Australian Government

Department of Social Services

Comcare submission to the

National Disability Employment Framework – Issues Paper

 8 July 2015

**Introduction**

This is Comcare’s submission to the Australian Government Department of Social Services (DSS) *National Disability Employment Framework – Issues paper*.

**Purpose of the submission**

This submission focuses on Comcare’s experience in improving employment outcomes for people with injury, illness and disability in our workers’ compensation scheme. The paper addresses questions in the *National Disability Employment Framework – Issues paper* that align with Comcare’s work.

**The Comcare scheme**

The Comcare scheme (the Scheme) provides an integrated safety, rehabilitation and compensation system, no matter what Australian state or territory an employer operates in, or where its employees are located.

Comcare is established under the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) and has a number of powers and functions that ensure that employees have access to compensation and can return to work quickly and safely following work-related injury or illness.

The *Work Health and Safety Act 2011* (the WHS Act) implements, in the federal jurisdiction, model work health and safety arrangements agreed by Australian Governments.

A key objective of the Comcare scheme is the early and safe return to work of injured employees covered by the Scheme. While employers are responsible for managing the rehabilitation and return to work of their injured or ill employees, Comcare provides support and advice to employers on how to manage their responsibilities.[[1]](#footnote-1)

**Workforce Participation of People with Disability**

Comcare shares DSS’ objective of improving workforce participation of people with disability. Comcare, like DSS, has a high proportion of clients with musculoskeletal and connective tissue disorders and mental ill health.

Often, what starts as a temporary illness, including mental ill health, can lead to long term disability. Mental ill health is often caused by, or significantly worsened when workplace risks are not managed.

**What can improve employment outcomes for people with disability?**

There are numerous barriers to participating in work for employees in the Comcare Scheme, as well as for people with disability more broadly. Addressing these barriers is critical to improving employment outcomes for people with disability.

A greater focus on preventing harm in the workplace by addressing risk factors is required. In the workers’ compensation context, there is often a failure to address workplace risks that caused the harm in the first place, especially for mental ill health. This can lead to further harm and a ‘failed return to work’.

Early intervention and reasonable adjustments will improve employment outcomes for people with disability. This involves:

* Collaboration between the employer and healthcare provider to determine capacity
* Employer engagement with services and supports to facilitate early intervention
* Supporting employers to provide suitable duties and reasonable adjustments including the flexibility to adjust the work as capacity to work changes
* Building the capacity of managers and human resource staff to recognise early warning signs and intervene early.

Providing meaningful work can lead to employee engagement, improved health outcomes and a sustainable participation in work. As employers can have a limited view of the work capacity of people with disability, especially with mental illness, breaking down the myths and perceptions is essential to improving employment outcomes.

**How can we promote the benefits of employing people with disability?**

Avenues to promote the benefits of employing people with disability include harnessing the role of the GP or other health provider to ‘prescribe’ work as part of recovery; and promoting messages on the health benefits of participating in meaningful work. These messages include:

* Health outcomes can improve through participation in good and meaningful work.
* Work gives people a sense of purpose and fulfilment in addition to social connections and improved financial security
* Workplaces that employ people with disability better reflect the community that they serve.

**Principles for Changes to Disability Employment Services**

Comcare’s experience is similar to the challenges identified in the *Issues Paper*:

* A need for greater emphasis on training and job satisfaction and suitability, over job placement. Focusing on job satisfaction and suitability will help to create meaningful work which can lead to improved health and employment outcomes.
* Inadequate ongoing support once employees are placed in a job. This includes recognising that people’s health and disability changes over time and that they may require different levels of support at different times.
* Misconceptions about employing people with disability. This includes the misconception that people must be 100 per cent well to participate in work. Work is an important part of the recovery process.
* A need for a holistic approach to service provision which works across people’s lives. As circumstances change over time, services need to adapt to support work participation.

**Do you agree with these as the underlying set of principles for change?**

Comcare agrees with the underlying principles for change, with the recommendation that the principle ‘Understanding employer need’ is amended to ‘Understanding the employer and employee need’. The right job fit and meaningful work improves health, engagement and productivity.

**Are there any other principles that you would include?**

Comcare recommends that the *Principles for Changes to Disability Employment Services* include a principle on the health benefits of work and a principle on assisting people to participate in meaningful work.

There is compelling international and Australasian evidence that work is generally good for health and wellbeing, and that long-term absence, disability and unemployment generally have a negative impact on health and wellbeing.[[2]](#footnote-2),[[3]](#footnote-3)

The Royal Australasian College of Physicians (RACP) released a [Consensus Statement on the Health Benefits of Work](http://www.racp.edu.au/index.cfm?objectid=57063EA7-0A13-1AB6-E0CA75D0CB353BA8)[[4]](#footnote-4) in March 2011. It outlines the positive relationship between health and work and the negative consequences of long term work absence and unemployment.

**Employment Service in Context**

Comcare’s focus is on return to and recovery at work in the workers’ compensation context. We work with the employer, employee and their health provider to support participation in work.

**Are there any other contextual factors of the jobseeker that should be considered?**

In Comcare’s experience, optimising participation in work needs to be a partnership between the employee, their GP and the employer. Remaining at work or early return to work is essential for recovery and participation in work.

Comcare is working with GPs to use work as part of recovery and minimise the impact of ill health and disability. Better support for GPs is needed to promote work resumption following an injury.

In Australia many workers’ compensation and insurance schemes are developing approaches to deliver on the health benefits of work, including revising medical certificates to increase the focus on what patients can do and providing guidance and advice to GPs to support their patients to return to work.

Comcare is trialing interventions to facilitate GP involvement in early return to work programs for employees including implementing a certificate of capacity in the ACT in 2015.

**Support for Employers**

The Disability Employment Services offers employers several services to support them to employ people with a disability including financial support and advice.

**What other supports or approaches could increase employment participation of people with disability?**

Collaboration between the employer, employee and their health provider is important. GPs can help the employer to understand a person’s capacity to work, and collaboration can help to identify modifications to support work participation.

Employers, however, often find it difficult to talk to the GP, while GPs report that complex systems and a lack of remuneration for their time are barriers to engaging with the workplace.[[5]](#footnote-5) Avenues to communicate with and appropriately remunerate GPs may enable employers to employ people with disability.

Employers also require support to intervene early if someone is struggling in their role or their health is declining.

Employers also need to prioritise building the capability of their managers and supervisors to design and provide good work, prevent risks and intervene early to support participation.

**Personal Helpers and Mentors (PHaMs)**

Psychological injury is on the rise in workers’ compensation schemes. Our experience tells us that employers struggle to find suitable duties for people with a psychological injury and their return to work is slower.

**What more can be done to support people with mental illness in the workplace?**

Sickness absence and incapacity can be significantly reduced through the efforts of line managers who also recognise the influence of a worker’s family, community and social circumstances. [[6]](#footnote-6)

Managers need to enable conversations to understand issues that impact on ability at work, and employ work arrangements to accommodate mental ill health at work. These skills need to be developed through training, supported by clear policy and coached by human resource personnel.[[7]](#footnote-7)

Comcare has collaborated with others to develop guidance for employers to support employees with psychological injury to participate in work. The Guides *Working Together: Promoting Mental Health and Wellbeing at Work[[8]](#footnote-8)* and *Working for Recovery: Suitable employment for return to work following psychological injury[[9]](#footnote-9)* provide advice and strategies to managers, leaders and rehabilitation case managers to create mentally healthy workplaces and support workers’ recovery through good work.

Comcare is part of the Mentally Healthy Workplace Alliance, which is the national approach by business, community and government to encourage Australian workplaces to become mentally healthy, for the benefit of the whole community and business, big and small.[[10]](#footnote-10) The Mentally Healthy Workplace Alliance has partnered with beyondblue to deliver the national *Heads Up[[11]](#footnote-11)* campaign to support businesses to create mentally healthy workplaces.

**Life-course and Diversity**

**Are there particular milestones which have a positive impact on employment prospects for people with disability?**

Comcare’s experience suggests that early intervention is critical and the risks of poorer health and return to work outcomes increase with the length of time away from work.

Sickness absence and incapacity can be significantly reduced through the efforts of the employer to intervene early and provide support to employees to stay in or return to work. This includes empowering employees with knowledge that they can recover at work.

Vocational rehabilitation that commences at the onset of illness, injury or disability, is an important milestone to prevent unnecessary incapacity and improve employment prospects.

**Summary**

In Comcare’s experience, managing workplace risks, early intervention and vocational rehabilitation and collaboration between the employee, employer and GP critical. Comcare looks forward to discussing this submission further.

**Appendix**

**Comcare functions**

Comcare’s functions[[12]](#footnote-12) under the SRC Act include:

* to make determinations accurately and quickly in relation to claims and requests to Comcare under this Act
* to minimise the duration and severity of injuries to its employees and employees of exempt authorities by arranging quickly for the rehabilitation of those employees under the Act
* to co-operate with other bodies or persons with the aim of reducing the incidence of injury to employees
* to conduct and promote research into the rehabilitation of employees and the incidence and prevention of injury to employees
* to promote the adoption in Australia and elsewhere of effective strategies and procedures for the rehabilitation of injured workers
* to publish material relating to the rehabilitation of employees under this Act.

**Comcare scheme data**

Like DSS, the Comcare scheme has a high prevalence of musculoskeletal and connective tissue disorders and mental ill health.

* During 2013–14 body stressing injuries/diseases represented 45 per cent of claims and 38 per cent of total cost, with an average total cost per claim of approximately $129 000[[13]](#footnote-13).
* During 2013–14, mental stress claims accounted for 16 per cent of all claims and 37 per cent of total claim costs, with an average total cost per claim of $342 000. It should be noted that the average total cost per claim is an estimate which may change as the claims mature[[14]](#footnote-14).

Approximately 50 per cent of injury and physical disease claims have some lost time. For psychological claims the number is much higher with approximately 80 per cent having some lost time[[15]](#footnote-15). Figure 1 illustrates that psychological injury claims continue on incapacity for longer periods than claims for injury or physical disease[[16]](#footnote-16).



1. Comcare, *Compendium for Workers’ Compensation Statistics 2015*, Comcare, 2015, p42. [↑](#footnote-ref-1)
2. Marmot, M 2005, ‘Social determinants of health inequalities’*, The Lancet*, vol.365, pp.1099-104. [↑](#footnote-ref-2)
3. Waddell, G and Burton A.K 2006, *Is work good for your health and wellbeing?,* London, UK: The Stationery Office. [↑](#footnote-ref-3)
4. Australasian Faculty of Occupational and Environmental Medicine, The Royal Australian College of Physicians http://www.racp.edu.au/index.cfm?objectid=57063EA7-0A13-1AB6-E0CA75D0CB353BA8 [↑](#footnote-ref-4)
5. H Britt, GC Miller, J Charles, C Bayram, Y Pan, J Henderson, L Valenti, J O’Halloran, C Harrison & S Fahridin, *General practice activity in Australia 2006–07*, General practice series no. 21. Cat. No. GEP 21. Australian Institute of Health and Welfare, Canberra, 2008, viewed on 5 September 2014, <http://www.aihw.gov.au/>. AIHW cat. no. GEP 21. Canberra: Australian Institute of Health and Welfare, 2008. [↑](#footnote-ref-5)
6. Comcare, *Submission to the House Standing Committee on Education and Employment Inquiry into Mental Health and Workforce Participation*, Comcare, 2011, p4. [↑](#footnote-ref-6)
7. Comcare, *Submission to the House Standing Committee on Education and Employment Inquiry into Mental Health and Workforce Participation*, Comcare, 2011, p4. [↑](#footnote-ref-7)
8. Comcare and the Australian Public Service Commission, *Working together: Promoting mental health and wellbeing at work,* 2013. <http://www.comcare.gov.au/promoting/Creating_mentally_healthy_workplaces/mental_health_and_wellbeing> [↑](#footnote-ref-8)
9. Comcare, *Working for Recovery: Suitable employment for return to work following psychological injury*, Comcare, 2014.[*http://www.comcare.gov.au/Forms\_and\_Publications/publications/services/injury\_management/injury\_management/working\_for\_recovery*](http://www.comcare.gov.au/Forms_and_Publications/publications/services/injury_management/injury_management/working_for_recovery) [↑](#footnote-ref-9)
10. Mentally Healthy Workplace Alliance <http://www.mentalhealthcommission.gov.au/our-work/mentally-healthy-workplace-alliance.aspx> [↑](#footnote-ref-10)
11. Heads Up <http://www.headsup.org.au/> [↑](#footnote-ref-11)
12. Refer section 69 of the SRC Act. [↑](#footnote-ref-12)
13. Comcare, *Compendium for Workers’ Compensation Statistics 2015*, Comcare, 2015 p17. [↑](#footnote-ref-13)
14. Comcare, *Compendium for Workers’ Compensation Statistics 2015*, Comcare, 2015, p17. [↑](#footnote-ref-14)
15. Comcare, *Compendium for Workers’ Compensation Statistics 2015*, Comcare, 2015, p43. [↑](#footnote-ref-15)
16. Comcare, *Compendium for Workers’ Compensation Statistics 2015*, Comcare, 2015 p43. [↑](#footnote-ref-16)