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Transition between systems of support: an international review

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Transition between systems of support: an international review

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Abstract

Changes to workers compensation legislation in South Australia and New South Wales mean that injured workers with some work capacity are no longer entitled to claim weekly benefits beyond 104 and 130 weeks respectively. In response to these reforms, an international review was performed of service model options to support clients leaving schemes and requiring connections with their communities, families and other support systems.

1. Models focused on proactively supporting, engaging and connecting individuals with options leading up to Scheme exits
2. Models that manage transition to new state that is seamless and positive
3. Models that provide post transition support and follow up with a focus on sustainable outcomes
4. Features of such models including: technology, people, service design, family and community engagement and cost structures.

In addressing the review aims, information was drawn from literature addressing vocational rehabilitation, worker support programs or any other source with the potential to be applied in the unique context of the review. Input from a range of international organisations was sought as part of the review.

A legislated end to benefits period is a unique aspect of the Australian compensation systems. The requirement to transition injured workers between two separate systems (such as worker's compensation insurance and Centrelink delivered benefits) is not encountered by international counterparts. As a result, there are few sources from which to draw information, and there were no formal evaluations of models located in the review. As a result, the findings of this report should be used to guide discussion around the requirements of transition at scheme exits, with the understanding that the body of existing evidence is weak at best.

Key messages

1. There are opportunities to prepare injured workers for the end of benefits. Examples exist that aim to develop communication skills, provide peer support and engage with community groups, however impacts of these approaches have not been evaluated.

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2. It is not clear how to best handle the transition. It appears a team approach is required, with a single, trusted, point of contact for the injured worker.
3. In the absence of a clear understanding of the outcomes for those who reach the end of benefits period, what is appropriate post-transition support remains unknown.
4. Services in this area will likely be defined by their quality: the depth of training provided, skills of those providing the service and the resources devoted to the service. "Token" approaches in this area are unlikely to succeed.

Introduction

Changes to workers compensation legislation in South Australia and New South Wales mean that injured workers with some work capacity are no longer entitled to claim weekly benefits beyond 104 and 130 weeks respectively. In response to these reforms, an international review was performed of service model options to support clients leaving schemes and requiring connections with their communities, families and other support systems.

Methods

A two-tiered approach was taken to the scanning component of the review. The first aspect consisted of a rapid systematic review of published literature. The second aspect involved utilising the professional networks of ISCRR to identify grey literature sources to inform the review.

Published literature component

Search strategy

The search strategy consisted of three components: insurance schemes, an intervention component consisting of terms related to scheme exits, transition or support, and outcomes such as recovery, quality of life and satisfaction. To maximise the sensitivity of the search a broad range of synonyms were used. Five databases were searched, including Medline, PsychINFO, CINAHL, Scopus and Social Sciences Abstracts and search terms were tailored to each database. Search results were limited to the year 2000 onwards to ensure only contemporary research was included. Details of the search strategy applied can be provided on request.

Inclusion/exclusion criteria

The following criteria were applied to title and abstract when identifying relevant studies (only studies in English were considered).

Inclusion criteria – studies had to include an aspect of each row of the table below

Description	Key words/phrases
Reference to a financial support system	Welfare support, disability insurance, work insurance, social insurance,

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	compensation, benefits
Reference to how the support system works, is applied or services are delivered	Functional capacity assessment (often used to determine if someone qualifies for something), vocational rehabilitation (often used to retrain people for the workforce), how decisions are made or someone is "selected" or "qualifies"
Some element of transition or reference to being a long term recipient of support, or description of who would qualify for the service	This element aims to target the end of scheme aspect of the review. Key words may include long term, complex client or other terms that suggest poor outcomes.

When examining full text of articles, information was sought related to the service or system providing post transition support and follow up to claimants exiting a compensation scheme.

Exclusion criteria – if the focus of the article was described below it was excluded:

Description	Key words/phrases
Focus on risk identification or "who" might be at risk, a long term claim or complex	Screening tools, accurate prediction
Non-working population	Children, adolescents (may still be included dependent on the system examined – e.g. traffic accident insurance), elderly

Professional network scan

A contact list consisting of known experts in the occupational health research field was compiled. A snowballing approach was applied, with initial contact made via email and followed up by phone where email communication was not sufficient. Those contacted were asked for direct input into the review, suggestions for resources to contribute to the review, or other points of contact that may serve the aims of the review.

Resources suggested by the contacts were appraised for relevance to the review. Relevant resources were added to the data extraction table in the preliminary findings section.

Results

Published literature component

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Almost 2000 potentially relevant studies were located by the search. Application of the inclusion and exclusion criteria identified 83 sources that were examined in full, of which 21 were deemed to contain information related to the aims of the review. This is summarised in Figure 1.

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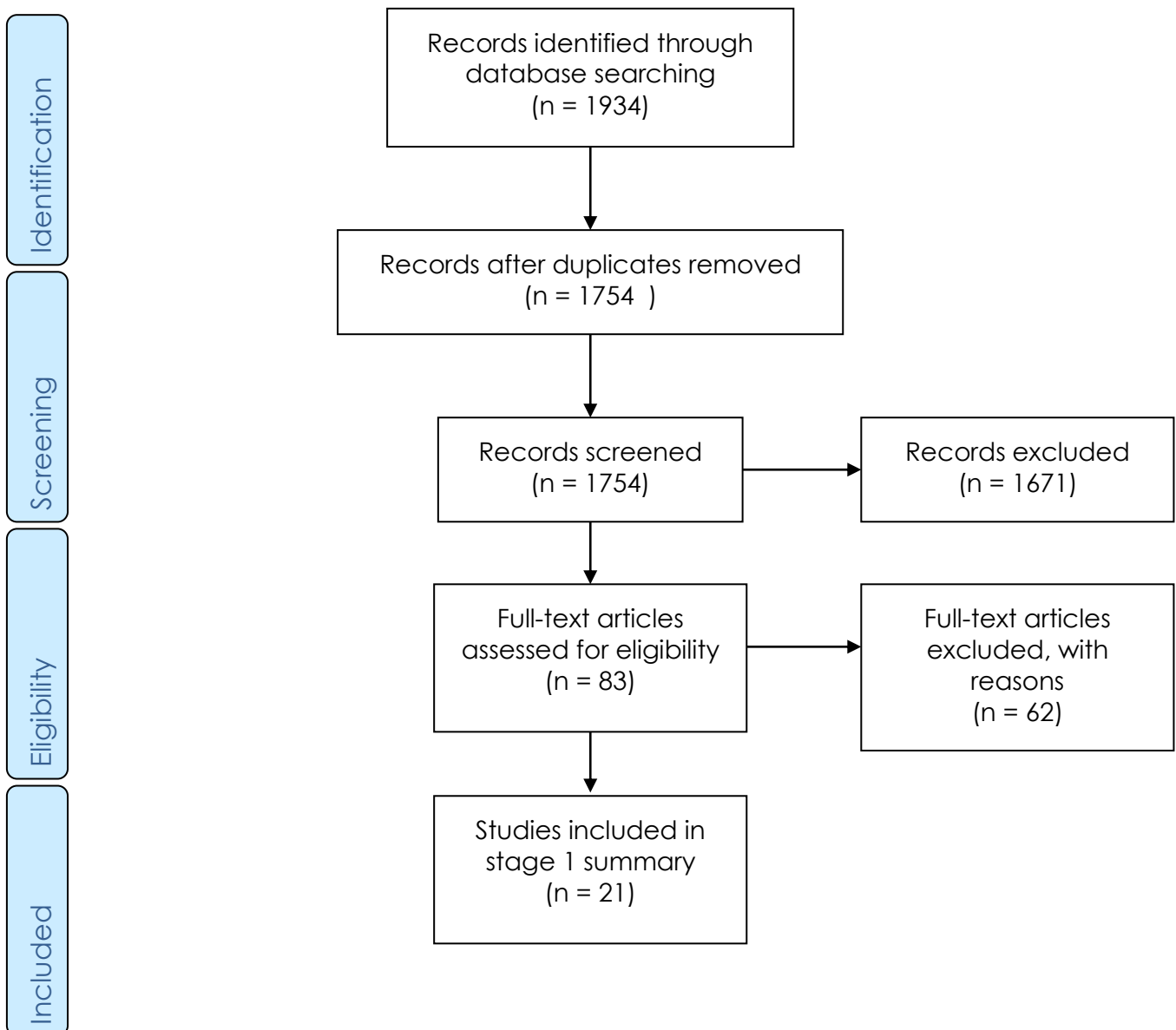
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Figure 1: PRISMA flow chart of search results



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Professional network component

Research institutions, workers compensation authorities and consultancies from Canada, the United States of America, the Netherlands, the United Kingdom, New Zealand and Australia contributed to the review. The typical response to the initial contact was a comment on the challenging nature of the review alongside confusion related to the context of the research question. International contacts had difficulty relating to the transition context of the questions and found it difficult to relate to their own systems of compensation. Many responses related to efforts around vocational rehabilitation and returning injured workers to some form of employment. Very few responses addressed supports for long term injured workers outside a return to work focus. This prompted a second attempt to reach out to international networks for examples of supports provided to injured workers outside services aimed at return to work.

Discussion

A legislated end to benefits period is a unique aspect of the Australian compensation systems. The requirement to transition injured workers between two separate systems (such as worker's compensation insurance and Centrelink delivered benefits) is not encountered by international counterparts. As a result, there are few sources from which to draw information, and there were no formal evaluations of models located in the review. As a result, the findings of this report should be used to guide discussion around the requirements of transition at scheme exits, with the understanding that the body of existing evidence is weak at best.

1. Models focused on proactively supporting, engaging and connecting individuals with options leading up to Scheme exits

In addressing this aspect of the review evidence was sought that described services or approaches that prepared injured workers for the future prior to the end of the benefit period. No examples were located that described models of preparing injured workers for such a transition, therefore there were no indications of the financial or health outcomes related to support structures in the approach to the end of the scheme.

The majority of the evidence located that could be applied to this phase of the review related to re-engaging the long term injured or strategies to assist injured workers return to the workforce. In the overall context of this review, in the lead up to scheme exit it is either too late to initiate these strategies or they have been attempted with little success. Nevertheless, the information below aims to draw inferences from the literature that could be applied in the lead up to scheme exits.

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The lead up to transition represents an opportunity to prepare an injured worker for the future beyond compensation benefits. Such preparation should include support to locate future employment, development of personal skills and provision of peer support.

Support to locate future employment should extend beyond basic services (such as simple CV writing and basic level computer training) and review in detail an individual's education, employment and skills from past experience. It may also be possible to identify future employment opportunities, with the opportunity for employers to identify the types of skills that are in demand. Such strategies may be more successful where it has been identified that the injured worker holds some motivation to return to the workforce. The literature related to the long term unemployed indicates that services in this space needs to be carefully tailored to the individual and take into account the person's sense of meaningful work.

Two international examples of providing personal skill development and peer support that fit into this space were located in the review. The Speaker Program (Speakers School) in Canada is a free community based program that provides individuals with training to learn how to speak publicly, gain confidence, leadership skills and raise awareness of social justice issues. It is based on addressing, overcoming and removing barriers by promoting peer support and mutual aid for affected individuals. The Expert Patient Programme (EPP) in the UK provides group-based support led by non-professionals with experience of the condition. Participants learn to develop their communication skills, manage their emotions and their daily activities and plan for the future. They also learn how to use the healthcare system, find health resources, understand the importance of exercising and healthy eating, and manage fatigue, sleep, pain, anger and depression. The goals of both of these programs fit with the challenges faced in the lead up to scheme exit, but no formal evaluations of the programs were located in the review.

2. Models that manage transition to new state that is seamless and positive

In addressing this aspect of the review evidence was sought for processes that did not involve additional stress for the injured worker, provided some level of continuity of care and did not adversely impact outcomes (health or otherwise) as a result of moving from one system of support to another. No evidence was located that could describe the impact on outcomes for injured workers. Information was drawn from evidence sources addressing engagement with long-term injured or disengaged workers attempting re-entry into the workforce.

The complexity of cases approaching end of benefits requires a multi-disciplinary team working together. The team should include experienced case managers and healthcare professionals that can provide a tailored approach to the client's needs.

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Communication between all parties, management, co-ordination and integration of network services would play a significant role in the client's transition. This is particularly relevant in the Australian context where individuals are moving between different systems of support that historically have not communicated clearly or have been designed to allow ease of movement from one system to another (e.g. moving from worker's compensation to Centrelink benefits).

Demonstration of successful engagement with the long term injured suggests a single case manager that offers one to-one support and guidance in all aspects of their care is a suitable approach. The case manager would co-ordinate the needs of the client, liaise with professionals and deliver all types of necessary support. An example of this approach is the 'professional friend' approach applied to clients with mental health conditions in Sweden. In this model the relationship built with the professional is a strong element in the coordination of service and avocation for needs of the service user. This approach to transition is likely to result in a smoother handover from one service to another.

International jurisdictions contain examples of "case by case" approaches to supporting injured workers in similar situations, or referral to a list of services that might be appropriate. How these services are applied appears to be either left to case manager judgement or up to the injured worker to follow up, assuming they have the requisite skills to do so. One example was located where counselling services upon termination of wage replacement benefits were paid for by the system, but there is no mention of any other services that workers in this situation may benefit from. While these jurisdictions acknowledge that ending wage replacement may warrant support, efforts appear to fall short of what could be considered seamless or positive for the injured party.

3. Models that provide post transition support and follow up with a focus on sustainable outcomes

This aspect of the review aimed to identify supports provided in the period when wage replacement benefits had ceased. No sources were identified that described health, quality of life or financial outcomes for those who were required to transition into a new source of income support. The outcomes for those exiting Australian worker's compensation schemes remains infrequently studied, although it is noted that there are at least two studies currently underway that may shed light on the experiences of this group.

Sources of evidence related to the long term injured suggest that, in terms of sustainability, employer incentives that provide payments for employing the long-term unemployed or disabled workers show little sustainability outside of the payment window. The nature of the work provided often does not meet the worker's

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notion of meaningful work, and this is a likely contributor to cessation of employment once subsidies are no longer provided.

Services that could be applied in the pre-transition phase (such as the Speakers School and EPP) may also have applications in the post-transition phase to provide ongoing support. In the case of the Speakers School, the service is provided free of charge as a community-based program. From the evidence gathered it is not clear how a program such as the EPP would be funded in the circumstance where wage replacement benefits have ceased and responsibility for the costs is unclear.

A number of community-based services were identified that could be utilised to both connect workers to their local community and provide support post transition. However, evidence was not located that described processes to “plug in” injured workers to community networks. This gap appears to have been recognised with some pilots underway to examine the impact of social prescribing and the role social workers may have to play in this space. The ReConnect service provided by Return to Work South Australia (RTWSA) is available to workers up to 12 months post cessation of benefits, and provides access to skilled professionals with high levels of knowledge of community services, with the level of service determined by the injured worker’s need. This service is currently delivered on a small scale and will likely be challenged with the impending cessation of benefits period approaching in that jurisdiction.

The evidence related to transition programs outside of the workers compensation field is limited and provide no examples directly relevant to this review. Measures exist that may assist evaluation of the impact of life events as a means of quantifying workers’ experience both during and post transition, however a detailed analysis of the tools that would best suit this purpose is beyond the scope of this review.

4. Features of such models including: technology, people, service design, family and community engagement and cost structures.

Due to the unique nature of the time-limited benefit period, the review did not identify models that could readily be applied in the Australian context. The information below is based on studies related to long-term injured or unemployed and services that have demonstrated success in terms of return to work outcomes, satisfaction or high levels of engagement.

These services should centre on individualised programs that will include one-to one contact, a personal adviser or a group of professionals who are qualified in educating, retraining and supporting the injured worker. A token approach to assessing the worker’s existing skill set is unlikely to lead to a successful outcome. These professionals should also be qualified to help clients manage their conditions

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medically and be able to liaise with medical professionals as well as liaising with government run agencies like Centrelink.

The success of services applied often hinges on the quality of the people involved in the service, including communication skills, knowledge of the environment and services that are available. Professional networks are particularly important as services need to be matched to the individual's circumstances.

There is also an emphasis on personal support in order to empower individuals to take control of their own lives. Areas to focus on are high level training and ongoing education. This includes topics such as government run assistance programs like Centrelink, personal budgeting and medical knowledge to assist the individual to manage and cope with their injury or disability. Personal skills building such as public speaking and interacting with decision makers and health professionals would also benefit individuals and lead to success on a professional and personal basis.

Finally, sufficient resources, including financial, educational and personal resources are required for a successful service. Often this is represented in the skills of the people providing the service, such as personal advisors. These points of contact need to be trustworthy and have the sufficient skills/qualifications to help the individual manage all aspects of their injury in terms of gaining employment and managing their condition on a personal level.

The duration of services in this area depended on whether the service was individual or group based. Individual services tended to run for longer time (up to 2 years) compared with group services which were offered over a few weeks. Considering the goals of quality, trust and empowerment of long term injured workers, a longer term program with regular follow ups is likely to have greater impact than shorter term, intensive programs. Options currently exist, but the challenge appears to be aligning the services to those who would benefit from them.

Conclusion

There is very little existing evidence to guide the design of services to assist with transition out of Australian compensation schemes. Whilst the issue may be unique to the Australian context, the information gathered by this review suggest transition services need to be high quality, be individualised, empower the individual and have some elements that focus on the health condition.

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