s my experience but I can’t prove that to him. And because he thought I was a nurse at one point in the report he said that I had used a medical word and that I was a nurse and thus knows medical terminology. But in actuality it was he that said that word and I thought yes that was that muscle and I repeated it. So the whole thing looked like I was a nurse and knew the right words so I was obviously gaming it.

Injured Workers Support Network

As a lay person it is very hard to see through the legislation. I joined the Injured Workers Network way through all this worker return to work network. Everything I’ve found out how to go about things has been through a coincidental comment or discussion. But there is nowhere that you can go and say oh yes this is what’s happened, these are your options, this is what your rights are, and this is where you can go. Like there is no flowchart so to speak of how to wade through this. It’s a quagmire you just drown.

And for someone who doesn’t understand there is no support in that area. Rowan has done what he has done - which was like a new life to me I found the network really good, I would like to attend more meetings but it’s the same time as my dyslectic daughter’s tutoring and for me that takes priority.

Amy’s husband’s story

Amy’s husband Steve worked for Fire and Rescue NSW. He experienced mental stress as a result of persistent bullying and harassment. He is now permanently disabled, but the insurance company has continued to fight his claims. He has also been the victimized by managers, who mocked his mental health problems. Steve’s wife believes the workers compensation system is too employer-centric and that employees are treated like criminals

I am writing on behalf of my husband. He is too unwell to tell his story.

He worked for the NSW Fire Brigades, which later became known as Fire and Rescue NSW. His story is the most abhorrent one of targeted bullying and harassment that I have seen. Our family has been touched by evil.

It seems that anything that my husband does is cause for the workers compensation system and the insurance company to use against him. It is not a fair system. That is the first red flag that has to be told in this story. The second red flag is the surveillance. How coincidental that Four Corners aired a story on insurance companies and their surveillance of claimants.

Steve (my husband) made repeated claims of bullying, risks to health and safety, lack of resources, corrupt work practices, maladministration and withholding of entitlements against Fire and Rescue's senior management.

Ultimately, the organisation responded to Steve's allegations of corruption by employing a psychologist who they paid \$58,000 to "interview" his supervisors and colleagues. The psychologist's report (198 pages) contained anonymous allegations against Steve alleging that he was bullying and was unsafe. Despite these allegations of being unsafe he was never stood down from work.

All the while senior management engaged in exchanging sneering emails about his alleged mental health and how he should be given medication. The psychologist was late disciplined by the NSW Psychologists Registration Board (her own professional body) and has a curtailment placed on her practice as a psychologist. Fire and Rescue NSW continue to use her report against Steve – however incredulous that may sound.

Even though he was ill and in possession of a current medical certificate, he was ordered back to work by Fire and Rescue NSW or threatened with termination. His employer never offered him re-training or any other assistance.

Steve's workers compensation case was upheld in 2011 and his employment terminated within six weeks of that decision. He had provided 34 years of exemplary service.

Steve hasn't worked since 2009. Our family has been the victim of threats and even death threats.

He is confirmed by medical specialists that he is totally and permanently disabled and yet the insurance company wanted to fight his case of negligence and we had to wait nearly another year before going to court. We are financially ruined. He will never work again. We have missed out on more than \$1 million in superannuation and other entitlements.

The system is insurance company centric. This is workers compensation – it should be worker centric; workers should not be under surveillance without good reason and should not be treated as criminals. The real criminals are the employers who deliberately harm their employees. In my husband's situation, the senior management of Fire and Rescue NSW deliberately set out to destroy his career, reputation, and even his family.

Donny's story

Donny is an IT and Electronics Worker, with extensive tertiary skills in China and Australia, who has worked in numerous process worker and computer technician roles. He has had several injuries including to his eye, knees, arms and shoulders. Due to the injuries he has suffered termination in several jobs as he has been unable to meet productions targets. He has also paid for many of the medical expenses himself due the difficulties of being a precarious worker and not wanting to lose his work. Workers Compensation has not supported him in gaining skills or finding new work.

I first injured my eye in 1992 and did not make a claim.

In 2005 I was working for a labour hire company and had to lift a number of boxes every day. I injured my knee and had to get an arthroscopy. I then favoured my good knee which soon developed similar problems. These injuries reduced my mobility, caused pain and caused my knee to lock. This claim was denied.

Then with another employer while manual handling in 2006, when using an old injecting machine that was not maintained, I was injured in my arms. The machine was open to failure and required ongoing manual force to keep it producing. Initially my right arm became painful, so I favoured using my left more. The pain was severe and this slowed me down. The workplace was noisy and the temperature was high and unregulated. I also developed pain in my left arm. I was eventually terminated as the pain in my arm stopped me from working efficiently.

Over a year later I regained employment as a mobile repairer but could not continue because the use of his hands aggravated my arm injuries. Because my arms were weak this put pressure on my shoulders to carry items such as shopping. Then my shoulders became injured.

I have seen a number of doctors and specialists and received physio treatment. I have paid for myself to attend China to have an operation. The surgery and recovery is cheaper there.

I have received minimal to no assistance from the workers compensation system, which has declined my claims. I am now reliant on Centrelink payment in order to survive. No employment assistance has been provided.

Lena's story

Lena was working in a job she loved when she developed a Repetitive Strain Injury in her hands, wrists and forearms. She was

certified unfit for work, but soon returned on reduced hours. She felt she lacked support from her employer and insurer – who gradually increased her workload without any regards to the pain she was suffering. Lena feels there is a fundamental conflict of interest at the heart of the NSW workers compensation system – insurers are the case managers and administrators of treatment decisions and return to work strategies. This means every worker’s recovery is subordinated to the interests of shareholders and quarterly profit reports. She therefore believes it’s time for independent administration of workers compensation.

I was happily employed full-time in a job I loved, in an industry I was proud of, with colleagues I respected.

I developed Repetitive Strain Injury in my hands, wrists and forearms; and muscle spasms/pain in my neck, shoulders and back. I also experienced weakness in my legs, and was unable to “bear weight” (i.e. walk) for 3 days. I was certified unfit for work for five weeks, and then returned on reduced hours (two per day). My hours were then gradually increased by decree of an exercise physiologist employed by the insurance company, who was unresponsive to the capacity and pain levels I reported. This made it difficult for management to plan appropriately for the team and placed additional pressure on me to perform. After six months, I was still not able to work a full day.

I had every desire to recover from my injury and was committed to returning to work. I was passionate about my career, but eventually realised I faced a choice between working to recover my health or working towards arbitrary goals that were driven by an insurer’s (or legislator’s?) timetable. As a workers compensation claimant, my real work – my career – was just another privilege to which I no longer had any rights.

Since my injury, I have only worked part-time and casually. If I had been able to access more appropriate support, my story would be different.

There is a fundamental conflict of interest at the heart of the NSW workers compensation system. As long as insurers are the case managers and administrators of treatment decisions and return to work strategies, every worker’s recovery will be subordinated to the interests of shareholders and quarterly profit reports. Injured workers should not be forced to engage in an adversarial style relationship with insurers and courts in order to gain access to treatment and wage supplementation. It is time for independent administration of worker’s compensation and return to work journeys that achieve quality health and life outcomes. We deserve that at least.

Emily's story

Emily is a single mother who worked for the Government. While at work, she slipped and fell, badly injuring her back. After trying to claim workers compensation, she received a constant stream of bullying by her employer and their insurer. She was made to feel guilty for going to rehab appointments, and pushed to do work that she was unable to do because of her injury. She has since lost her job and is experiencing financial and emotional stress. She would like WorkCover be more vigilant in controlling managers who use their position to make the lives of their staff a misery.

I was injured in early 2012 when I slipped and fell near the refrigerator at work. Initially, I thought it wasn't that serious a back injury. However, I was in significant pain. I was allocated a rehab person and after being off for roughly a month I began the process of return to work.

Unfortunately, because of the spasms related to my back, I further injured myself stepping out of a caravan over the Easter period. I was taken to hospital where I underwent surgery for a deep laceration to my leg. Had I not had the initial back injury, I would not have experienced the spasms causing me to lose my footing and fall.

After returning to work, my new manager told me I would have to claim the entire month as sick leave. I disagreed with her and took the matter up with the workplace injury caseworker. From that time on he bullied me, threatened me and forced me to return to my doctor to have exactly what he told me he wanted written on my medical certificate. He told me that there was no way my accident had anything to do with workers compensation. After investigating my rights, I had to repay money for some of the time I took off.

I must add that the workplace injury case manager ordered my rehab person to attend my doctor's appointment to ensure she got exactly what he wanted on the medical certificate. To add to this, when we arrived to see the doctor, he told her that he had just gotten off a call from the case worker telling him what to write. I felt extremely bullied and upset by all of this.

Six weeks later, without any prior consultation, 19 days leave was taken from me. I contacted payroll who informed me the leave had been taken for the period of time I had been off with the leg injury. I contacted my rehab person who spoke to the department's injury case worker and he reported back to me that he refused to change it. I took the matter up with the Public Service Association (PSA), and after a battle, had my leave restored to me. They had absolutely no right to take leave without even talking to me.

I was completely exhausted mentally from constantly having to fight for my rights while trying to manage severe pain, work, and raising twin boys on my own along with a home and very little support. A short time later, I tripped on a loose mat at the

door of my work building and needed to take a few days off. I then travelled to the USA on a pre-injury booked vacation. It was filled with pain and the inability to do many things. Upon my return, I was still in a great deal of pain, not sleeping well and waiting to see a pain management specialist. My boss sent an email to my rehab person asking why I had to attend the appointment. The email or rather the suggestion in it was that I was leaving work 30 minutes early to attend this and was in some way trying to abuse the system and waste time. I can't be sure but it seemed to be an aggressive email.

To my horror, the rehab person suggested to my manager that I work through my lunch break to make up for the time I would need to attend this appointment. I was furious with her. I rang the rehab person and terminated her from my case. I asked that no one contact me as I was disgusted. From the conversation I had with her she was clearly being bullied herself by my manager for her to have suggested such a ridiculous thing.

At this point, I was completely stressed, bullied, crying, in pain, very tired from not being able to rest, and angry. I went and spoke to a manager explaining I had to go home. I told him of my intention to seek out a new doctor who might be better in assisting me with pain management. The manager was very supportive and also suggested I contact our employee assistance program as he was aware of how bullied and stressed I felt. I did this the following day. I sent an email out to the interested parties informing them I would be leaving work to go to a doctor.

Later in the week, I received a call from my new rehab person. After a brief conversation where I began crying, she informed me that the Department had withdrawn my suitable duties. I couldn't believe it. This was purely malice and continued bullying on the part of my manager.

For the next 18 weeks I fought to return to work. I had the pain managed much better and was getting more rest. Then, out of frustration, I contacted the most senior manager. He said light duties weren't available and was surprised when I told him I had been doing light duties for a number of months. He quickly changed tack and said he would come up with something for me in the general office. It was a common thing for people to fill in working in the general office and I had asked for this many times previously. Finally, many weeks later the rehab person and I had a meeting with the senior manager. He was very rude to her stating I could not work on site, though he gave me work to do in the office. After 18 weeks I was finally permitted to return to work.

However, two years ago my manager again withdrew my suitable duties – calling it special leave this time. Soon after, I required surgery for my back injury and had a permanent implant in my back that requires charging up every day. It is meant to alleviate the pain but is not a cure. There is no cure for my injury.

Because I was forced to take leave earlier, I have used up all my entitlements so my pay gets cut dramatically if I am off with my back injury.

I am a single mother reliant on my work income. This injury and the drop in wages have caused me so much financial pressure. I can't even tell you how short of money I am. The difference in my wages makes a great deal of difference to my

standard of living. It has caused me so much stress, which further impacts on my injury and well-being. In my opinion, my employer hampered my return to work through bullying and unfair treatment. My rehab provider did everything she could to fight for me but even she was treated in an appalling manner.

Five weeks after my surgery while I was back at work on restricted duties, my manager called me into the office to ask me to return on site to work. I explained that I was on strict restrictions and not sure my doctor would agree to this, at least until six to eight weeks post operation. She told me to ask him to get a certificate – which clarified I could no longer work on site. I was therefore prevented from going back to any form of work.

I would like to see WorkCover be more vigilant in controlling managers who use their position to make the lives of their staff a misery.