

National Return to Work Survey - Employers

Data Dictionary

First edition
2025

Disclaimer

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Introduction

Purpose

The National Return to Work Survey (NRTWS) aims to improve understanding of the return to work outcomes and experiences of injured workers receiving workers' compensation, and the return to work process and experience from the perspective of employers. Specifically, the survey findings assist in:

- Reporting key headline return to work measures at national and jurisdiction levels
- tracking attitudes, outcomes and expectations of those on workers' compensation
- identifying areas and specific factors that may positively or negatively impact injury or illness recovery, return to work, and experiences with workers' compensation arrangements, and
- creating an evidence base to inform and evaluate policy and program initiatives.

Background

The NRTWS has previously been administered in 2013, 2014, 2016, 2018, and 2021.

The design of the NRTWS program was reviewed in 2022, with resulting enhancements piloted in 2023 and implemented in 2025.

The 2025 iteration of the NRTWS was conducted by Wallis Social Research and involved a dual-mode survey; Respondents could complete the survey either by telephone or an online survey. The 2025 edition of the survey is the first to include and capture responses from employers.

Overview

The 2025 NRWTS for employers included the following sections:

1. Screening
2. Initial contact and pre-claim engagement
3. Claim
4. Return to work plan development
5. Return to work
6. Workplace domain
7. Supervisor
8. Manager
9. Demographics

Data Summary

Section 1 - Screening (1-42)

Position	Variable	Variable Label
1	year	Year interview completed
2	flag	Version of survey used
3	uid	Key
4	jurcode	Jurisdiction Code
5	sr14	Postcode
6	sr14_state	State / territory is usual place of work
7	sr14_metro	Area of usual place of work
8	sr16	Sector work in
9	regulator	REGULATOR
10	s2	Worker took a related a day or more off work as a result of a work related injury or illness
11	s2b	Worker lodged a compensation claim
12	sii	Are there currently legal proceedings relating to workers' compensation claim?
13	s2a	Has the worker received compensation for a workers' compensation claim?
14	s1a_1	Organisation dealt with - My insurer
15	s1a_2	Organisation dealt with - Regulator
16	s1a_3	Organisation dealt with - My workplace's workers' compensation unit
17	s1a_4	Organisation dealt with - Another organisation
18	s1a_5	Organisation dealt with - Someone else handles this for me

19	s1a_8	Organisation dealt with - Medical professional
20	s1a_9	Organisation dealt with - Rehabilitation professionals
21	s1a_10	Organisation dealt with - Insurance broker
22	s1a_11	Organisation dealt with - Other government entity
23	s1a_12	Organisation dealt with - Other external consultant/source of information
24	s1a_90	Organisation dealt with - Other
25	s1a_98	Organisation dealt with - Don't know / Can't say
26	s1b	Who from organisation engage with worker
27	s1c_1	Who assists the worker to return to work? - Executive
28	s1c_2	Who assists the worker to return to work? - Senior leader or manager
29	s1c_3	Who assists the worker to return to work? - Supervisor
30	s1c_4	Who assists the worker to return to work? - Other management
31	s1c_5	Who assists the worker to return to work? - Rehabilitation case manager
32	s1c_6	Who assists the worker to return to work? - Claims manager
33	s1c_7	Who assists the worker to return to work? - HR Manager
34	s1c_8	Who assists the worker to return to work? - RTW Coordinator
35	s1c_9	Who assists the worker to return to work? - Solicitor / lawyer
36	s1c_10	Who assists the worker to return to work? - Someone else within the workplace
37	s1c_11	Who assists the worker to return to work? - Someone else external to the workplace
38	s1c_98	Who assists the worker to return to work? - Don't know / Can't say

39	s1c_99	Who assists the worker to return to work? - Prefer not to say
40	s1d	Position in the workplace
41	s1e	Type of insurance in workplace

Section 2 – Initial Contact and pre-claim engagement

Position	Variable	Description
42	emp11a	They were not treated poorly by people in their immediate working group
43	emp11b	They were being accurate and truthful about their injury or illness
44	emp11c	You encouraged them to put in a claim
45	emp10	Did you help your worker manage their injury or illness before they lodged their claim?
46	emp14a	Offered payments to worker PRIOR to making a claim
47	emp14b	Offered payments to worker AFTER claim made but before being accepted
48	emp16a_1	Provided worker with information on health and safety- Yes, as we provide general information about work health and safety to all workers during the course of their employment
49	emp16a_2	Provided worker with information on health and safety- Yes, we specifically provided work health and safety information to the worker following their incident or injury
50	emp16a_3	Provided worker with information on health and safety- No
51	emp16a_4	Provided worker with information on health and safety- Don't know / Can't say
52	emp16a_5	Provided worker with information on health and safety- Prefer not to say
53	emp16b_1	Provided worker with information on compensation- Yes, as we provide general information about workers' compensation to all workers during the course of their employment

54	emp16b_2	Provided worker with information on compensation- Yes, we specifically provided workers' compensation information to the worker following their incident or injury
55	emp16b_3	Provided worker with information on compensation- Yes, we provide general information to support workers' return to work
56	emp16b_4	Provided worker with information on compensation- No
57	emp16b_5	Provided worker with information on compensation- Don't know / Can't say
58	emp16b_6	Provided worker with information on compensation- Prefer not to say
59	emp8	Someone from workplace contacted the worker since their injury or illness?
60	emp9a	How many days after injury / illness were they contacted first
61	emp9b	Regular contact maintained with worker since injury / illness

Section 3 - Claim

Position	Variable	Description
62	RTW12	Category of workers injury / illness
63	WC11	Claim accepted under presumptive provisions
64	WC12	Claim accepted under deemed diseases provision
65	WC2	Agree / disagree that sufficiently informed about the treatment needs and medical condition

Section 4 – Return to work plan development

Position	Variable	Description
66	emp1	Did / does your worker have a plan in place to get back to work?
67	emp2	Was / is this return to work plan in writing or a verbal agreement?

68	emp3a	Do you agree or disagree with the following statements about your return to work plan? - The worker was appropriately involved in the development of the return to work plan
69	emp3b	Do you agree or disagree with the following statements about your return to work plan? - As the employer, we found the return to work plan helpful
70	emp12b_1	How was / is plan monitored - Regular communication with their manager / supervisor
71	emp12b_2	How was / is plan monitored - Regular communication with other staff member
72	emp12b_3	How was / is plan monitored - Regular communication with the RTW coordinator
73	emp12b_4	How was / is plan monitored - Regular communication with the insurer
74	emp12b_5	How was / is plan monitored - Regular communication with their medical practitioner / GP
75	emp12b_6	How was / is plan monitored - Regular communication with their rehab provider
76	emp12b_7	How was / is plan monitored - By myself / personally
77	emp12b_80	How was / is plan monitored - Other regular communication with employee
78	emp12b_89	How was / is plan monitored - Through reduced hours / lighter duties
79	emp12b_90	How was / is plan monitored - Other
80	emp12b_97	How was / is plan monitored - Plan was not monitored
81	emp12b_98	How was / is plan monitored - Don't know / Can't say
82	emp12b_99	How was / is plan monitored - Prefer not to say
83	emp13a	Have been able to make changes to RTW plan
84	emp13b_1	Changes made to RTW plan - Change of hours
85	emp13b_2	Changes made to RTW plan - Modified duties

86	emp13b_3	Changes made to RTW plan - Return to work date(s) changed
87	emp13b_4	Changes made to RTW plan - Through review with the worker
88	emp13b_5	Changes made to RTW plan - Through review from their coordinator / healthcare provider
89	emp13b_90	Changes made to RTW plan - Other
90	emp13b_97	Changes made to RTW plan - No adjustments were made to workers plan
91	emp13b_98	Changes made to RTW plan - Don't know / Can't say
92	emp13b_99	Changes made to RTW plan - Prefer not to say
93	jp5	Offered modified or alternative duties
94	jp7_1	Why worker did not accept - Modified / alternative duties were not different enough
95	jp7_2	Why worker did not accept - Modified / alternative duties were not meaningful or challenging
96	jp7_3	Why worker did not accept - They felt they could perform their pre-injury duties
97	jp7_4	Why worker did not accept - Modified / alternative duties did not match their physical / psychological capabilities
98	jp7_5	Why worker did not accept - It would have meant moving to a different workplace location
99	jp7_6	Why worker did not accept - It would have meant working different times / shifts
100	jp7_7	Why worker did not accept - It would have meant a change in wages
101	jp7_8	Why worker did not accept - They would have been unable to perform the modified duties due to doctor's restrictions
102	jp7_9	Why worker did not accept - They felt they would be a burden on their manager or colleagues

103	jp7_10	Why worker did not accept - Suspected fraudulent claim
104	jp7_11	Why worker did not accept - They didn't want to return to work
105	jp7_90	Why worker did not accept - Other reason
106	jp7_98	Why worker did not accept - Don't know / Can't say
107	jp7_99	Why worker did not accept - Prefer not to say
108	jp8	Any workplace accommodations been offered to the worker in order to help them get back to work
109	jp12b	Worker consulted when reviewing their work environment for workplace accommodations

Section 5 – Return to work

Position	Variable	Description
110	rtw1	Has the worker returned to work at any time?
111	rtw6	Were the hours the worker returned to the same?
112	rtw7	Were the duties the worker returned to the same?
113	rtw4	What is the main reason worker not returned?
114	rtw10a	How confident worker will return in Less than 3 months
115	rtw10b	How confident worker will return in 3 to 6 months
116	rtw10c	How confident worker will return in 6 to 12 months
117	rtw10d	How confident worker will return in 12 months or more

Section 6 – Workplace domain

Position	Variable	Description
118	rtw11_1	Support could be provided employer to assist workers in RTW - Greater communication with employers
119	rtw11_3	Support could be provided employer to assist workers in RTW - Support from healthcare providers

120	rtw11_4	Support could be provided employer to assist workers in RTW - More investigation into validity of the claim
121	rtw11_5	Support could be provided employer to assist workers in RTW - Help with the claims process
122	rtw11_6	Support could be provided employer to assist workers in RTW - Support with the transition back to work
123	rtw11_7	Support could be provided employer to assist workers in RTW - Greater focus on workplace safety and training
124	rtw11_90	Support could be provided employer to assist workers in RTW - Other
125	rtw11_2	Support could be provided employer to assist workers in RTW - No support is needed
126	rtw11_98	Support could be provided employer to assist workers in RTW - Don't know
127	rtw11_99	Support could be provided employer to assist workers in RTW - Prefer not to say
128	emp7a	Our workplace did what we could to support them
129	emp7b	We provided information on their return to work rights and responsibilities
130	emp7c	We found and offered suitable employment for them
131	emp7d	We helped them with their recovery
132	emp7e	We treated them fairly during the claims process
133	emp7f	We treated them fairly after the claims process
134	emp7a_3	Why unable to find and offer suitable employment - Due to injury
135	emp7a_4	Why unable to find and offer suitable employment - Worker retired/resigned
136	emp7a_5	Why unable to find and offer suitable employment - We do not have suitable duties/hours

137	emp7a_6	Why unable to find and offer suitable employment - We terminated the employee
138	emp7a_7	Why unable to find and offer suitable employment - Suspected fraudulent claim
139	emp7a_8	Why unable to find and offer suitable employment - They didn't want to return to work
140	emp7a_9	Why unable to find and offer suitable employment - Other
141	emp7a_99	Why unable to find and offer suitable employment - Prefer not to say
142	emp15_1	Workplace provide training and education on RTW - Yes, general workplace education or training
143	emp15_2	Workplace provide training and education on RTW - Yes, education or training specific to the injured worker
144	emp15_3	Workplace provide training and education on RTW - Not yet, but intend to offer
145	emp15_4	Workplace provide training and education on RTW - No
146	emp15_5	Workplace provide training and education on RTW - Don't know / Can't say
147	emp15_6	Workplace provide training and education on RTW - Prefer not to say

Section 7 Supervisor

Position	Variable	Description
148	man2a	To what extent agree or disagree - Receive enough training and support to act in the RTW Coordinator
149	man2b_1	What additional assistance could be provided to be successful RTW Coordinator - Regular / ongoing training or education about the claims process
150	man2b_2	What additional assistance could be provided to be successful RTW Coordinator - Greater efficiency of the claims process
151	man2b_3	What additional assistance could be provided to be successful RTW Coordinator - Further information about legislation / regulation

152	man2b_4	What additional assistance could be provided to be successful RTW Coordinator - Help with workload / paperwork
153	man2b_5	What additional assistance could be provided to be successful RTW Coordinator - Greater assistance from insurers
154	man2b_6	What additional assistance could be provided to be successful RTW Coordinator - Greater assistance from healthcare providers
155	man2b_7	What additional assistance could be provided to be successful RTW Coordinator - Greater assistance from government bodies
156	man2b_8	What additional assistance could be provided to be successful RTW Coordinator - Greater support from RTW coordinators/specialists
157	man2b_90	What additional assistance could be provided to be successful RTW Coordinator - Other
158	man2b_97	What additional assistance could be provided to be successful RTW Coordinator - No additional assistance
159	man2b_98	What additional assistance could be provided to be successful RTW Coordinator - Don't know / Can't say
160	man2b_99	What additional assistance could be provided to be successful RTW Coordinator - Prefer not to say
161	man3a	Updated the return to work procedures for managing workers' compensation claims in the last 12 months
162	man3b	Workplace updated any work health and safety procedures / policies
163	man3c_1	Barriers experienced - Getting the worker approved for duties
164	man3c_2	Barriers experienced - Finding the worker suitable work / duties
165	man3c_3	Barriers experienced - Communication with healthcare providers (e.g. location, communication)
166	man3c_4	Barriers experienced - Communication with insurers

167	man3c_5	Barriers experienced - Inexperience with managing the claims process
168	man3c_6	Barriers experienced - Limited business resources
169	man3c_7	Barriers experienced - Injured workers being uncooperative
170	man3c_8	Barriers experienced - Communication with the injured worker
171	man3c_9	Barriers experienced - Suspected fraudulent compensation claims
172	man3c_90	Barriers experienced - Other
173	man3c_97	Barriers experienced - No barriers
174	man3c_98	Barriers experienced - Don't know / Can't say
175	man3c_99	Barriers experienced - Prefer not to say
176	man4_1	Aspects of approach worked well - Open / regular communication with the injured workers
177	man4_2	Aspects of approach worked well - Engaging with involved parties
178	man4_3	Aspects of approach worked well - Fostering a supportive work environment
179	man4_4	Aspects of approach worked well - Providing alternate / modified duties
180	man4_5	Aspects of approach worked well - Providing emotional support
181	man4_6	Aspects of approach worked well - Early response and intervention
182	man4_7	Aspects of approach worked well - Utilising RTW coordinators / managers
183	man4_90	Aspects of approach worked well - Other
184	man4_97	Aspects of approach worked well - No aspects have worked well

185	man4_98	Aspects of approach worked well - Don't know / Can't say
186	man4_99	Aspects of approach worked well - Prefer not to say
187	man5_1	Aspects approach to have not worked well - Improved communication/information
188	man5_2	Aspects approach to have not worked well - Greater say/more input in the process
189	man5_3	Aspects approach to have not worked well - Approach not applicable to workplace or worker
190	man5_4	Aspects approach to have not worked well - Nothing
191	man5_90	Aspects approach to have not worked well - Other
192	man5_99	Aspects approach to have not worked well - Prefer not to say
193	man6_1	Where would go for support - Safe Work Australia
194	man6_2	Where would go for support - A rehabilitation provider
195	man6_3	Where would go for support - Your insurer
196	man6_4	Where would go for support - Your regulator
197	man6_5	Where would go for support - Medical provider
198	man6_8	Where would go for support - RTW Co-ordinator/specialist
199	man6_9	Where would go for support - Insurance broker
200	man6_10	Where would go for support - Internal source
201	man6_11	Where would go for support - Legal/human resources professional
202	man6_12	Where would go for support - Industry/body association
203	man6_13	Where would go for support - Other external source
204	man6_14	Where would go for support - None/we wouldn't
205	man6_90	Where would go for support - Other

206	man6_7	Where would go for support - Don't know / Can't say
207	wc1	How much contact have you had with your insurer?

Section 8 – Management

Position	Variable	Description
208	man1a	Agree or disagree understanding of role - Your duty of care to your worker
209	man1b	Agree or disagree understanding of role - The claims process
210	man1c	Agree or disagree understanding of role - Your workers recovery
211	man1d	Agree or disagree understanding of role - Workplace accommodations
212	man1e	Agree or disagree understanding of role - Return to work
213	man1f	Agree or disagree understanding of role - Obligations around provision of information
214	man1g	Agree or disagree understanding of role - Your workplace's RTW program
215	man1h	Agree or disagree understanding of role - Incident notification
216	wc9a	Agree or disagree receive enough information and support from your insurer
217	wc2aa	Your workplace has received sufficient support from your insurer in navigating the claims process
218	wc2ab	Your workplace has received sufficient support from your workers' compensation regulator in navigating the claims process
219	wc9b_1	Additional assistance could be provided by insurer - More responsive / timely communication and updates
220	wc9b_2	Additional assistance could be provided by insurer - Clearer communication
221	wc9b_3	Additional assistance could be provided by insurer - More details about the claims process

222	wc9b_4	Additional assistance could be provided by insurer - More ways to contact the insurer
223	wc9b_5	Additional assistance could be provided by insurer - Help with the claims process / paperwork
224	wc9b_6	Additional assistance could be provided by insurer - Better trained / supportive staff
225	wc9b_7	Additional assistance could be provided by insurer - More investigation of the injured worker
226	wc9b_90	Additional assistance could be provided by insurer - Other
227	wc9b_97	Additional assistance could be provided by insurer - No additional assistance required
228	wc9b_98	Additional assistance could be provided by insurer - Don't know / Can't say
229	wc9b_99	Additional assistance could be provided by insurer - Prefer not to say
230	wc10_1	Additional assistance could be provided by workers' compensation regulator - Training / education on policy and procedure
231	wc10_2	Additional assistance could be provided by workers' compensation regulator - Help with claims issues
232	wc10_3	Additional assistance could be provided by workers' compensation regulator - Help with insurer issues
233	wc10_4	Additional assistance could be provided by workers' compensation regulator - Updates on policy / legislative changes
234	wc10_5	Additional assistance could be provided by workers' compensation regulator - Frequent communication with employers
235	wc10_6	Additional assistance could be provided by workers' compensation regulator - Consultation with employers
236	wc10_7	Additional assistance could be provided by workers' compensation regulator - Easier ways to contact the regulator

237	wc10_8	Additional assistance could be provided by workers' compensation regulator - Consistent staff/less turnover
238	wc10_90	Additional assistance could be provided by workers' compensation regulator - Other
239	wc10_97	Additional assistance could be provided by workers' compensation regulator - No additional assistance required
240	wc10_98	Additional assistance could be provided by workers' compensation regulator - Don't know / Can't say
241	wc10_99	Additional assistance could be provided by workers' compensation regulator - Prefer not to say

Section 9 - Demographics

Position	Variable	Description
242	sr11	Main industry
243	sr18	Size of workplace
244-258	Close1	Free text response to survey conclusion question

Section 1 - Screening

Year

Description: The calendar year the interview was completed.

Format: "YYYY"

Flag

Description: Identifies the version of the survey used

Fields:

5 NRTW 2025

Jurcode

Description: Unique key value that identifies the jurisdiction that the employer is covered by

Fields:

- 1 Queensland Workers' compensation Regulator / Q-COMP
- 2 Workcover Tasmania
- 3 Workcover WA
- 4 WorkSafe Victoria
- 5 Seacare
- 6 NSW SIRA / Workcover NSW
- 7 Return to WorkSA / Workcover SA
- 8 Comcare
- 9 ACC
- 10 NT Worksafe
- 11 ACT

Sr14

Description: Identifies the employers postcode

Format: "PPPP"

Sr14_State

Description: Identifies the state of the employer

Fields:

- 1 NSW
- 2 VIC
- 3 QLD
- 4 SA
- 5 WA
- 6 TAS
- 7 ACT
- 8 NT
- 10 Other

Sr14_metro

Description: Identifies whether the employer is a metro or regional organisation

Fields:

- 1 Metro
- 2 Regional

Sr16

Description: Identifies which sector the organisation belongs to

Fields:

- 1 Federal government
- 2 State / Territory government
- 3 Local government
- 4 Private sector
- 5 Community / non-government organisation (NGO) / not-for-profit or charity
- 95 Other
- 99 Prefer not to say

Regulator

Description: Identifies the regulator that the employer is under or covered by

Fields:

- 1 SIRA (NSW)
- 2 WorkSafe (VIC)
- 3 Office of Industrial Relations (QLD)
- 4 ReturnToWorkSA (SA)
- 5 Workcover (WA)
- 6 WorkSafe (TAS)
- 7 WorkSafe (ACT)
- 8 NT WorkSafe
- 9 Comcare

S2a - Has the worker been compensated for more than one work related injury or illness?

Description: Identifies whether the worker has received any compensation for a workers' compensation claim

Fields:

- 1 Yes
- 2 No
- 98 Don't know / Can't say
- 99 Prefer not to say

S1a_1 - Which organisation(s) have you dealt with in relation to your workers' compensation claims? – My insurer

Description: Identifies whether the employer / organisation has dealt with their insurer in relation to their injured workers' compensation claims

Fields:

- 0 No
- 1 Yes

S1a_2 - Which organisation(s) have you dealt with in relation to your workers' compensation claims? – My regulator

Description: Identifies whether the employer / organisation has dealt with their regulator in relation to their workers' compensation claims

Fields:

0 No

1 Yes

S1a_3 - Which organisation(s) have you dealt with in relation to your workers' compensation claims? – My workplace's workers' compensation unit

Description: Identifies whether the employer / organisation has dealt with their workplace's workers' compensation unit in relation to their workers' compensation claims

Fields:

0 No

1 Yes

S1a_4 - Which organisation(s) have you dealt with in relation to your workers' compensation claims? – Another organisation

Description: Identifies whether the employer / organisation has dealt with another organisation in relation to their workers' compensation claims

Fields:

0 No

1 Yes

S1a_5 - Which organisation(s) have you dealt with in relation to your workers' compensation claims? – Someone else handles this for me

Description: Identifies whether someone else deals with their workers' compensation claims

Fields:

0 No

1 Yes

S1a_8 - Which organisation(s) have you dealt with in relation to your workers' compensation claims? – Medical professional

Description: Identifies whether the employer / organisation has dealt with a medical professional in relation to their workers' compensation claims

Fields:

- 0 No
- 1 Yes

S1a_9 - Which organisation(s) have you dealt with in relation to your workers' compensation claims? – Rehabilitation provider

Description: Identifies whether the employer / organisation has dealt with a rehabilitation provider in relation to their workers' compensation claims

Fields:

- 0 No
- 1 Yes

S1a_10 - Which organisation(s) have you dealt with in relation to your workers' compensation claims? – Insurance broker

Description: Identifies whether the employer / organisation has dealt with an insurance broker in relation to their workers' compensation claims

Fields:

- 0 No
- 1 Yes

S1a_11 - Which organisation(s) have you dealt with in relation to your workers' compensation claims? – Other government entity

Description: Identifies whether the employer / organisation has dealt with other government entities in relation to their workers' compensation claims

Fields:

- 0 No
- 1 Yes

S1a_12 - Which organisation(s) have you dealt with in relation to your workers' compensation claims? – Other external consultant/source of information

Description: Identifies whether the employer / organisation has dealt with other external consultants or sources of information in relation to their workers' compensation claims

Fields:

- 0 No
- 1 Yes

S1a_90 - Which organisation(s) have you dealt with in relation to your workers' compensation claims? – Other

Description: Identifies whether the employer / organisation dealt with other entities than the ones listed above in relation to their workers' compensation claims

Fields:

- 0 No
- 1 Yes

S1a_98 - Which organisation(s) have you dealt with in relation to your workers' compensation claims? – Don't know / Can't say

Description: Identifies whether the employer / organisation doesn't know or can't say who they dealt with in relation to their workers' compensation claims

Fields:

- 0 No
- 1 Yes

S1b - Who from the organisation engaged with the worker

Description: Identifies who from the organisation has engaged with the worker

Fields:

- 1 I have engaged with the worker
- 2 Someone else in my workplace has engaged with the worker

S1c_1 - Who in the workplace assists your organisation with workers' compensation claims and worker return to work? – Executive

Description: Identifies if an executive assists the organisation with workers compensation claims and the workers to return to work

Fields:

- 0 No
- 1 Yes

S1c_2 - Who in the workplace assists your organisation with workers' compensation claims and worker return to work? – Senior leader or manager

Description: Identifies if a senior leader assists the organisation with workers compensation claims and the workers to return to work

Fields:

- 0 No
- 1 Yes

S1c_3 - Who in the workplace assists your organisation with workers' compensation claims and worker return to work? – Supervisor

Description: Identifies if a supervisor assists the organisation with workers compensation claims and the workers to return to work

Fields:

- 0 No
- 1 Yes

S1c_4 - Who in the workplace assists your organisation with workers' compensation claims and worker return to work? – Other Management

Description: Identifies if other management assists the organisation with workers compensation claims and the workers to return to work

Fields:

- 0 No
- 1 Yes

S1c_5 - Who in the workplace assists your organisation with workers' compensation claims and worker return to work? – Rehabilitation case manager

Description: Identifies if a rehabilitation case manager assists the organisation with workers compensation claims and the workers to return to work

Fields:

- 0 No
- 1 Yes

S1c_6 - Who in the workplace assists your organisation with workers' compensation claims and worker return to work? – Claims manager

Description: Identifies if a claims manager assists the organisation with workers compensation claims and the workers to return to work

Fields:

- 0 No
- 1 Yes

S1c_7 - Who in the workplace assists your organisation with workers' compensation claims and worker return to work? – HR Manager

Description: Identifies if a HR manager assists the organisation with workers compensation claims and the workers to return to work

Fields:

- 0 No
- 1 Yes

S1c_8 - Who in the workplace assists your organisation with workers' compensation claims and worker return to work? – RTW coordinator

Description: Identifies if a RTW coordinator assists the organisation with workers compensation claims and the workers to return to work

Fields:

- 0 No
- 1 Yes

S1c_9 - Who in the workplace assists your organisation with workers' compensation claims and worker return to work? – Solicitor / Lawyer

Description: Identifies if a solicitor / lawyer assists the organisation with workers compensation claims and the workers to return to work

Fields:

- 0 No
- 1 Yes

S1c_10 - Who in the workplace assists your organisation with workers' compensation claims and worker return to work? – Someone else within the workplace

Description: Identifies if someone else within the workplace assists the organisation with workers compensation claims and the workers to return to work

Fields:

- 0 No
- 1 Yes

S1c_11 - Who in the workplace assists your organisation with workers' compensation claims and worker return to work? – Someone external to the workplace

Description: Identifies if someone external to the workplace assists the organisation with workers compensation claims and the workers to return to work

Fields:

- 0 No
- 1 Yes

S1c_98 - Who in the workplace assists your organisation with workers' compensation claims and worker return to work? – Don't know / Can't say

Description: Identifies if the employer does not know or could not say who assists the organisation with workers compensation claims and the workers to return to work

Fields:

- 0 No
- 1 Yes

S1c_99 – Who in the workplace assists your organisation with workers' compensation claims and worker return to work? – Prefer not to say

Description: Identifies if the employer preferred not to say who assists the organisation with workers compensation claims and the workers to return to work

Fields:

- 0 No
- 1 Yes

S1d - Position in workplace

Description: Identifies what position in the workplace does the employer completing this survey holds

Fields:

- 1 Executive (CEO, COO, etc.)
- 2 Senior leader or manager
- 3 Supervisor
- 4 Rehabilitation case manager
- 5 HR Manager
- 6 RTW Coordinator
- 7 WHS manager
- 10 Office/administration manager
- 11 Other administrative role
- 12 Other consultant/advisor
- 90 Other
- 99 Prefer not to say

S1e - Type of insurance in workplace

Description: Identifies the type of insurance the employer has in the workplace

Fields:

- 1 Premium paying
- 2 Self-insured organisation

Section 2 - Initial contact and pre claim engagement

Prompt Questions EMP11a – EMP11c

Thinking back to when your worker was considering putting in a workers' compensation claim, to what extent do you agree or disagree with the following?

EMP11a -They were not treated poorly by people in their immediate working group

Description: Asks the employer if they felt that the injured worker was treated poorly by those in their immediate working group for considering putting in a workers' compensation claim

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

EMP11b - They were being accurate and truthful about their injury or illness

Description: Asks the employer if they felt the injured worker was being truthful about their injury or illness for when they were considering putting in a workers' compensation claim

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

EMP11c - You encouraged them to put in a claim

Description: Asks the employer if they encouraged their injured worker to put in a workers' compensation claim when they were considering it

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

EMP10 - Did you help your worker manage their injury or illness before they lodged their claim?

Description: Identifies if the employer assisted the worker manage their injury or illness before they lodged a workers' compensation claim

Fields:

- 1 Yes
- 2 No
- 98 Don't know / Can't say
- 99 Prefer not to say

EMP14a - Offered payments to worker PRIOR to making a claim

Description: Identifies if the employer offered payments to the injured worker prior to them making a workers compensation claim

Fields:

- 1 Yes
- 2 No
- 98 Don't know / Can't say
- 99 Prefer not to say

EMP14b - Offered payments to worker AFTER claim made

Description: Identifies if the employer offered payments to the injured worker after they made a workers' compensation claim

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

EMP16a_1 - Provide the worker with any information regarding work health and safety – Yes, as we provide general information about work, health and safety to all workers during the course of their employment

Description: Determines if the employer provided general information about work, health and safety to all workers during the course of their employment

Fields:

- 0 No
- 1 Yes

EMP16a_2 - Provided worker with information on work, health and safety- Yes, we specifically provided work health and safety information to the worker following their incident or injury

Description: Determines if the employer specifically provided work, health and safety information to the worker following their incident or injury

Fields:

- 0 No
- 1 Yes

EMP16a_3 - Provided worker with information on work, health and safety - No

Description: Determines if the employer did not provide the worker with information on health and safety

Fields:

- 0 No
- 1 Yes

EMP16a_4 - Provided worker with information on work, health and safety- Don't know / Can't say

Description: Determines if the employer could not say or did not know whether they provided the worker with information on health and safety

Fields:

- 0 No
- 1 Yes

EMP16a_5 - Provided worker with information on work, health and safety- Prefer not to say

Description: Determines if the employer preferred not to say whether they provided the worker with information on work, health and safety

Fields:

- 0 No
- 1 Yes

EMP16b_1 - We provided the worker with information on workers' compensation- Yes, as we provide general information about workers' compensation to all workers during the course of their employment

Description: Determines if the employer provided general information about workers' compensation to all workers during the course of their employment

Fields:

- 0 No
- 1 Yes

**EMP16b_2 - We provided the worker with information on workers' compensation -
Yes, we specifically provided workers' compensation information to the worker
following their incident or injury**

Description: Determines if the employer specifically provided the worker with information on workers' compensation following their incident or injury

Fields:

- 0 No
- 1 Yes

**EMP16b_3 - We provided the worker with information on workers' compensation-
Yes, we provide general information to support workers' return to work**

Description: Determines if the employer provided the worker with general information to support their workers return to work

Fields:

- 0 No
- 1 Yes

**EMP16b_4 - We provided the worker with information on workers' compensation-
No**

Description: Determines if the employer did not provide the worker with information on workers' compensation

Fields:

- 0 No
- 1 Yes

**EMP16b_5 - We provided the worker with information on workers' compensation-
Don't know / Can't say**

Description: Determines if the employer did not know or cannot say if they provided the worker with information on workers' compensation

Fields:

- 0 No
- 1 Yes

EMP16b_6 - We provided worker with information on workers' compensation- Prefer not to say

Description: Determines if the employer preferred not to say if they provided the worker with information on workers' compensation

Fields:

- 0 No
- 1 Yes

EMP8 - Someone from workplace contacted the worker since their injury or illness?

Description: Identifies if someone from the workplace contacted the injured worker regarding their recovery from their work related injury or illness

Fields:

- 1 Yes
- 2 No
- 98 Don't know / Can't say
- 99 Prefer not to say

EMP9a - How many days after their work related injury / illness were they contacted by you or someone from the workplace

Description: Identifies how many days after their workers' work related injury or illness did the person in EMP8 contact them.

Fields:

- 1 0 to 3 days
- 2 4 to 10 days
- 3 11 to 15 days
- 4 16 days or more
- 5 Don't know / Can't say
- 6 Prefer not to say

Notes: This question was only asked to employers who responded (1) Yes to EMP8

EMP9b - Regular contact maintained with worker since injury / illness

Description: Identifies whether regular contact was maintained with the worker since their injury / illness

Fields:

- 1 Yes
- 2 No
- 98 Don't know / Can't say
- 99 Prefer not to say

Section 3 - Claims

RTW12 - Category of workers injury / illness

Description: Determines the category of the workers work related injury or illness

Fields:

- 1 Physical
- 2 Psychological
- 3 Disease
- 4 Both physical and psychological
- 98 Don't know / Can't say
- 99 Prefer not to say

WC11 - Claim accepted under presumptive provisions

Description: Determines if the injured workers' claim was accepted under presumptive provisions

Fields:

- 1 Yes
- 2 No
- 3 Don't know / Can't say
- 4 Not applicable
- 99 Prefer not to say

WC12 - Claim accepted under deemed diseases provision

Description: Determines if the injured workers' claim was accepted under deemed diseases provision

Fields:

- 1 Yes
- 2 No
- 3 Don't know / Can't say
- 4 Not applicable
- 99 Prefer not to say

WC2 - Agree / disagree that sufficiently informed about the treatment needs and medical condition

Description: Identifies if the employer perceived that they received enough information about the treatment needs and medical condition of the injured worker

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

Section 4 - Return to work plan development

EMP1 - Did / does your worker have a plan in place to get back to work?

Description: Identifies if the injured worker had a return to work plan

Fields:

- 1 Yes
- 2 No
- 98 Don't know / Can't say
- 99 Prefer not to say

EMP2 - Was / is this return to work plan in writing or a verbal agreement?

Description: Identifies if the return to work plan was written or a verbal agreement

Fields:

- 1 In writing
- 2 A verbal agreement
- 98 Don't know / Can't say
- 99 Prefer not to say

EMP3a - Do you agree or disagree with the following statements about your return to work plan? – The worker was appropriately involved in the development of the return to work plan

Description: Gauges if the employer felt that the worker was appropriately involved in the development of the return to work plan

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

EMP3b - Do you agree or disagree with the following statements about your return to work plan? – As the employer, we found the return to work plan helpful

Description: Gauges how helpful the employer found the return to work plan

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

EMP12b_1 - How was / is plan monitored – Regular communication with their manager / supervisor

Description: Determines if the return to work plan was monitored through regular communication with their employer / supervisor

Fields:

- 0 No
- 1 Yes

EMP12b_2 - How was / is plan monitored – Regular communication with other staff member

Description: Determines if the return to work plan was monitored through regular communication with other staff members

Fields:

- 0 No
- 1 Yes

EMP12b_3 - How was / is plan monitored – Regular communication with the RTW coordinator

Description: Determines if the return to work plan was monitored through regular communication with the RTW coordinator

Fields:

- 0 No
- 1 Yes

EMP12b_4 - How was / is plan monitored – Regular communication with the insurer

Description: Determines if the return to work plan was monitored through regular communication with the insurer

Fields:

- 0 No
- 1 Yes

EMP12b_5 - How was / is plan monitored – Regular communication with the medical practitioner / GP

Description: Determines if the return to work plan was monitored through regular communication with medical practitioners / GP

Fields:

- 0 No
- 1 Yes

EMP12b_6 - How was / is plan monitored – Regular communication with the rehab provider

Description: Determines if the return to work plan was monitored through regular communication with the rehabilitation provider

Fields:

- 0 No
- 1 Yes

EMP12b_7 - How was / is plan monitored – By myself / personally

Description: Determines if the return to work plan was monitored by the employer personally

Fields:

- 0 No
- 1 Yes

EMP12b_80 - How was / is plan monitored – Other regular communication with employee

Description: Determines if the return to work plan was monitored through regular communication with an employee

Fields:

- 0 No
- 1 Yes

EMP12b_89 - How was / is plan monitored – Through reduced hours / lighter duties

Description: Determines if the return to work plan was monitored through reduced hours or lighter duties

Fields:

- 0 No
- 1 Yes

EMP12b_90 - How was / is plan monitored – Other

Description: Determines if the return to work plan was monitored by other people

Fields:

- 0 No
- 1 Yes

EMP12b_97 - How was / is plan monitored – Plan was not monitored

Description: Determines if the return to work plan was not monitored

Fields:

- 0 No
- 1 Yes

EMP12b_98 - How was / is plan monitored – Don't know / Can't say

Description: Determines if the employer did not know or could not say how if the return to work plan was monitored

Fields:

- 0 No
- 1 Yes

EMP12b_99 - How was / is plan monitored – Prefer not to say

Description: Determines if the employer preferred not to say if the return to work plan was monitored

Fields:

- 0 No
- 1 Yes

EMP13a - Have been able to make changes to RTW plan

Description: Determines if the employer has been able to make changes to the return to work plan if needed

Fields:

- 1 Yes, needed changes and was able to make them
- 2 No, needed changes but was not able to make them
- 3 Have not needed changes to the return to work plan
- 98 Don't know / Can't say
- 99 Prefer not to say

EMP13b_1 - Changes made to RTW plan - Change of hours

Description: Identifies if a change of hours was made to the workers return to work plan

Fields:

0 No

1 Yes

EMP13b_2 - Changes made to RTW plan – Modified duties

Description: Identifies if a change of modified duties was made to the workers return to work plan

Fields:

0 No

1 Yes

EMP13b_3 - Changes made to RTW plan – Return to work date(s) changed

Description: Identifies if a change of return to work date(s) was made to the workers return to work plan

Fields:

0 No

1 Yes

EMP13b_4 - Changes made to RTW plan – Through review with the worker

Description: Identifies if changes made to the workers return to work plan went through review with the worker.

Fields:

0 No

1 Yes

EMP13b_5 - Changes made to RTW plan – Through review from their coordinator / healthcare provider

Description: Identifies if changes made to the injured workers return to work plan went through review with a coordinator / healthcare provider

Fields:

0 No

1 Yes

EMP13b_90 - Changes made to RTW plan - Other

Description: Identifies if changes made to the return to work plan went through review with other people

Fields:

- 0 No
- 1 Yes

EMP13b_97 - Changes made to RTW plan – No adjustments were made to their workers' plan

Description: Identifies if no adjustments were made to the injured workers' return to work plan

Fields:

- 0 No
- 1 Yes

EMP13b_98 - Changes made to RTW plan – Don't know / Can't say

Description: Identifies if the employer did not know or cannot say if any changes were made to the workers' return to work plan

Fields:

- 0 No
- 1 Yes

EMP13b_99 - Changes made to RTW plan – Prefer not to say

Description: Identifies if the employer preferred not to say any changes made to the workers' return to work plan

Fields:

- 0 No
- 1 Yes

JP5 - Offered modified or alternative duties

Description: Identifies if any modified or alternative duties were offered to the worker by the employer

Fields:

- 1 Yes, and they accepted
- 2 Yes, but they did not accept
- 3 No
- 97 Not applicable
- 98 Don't know / Can't say

JP7_1 - Why worker did not accept offer for modified or alternative duties - Modified / alternative duties were not different enough

Description: Identifies if the worker did not accept the modified / alternative duties from their workplace due to it not being different enough

Fields:

- 0 No
- 1 Yes

JP7_2 - Why worker did not accept offer for modified or alternative duties - Modified / alternative duties were not meaningful or challenging

Description: Identifies if the worker did not accept modified / alternative duties from their workplace due to it not being meaningful or challenging

Fields:

- 0 No
- 1 Yes

JP7_3 - Why worker did not accept offer for modified or alternative duties – They felt they could perform their pre-injury duties

Description: Identifies if the worker did not accept modified / alternative duties from their workplace due to them feeling they could perform their pre-injury duties

Fields:

- 0 No
- 1 Yes

JP7_4 - Why worker did not accept offer for modified or alternative duties – Modified / alternative duties did not match their physical / psychological capabilities

Description: Identifies if the worker did not accept modified / alternative duties from their workplace due to it not matching their physical / psychological capabilities

Fields:

0 No

1 Yes

JP7_5 - Why worker did not accept offer for modified or alternative duties – It would have meant moving to a different workplace location

Description: Identifies if the worker did not accept modified / alternative duties from their workplace due to it meaning they would have to move to a different workplace location

Fields:

0 No

1 Yes

JP7_7 - Why worker did not accept offer for modified or alternative duties – It would have meant a change in wages

Description: Identifies if the worker did not accept the modified / alternative duties from their workplace due to it changing their wages

Fields:

0 No

1 Yes

JP7_8 - Why worker did not accept offer for modified or alternative duties – They would have been unable to perform the modified duties due doctor's restrictions

Description: Identifies if the worker did not accept the modified duties from their workplace due to being unable to perform the modified duties due to doctor's restrictions

Fields:

0 No

1 Yes

JP7_9 - Why worker did not accept offer for modified or alternative duties – They felt they would be a burden on their manager or colleagues

Description: Identifies if the worker did not accept the modified / alternative duties from their workplace due to them feeling like a burden to their manager or colleagues

Fields:

- 0 No
- 1 Yes

JP7_10 - Why worker did not accept offer for modified or alternative duties – Suspected fraudulent claim

Description: Identifies if the worker did not accept the modified / alternative duties from their workplace due to their claim being suspected of being fraudulent

Fields:

- 0 No
- 1 Yes

JP7_11 - Why worker did not accept offer for modified or alternative duties – They didn't want to return to work

Description: Identifies if the worker did not accept modified / alternative duties from their workplace due to them not wanting to return to work

- 0 No
- 1 Yes

JP7_90 - Why worker did not accept offer for modified or alternative duties – Other reason

Description: Identifies if the worker did not accept modified / alternative duties from their workplace due to another reason

Fields:

- 0 No
- 1 Yes

JP7_98 - Why worker did not accept offer for modified or alternative duties – Don't know / Can't say

Description: Identifies if the employer did not say or cannot say why the worker did not accept modified or alternative duties from their workplace

Fields:

0 No

1 Yes

JP7_99 - Why worker did not accept offer for modified or alternative duties – Prefer not to say

Description: Identifies if the employer preferred not to say why the worker did not accept modified or alternative duties from their workplace

Fields:

0 No

1 Yes

JP8 - Any workplace accommodations been offered to the worker in order to help them get back to work

Description: Identifies if any workplace accommodations were offered to the worker

Fields:

1 Yes, and they accepted

2 Yes, but they did not accept

3 No

97 Not applicable

98 Don't know / Can't say

99 Prefer not to say

JP12b - Worker consulted when reviewing their work environment for workplace accommodations

Description: Determines if the worker consulted anyone when reviewing their work environment for workplace accommodations

Fields:

1 Yes

2 No

98 Don't know / Can't say

99 Prefer not to say

Section 5 - Return to work

RTW1 - Has the worker returned to work at any time?

Description: Determines if the injured worker has returned to work, since their workplace injury

Fields:

- 1 Yes
- 2 No
- 98 Don't know / Can't say
- 99 Prefer not to say

RTW6 - Were the hours the worker returned to the same?

Description: Determines if the worker returned to the same number of working hours

Fields:

- 1 Same
- 2 More
- 3 Less
- 98 Don't know / Can't say
- 99 Prefer not to say

RTW7 - Were the duties the worker returned to the same?

Description: Determines if the worker returned to the same workplace duties

Fields:

- 1 Same duties
- 2 Slightly different duties
- 3 Completely different duties
- 98 Don't know / Can't say
- 99 Prefer not to say

RTW4 - What is the main reason worker not returned?

Description: Determines the main reason the injured worker has not returned

Fields:

- 1 Their work related injury or illness prevents return (they are not ready to return)
- 2 Have experienced a new injury or illness preventing return
- 3 An old injury or illness (not the one they are currently receiving compensation for) has gotten worse / aggravated
- 4 They decided to retire
- 5 They decided to resign
- 6 They decided to study
- 7 They were dismissed by our workplace
- 8 They were made redundant / retrenched by our workplace
- 9 Our workplace was unable to find a suitable job for them
- 10 Depression / anxiety or other mental health concern – this does not include any psychological injury or illness they are currently receiving compensation for
- 14 Suspected fraudulent claim
- 15 They didn't want to return to work (including payout)
- 90 Other
- 98 Don't know / Can't say
- 99 Prefer not to say

RTW10a - How confident worker will return in Less than 3 months

Description: Gauges how confident the employer is that the injured worker will return to work in less than 3 months

Fields:

- 1 Very confident
- 2 Somewhat confident
- 3 Not very confident
- 98 Not confident at all
- 99 Don't know / Can't say
- 99 Prefer not to say

RTW10b - How confident worker will return in 3 to 6 months

Description: Gauges how confident the employer is that the injured worker will return to work in 3 to 6 months

Fields:

- 1 Very confident
- 2 Somewhat confident
- 3 Not very confident
- 98 Not confident at all
- 99 Don't know / Can't say
- 99 Prefer not to say

RTW10c - How confident worker will return in 6 to 12 months

Description: Gauges how confident the employer is that the injured worker will return to work in 6 to 12 months

Fields:

- 1 Very confident
- 2 Somewhat confident
- 3 Not very confident
- 98 Not confident at all
- 99 Don't know / Can't say
- 99 Prefer not to say

RTW10d - How confident worker will return in 12 months or more

Description: Gauges how confident the employer is that the injured worker will return to work in 12 months or more

Fields:

- 1 Very confident
- 2 Somewhat confident
- 3 Not very confident
- 98 Not confident at all
- 99 Don't know / Can't say

99 Prefer not to say

Section 6 - Workplace domain: Supervisor / Colleagues

RTW11_1 - What support could be provided employer to assist workers in RTW – Greater communication with employers

Description: Determines whether greater communication with employers could be provided to assist their workers in return to work

Fields:

- 0 No
- 1 Yes

RTW11_3 - What support could be provided employer to assist workers in RTW – Support from healthcare providers

Description: Determines that support from healthcare providers could be provided to employers to assist their workers return to work

Fields:

- 0 No
- 1 Yes

RTW11_4 - What support could be provided employer to assist workers in RTW – More investigation into validity of the claim

Description: Determines that more investigation into the validity of the claim could be provided to employers to assist their workers return to work

Fields:

- 0 No
- 1 Yes

RTW11_5 - What support could be provided employer to assist workers in RTW – Help with the claims process

Description: Determines if help with the claims process could be provided to employers to assist their workers return to work

Fields:

- 0 No
- 1 Yes

RTW11_6 - What support could be provided employer to assist workers in RTW – Support from the transition back to work

Description: Determines whether support from the transition back to work could be provided to employers to assist their workers return to work

Fields:

- 0 No
- 1 Yes

RTW11_7 - What support could be provided employer to assist workers in RTW – Greater focus on workplace safety and training

Description: Determines whether greater focus on workplace safety and training could be provided to employers to assist their workers return to work

Fields:

- 0 No
- 1 Yes

RTW11_90 - What support could be provided employer to assist workers in RTW – Other

Description: Determines all other reasons that could be provided to employers to assist their workers return to work

Fields:

- 0 No
- 1 Yes

RTW11_2 - What support could be provided employer to assist workers in RTW – No support is needed

Description: Determines that no support is needed for the employer to assist their workers return to work

Fields:

- 0 No
- 1 Yes

RTW11_98 - What support could be provided employer to assist workers in RTW – Don't know

Description: Identifies whether greater focus on workplace safety and training could be provided to employers to assist their workers return to work

Fields:

0 No

1 Yes

RTW11_99 - What support could be provided employer to assist workers in RTW – Prefer not to say

Description: Identifies that the employer preferred not to say what support could be provided to assist their workers return to work

Fields:

0 No

1 Yes

EMP7a - Our workplace did what we could to support them

Description: Gauges the employers perceived level of support given to the injured worker

Fields:

1 Strongly agree

2 Agree

3 Neither agree nor disagree

4 Disagree

5 Strongly disagree

98 Don't know / Can't say

99 Prefer not to say

EMP7b - We provided information on their return to work rights and responsibilities

Description: Identifies if the employer perceived that they gave the injured worker enough information on their return to work rights and responsibilities

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

EMP7c - We found and offered suitable employment for them

Description: Identifies if the employer felt they found and offered suitable employment for the injured worker

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

EMP7d - We helped them with their recovery

Description: Identifies if the employer felt they helped with their injured workers recovery

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

EMP7e - We treated them fairly during the claims process

Description: Identifies if the employer perceived they treated the worker fairly during the claims process

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

EMP7f - We treated them fairly after the claims process

Description: Identifies if the employer perceived they treated the worker fairly after the claims process

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

emp7a_3 - Why unable to find and offer suitable employment – Due to injury

Description: Determines if the employer was unable to find and offer suitable employment for their worker due to their injury

Fields:

- 0 No
- 1 Yes

emp7a_4 - Why unable to find and offer suitable employment – Worker retired/resigned

Description: Determines if the employer was unable to find and offer suitable employment for their worker due to the worker retiring/resigning

Fields:

- 0 No
- 1 Yes

emp7a_5 - Why unable to find and offer suitable employment – We do have suitable duties/hours

Description: Determines if the employer did have suitable duties / hours for their worker

Fields:

- 0 No
- 1 Yes

emp7a_6 - Why unable to find and offer suitable employment – We terminated the employee

Description: Determines if the employer was unable to find and offer suitable employment because they terminated the employee

Fields:

- 0 No
- 1 Yes

emp7a_7 - Why unable to find and offer suitable employment – Suspected fraudulent claim

Description: Determines if the employer was unable to find and offer suitable employment because of a Suspected fraudulent claim

Fields:

- 0 No
- 1 Yes

emp7a_8 - Why unable to find and offer suitable employment – They didn't want to return to work

Description: Determines that the employer was unable to find and offer suitable employment because the injured worker did not want to return to work

Fields:

- 0 No
- 1 Yes

emp7a_9 - Why unable to find and offer suitable employment – Other

Description: Determines all other reasons the employer was unable to find and offer suitable employment to the injured workers

Fields:

- 0 No
- 1 Yes

emp7a_99 - Why unable to find and offer suitable employment – Prefer not to say

Description: Determines if the employer preferred not to say why they were unable to find and offer suitable employment to the injured worker

Fields:

- 0 No
- 1 Yes

EMP15_1 - Workplace provide training and education on RTW – Yes, general workplace education or training

Description: Identifies if the workplace provided general workplace training and education on RTW to their workers

Fields:

- 0 No
- 1 Yes

EMP15_2 - Workplace provide training and education on RTW – Yes, education or training specific to the injured worker

Description: Identifies that education or training specific was provided to their workers

Fields:

- 0 No
- 1 Yes

EMP15_3 - Workplace provide training and education on RTW – Not yet, but intend to offer

Description: Identifies that training and education on return to work has yet to be provided but intended to offer by the workplace to workers

Fields:

- 0 No
- 1 Yes

EMP15_4 - Workplace provide training and education on RTW – No

Description: Identifies that the workplace did not provide training or education on return to work to workers

Fields:

- 0 No
- 1 Yes

EMP15_5 - Workplace provide training and education on RTW – Don't know / Can't say

Description: Identifies that the employer does not know or cannot say if they provided training and education on return to work to workers

Fields:

- 0 No
- 1 Yes

EMP15_6 - Workplace provide training and education on RTW – Prefer not to say

Description: Identifies that the employer prefers not to say if they provided training and education on return to work to workers

Fields:

0 No

1 Yes

Section 7 - Supervisor

MAN2a - To what extent agree or disagree - Receive enough training and support to act in the RTW Coordinator

Description: Gauges if the supervisor felt they received enough training and support to act in as the RTW coordinator

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

MAN2b_1 - What additional assistance could be provided to be successful RTW Coordinator – Regular / ongoing training or education about the claims process

Description: Determines if regular / ongoing training or education about the claims process could have been provided to be a successful return to work coordinator

Fields:

- 0 No
- 1 Yes

MAN2b_2 - What additional assistance could be provided to be successful RTW Coordinator – Greater efficiency of the claims process

Description: Determines if greater efficiency of the claims process could have been provided to be a successful return to work coordinator

Fields:

- 0 No
- 1 Yes

MAN2b_3 - What additional assistance could be provided to be successful RTW Coordinator – Further information about legislation / regulation

Description: Determines if further information about legislation / regulation could have been provided to be a successful return to work coordinator

Fields:

0 No

1 Yes

MAN2b_4 - What additional assistance could be provided to be successful RTW Coordinator – Help with workload / paperwork

Description: Determines if help with workload / paperwork could have been provided to be a successful return to work coordinator

Fields:

0 No

1 Yes

MAN2b_5 - What additional assistance could be provided to be successful RTW Coordinator – Greater assistance from insurer

Description: Determines if greater assistance from insurer could have been provided to be a successful return to work coordinator

Fields:

0 No

1 Yes

MAN2b_6 - What additional assistance could be provided to be successful RTW Coordinator – Greater assistance from healthcare providers

Description: Determines if greater assistance from healthcare providers could have been provided to be a successful return to work coordinator

Fields:

0 No

1 Yes

MAN2b_7 - What additional assistance could be provided to be successful RTW Coordinator – Greater assistance from government bodies

Description: Determines if greater assistance from government bodies could have been provided to be a successful return to work coordinator

Fields:

0 No

1 Yes

MAN2b_8 - What additional assistance could be provided to be successful RTW Coordinator – Greater support from RTW coordinators/specialists

Description: Determines if greater support from RTW coordinators/specialists could have been provided to be a successful return to work coordinator

Fields:

0 No

1 Yes

MAN2b_90 - What additional assistance could be provided to be successful RTW Coordinator – Other

Description: Determines all other additional assistances that could have been to be a successful return to work coordinator

Fields:

0 No

1 Yes

MAN2b_97 - What additional assistance could be provided to be successful RTW Coordinator – No additional assistance

Description: Determines if no additional assistances could have been provided to be a successful return to work coordinator

Fields:

0 No

1 Yes

MAN2b_98 - What additional assistance could be provided to be successful RTW Coordinator – Don't know / Can't say

Description: Determines if the employer does not know or cannot say what can be provided to be a successful return to work coordinator

Fields:

0 No

1 Yes

MAN2b_99 - What additional assistance could be provided to be successful RTW Coordinator – Prefer not to say

Description: Determines if the employer preferred not say what can be provided to be a successful return to work coordinator

Fields:

0 No

1 Yes

MAN3a - Updated the return to work procedures for managing workers' compensation claims in the last 12 months

Description: Identifies if the employers workplace has updated their return to work procedures for managing workers' compensation claims in the last 12 months

Fields:

1 Yes

2 No

98 Don't know / Can't say

99 Prefer not to say

MAN3b - Workplace updated work health and safety procedures / policies in response to the incident or injury

Description: Identifies if the workplace has updated the work, health and safety procedures / policies in response to the workers incident or injury

Fields:

1 Yes

- 2 No
- 98 Don't know / Can't say
- 99 Prefer not to say

MAN3c_1 - What barriers, if any, do you experience in effectively preparing for, responding to, and managing injured workers in their return to work? – Getting the worker approved for duties

Description: Identifies if getting the worker approved for duties was a barrier experienced in the workers return to work

Fields:

- 0 No
- 1 Yes

MAN3c_2 - What barriers, if any, do you experience in effectively preparing for, responding to, and managing injured workers in their return to work? – Finding the worker suitable work / duties

Description: Identifies if finding the worker suitable work / duties was a barrier experienced in the workers return to work

Fields:

- 0 No
- 1 Yes

MAN3c_3 - What barriers, if any, do you experience in effectively preparing for, responding to, and managing injured workers in their return to work? – Communication with health providers (e.g. location, communication)

Description: Identifies if communication with health providers was a barrier experienced in the workers return to work

Fields:

- 0 No
- 1 Yes

MAN3c_4 - What barriers, if any, do you experience in effectively preparing for, responding to, and managing injured workers in their return to work? – Communication with insurers

Description: Identifies if communication with insurers was a barrier experienced in the workers return to work

Fields:

- 0 No
- 1 Yes

MAN3c_5 - What barriers, if any, do you experience in effectively preparing for, responding to, and managing injured workers in their return to work? – Inexperience with managing the claims process

Description: Identifies if inexperience with managing the claims process was a barrier experienced in the workers return to work

Fields:

- 0 No
- 1 Yes

MAN3c_6 - What barriers, if any, do you experience in effectively preparing for, responding to, and managing injured workers in their return to work? – Limited business resources

Description: Identifies if limited business resources was a barrier experienced in the workers return to work

Fields:

- 0 No
- 1 Yes

MAN3c_7 - What barriers, if any, do you experience in effectively preparing for, responding to, and managing injured workers in their return to work? – Injured workers being uncooperative

Description: Identifies if the injured worker being uncooperative was a barrier experienced in the workers return to work

Fields:

- 0 No

1 Yes

MAN3c_8 - What barriers, if any, do you experience in effectively preparing for, responding to, and managing injured workers in their return to work? – Communication with the injured worker

Description: Identifies if communication with the injured worker was a barrier experienced in the workers return to work

Fields:

0 No

1 Yes

MAN3c_9 - What barriers, if any, do you experience in effectively preparing for, responding to, and managing injured workers in their return to work? – Suspected fraudulent compensation claims

Description: Identifies if suspected fraudulent compensation claims was a barrier experienced in the workers return to work

Fields:

0 No

1 Yes

MAN3c_90 - What barriers, if any, do you experience in effectively preparing for, responding to, and managing injured workers in their return to work? – Other

Description: Identifies all other barriers experienced in the workers return to work

Fields:

0 No

1 Yes

MAN3c_97 - What barriers, if any, do you experience in effectively preparing for, responding to, and managing injured workers in their return to work? – No barriers

Description: Identifies that no barriers was experienced in the workers return to work

Fields:

0 No

1 Yes

MAN3c_98 - What barriers, if any, do you experience in effectively preparing for, responding to, and managing injured workers in their return to work? – Don't know / Can't say

Description: Identifies that the employer did not know or could not say any barriers that was experienced in a workers return to work

Fields:

0 No

1 Yes

MAN3c_99 - What barriers, if any, do you experience in effectively preparing for, responding to, and managing injured workers in their return to work? – Prefer not to say

Description: Identifies that the employer preferred not to say any barriers that was experienced in a workers return to work

Fields:

0 No

1 Yes

MAN4_1 - What aspects of your workplace's approach to recovery do you feel worked well - Open / regular communication with the injured workers

Description: Identifies if open / regular communication with the injured worker was an aspect that worked well in their workplace's approach to recovery

Fields:

0 No

1 Yes

MAN4_2 - What aspects of your workplace's approach to recovery do you feel worked well I – Engaging with involved parties

Description: Identifies if engaging with involved parties was an aspect that worked well in their workplace's approach to recovery

Fields:

0 No

1 Yes

MAN4_3 - What aspects of your workplace's approach to recovery do you feel worked well – Fostering a supportive work environment

Description: Identifies if fostering a supportive work environment was an aspect that worked well in their workplace's approach to recovery

Fields:

0 No

1 Yes

MAN4_4 - What aspects of your workplace's approach to recovery do you feel worked well – Providing alternate / modified duties

Description: Identifies if providing alternative / modified duties was an aspect that worked well in their workplace's approach to recovery

Fields:

0 No

1 Yes

MAN4_5 - What aspects of your workplace's approach to recovery do you feel worked well – Providing emotional support

Description: Identifies if providing emotional support was an aspect that worked well in their workplace's approach to recovery

Fields:

0 No

1 Yes

MAN4_6 - What aspects of your workplace's approach to recovery do you feel worked well – Early response and intervention

Description: Identifies if early response and intervention was an aspect that worked well in their workplace's approach to recovery

Fields:

0 No

1 Yes

MAN4_7 - What aspects of your workplace's approach to recovery do you feel worked well – Utilising RTW coordinators / managers

Description: Identifies if utilising RTW coordinators was an aspect that worked well in their workplace's approach to recovery

Fields:

0 No

1 Yes

MAN4_90 - What aspects of your workplace's approach to recovery do you feel worked well – Other

Description: Identifies all other aspects that worked well in their workplace's approach to recovery

Fields:

0 No

1 Yes

MAN4_97 - What aspects of your workplace's approach to recovery do you feel worked well – No aspects have worked well

Description: Identifies that no aspect of the workplace's approach to recovery has worked well

Fields:

0 No

1 Yes

MAN4_98 - What aspects of your workplace's approach to recovery do you feel worked well – Don't know / Can't say

Description: Identifies that the employer did not know or could not say what aspects of their workplace's recovery approach worked well in the workplace's approach to recovery

Fields:

0 No

1 Yes

MAN4_99 - What aspects of your workplace's approach to recovery do you feel worked well – Prefer not to say

Description: Identifies that the employer preferred not to say any aspects of their workplace's approach to recovery worked well

Fields:

0 No

1 Yes

MAN5_1 - What aspects of your workplace's approach to recovery through work do you feel have not worked well and why? – Improved communication/information

Description: Identifies if improved communication/information was an aspect that did not work well in their workplace's approach to recovery

Fields:

0 No

1 Yes

MAN5_2 - What aspects of your workplace's approach to recovery through work do you feel have not worked well and why? – Greater say/more input in the process

Description: Identifies if greater say/more input was an aspect that did not work well in their workplace's approach to recovery

Fields:

0 No

1 Yes

MAN5_3 - What aspects of your workplace's approach to recovery through work do you feel have not worked well and why? – Approach not applicable to workplace or worker

Description: Identifies if the workplace's approach to recovery was not applicable to their workplace or worker

Fields:

0 No

1 Yes

MAN5_4 - What aspects of your workplace's approach to recovery through work do you feel have not worked well and why? – Nothing

Description: Identifies that there were no aspects that did not work well in their workplace's approach to recovery

Fields:

0 No

1 Yes

MAN5_90 - What aspects of your workplace's approach to recovery through work do you feel have not worked well and why? – Other

Description: Identifies all other aspects that did not work well in their workplace's approach to recovery

Fields:

0 No

1 Yes

MAN5_99 - What aspects of your workplace's approach to recovery through work do you feel have not worked well and why? – Prefer not to say

Description: Identifies that the employer preferred not to say their workplace's approach to recovery that did not work well

Fields:

0 No

1 Yes

MAN6_1 - If you needed further support or assistance in managing the return to work of an injured worker, where would you go? – Safe Work Australia

Description: Identifies if the employer would go to Safe Work Australia if they needed further support or assistance in managing the return to work of their injured worker

Fields:

- 0 No
- 1 Yes

MAN6_2 - If you needed further support or assistance in managing the return to work of an injured worker, where would you go? – A rehabilitation provider

Description: Identifies if the employer would go to a rehabilitation provider if they needed further support or assistance in managing the return to work of their injured worker

Fields:

- 0 No
- 1 Yes

MAN6_3 - If you needed further support or assistance in managing the return to work of an injured worker, where would you go? – Your insurer

Description: Identifies if the employer would go to their insurer if they needed further support or assistance in managing the return to work of their injured worker

Fields:

- 0 No
- 1 Yes

MAN6_4 - If you needed further support or assistance in managing the return to work of an injured worker, where would you go? – Your regulator

Description: Identifies if the employer would go to their regulator if they needed further support or assistance in managing the return to work of their injured worker

Fields:

- 0 No
- 1 Yes

MAN6_5 - If you needed further support or assistance in managing the return to work of an injured worker, where would you go? – Medical provider

Description: Identifies if the employer would go to a medical provider if they needed further support or assistance in managing the return to work of their injured worker

Fields:

- 0 No
- 1 Yes

MAN6_8 - If you needed further support or assistance in managing the return to work of an injured worker, where would you go? – RTW coordinator/specialist

Description: Identifies if the employer would go to a return to work coordinator/specialist if they needed further support or assistance in managing the return to work of their injured worker

Fields:

- 0 No
- 1 Yes

MAN6_9 - If you needed further support or assistance in managing the return to work of an injured worker, where would you go? – Insurance broker

Description: Identifies if the employer would go to an insurance broker if they needed further support or assistance in managing the return to work of their injured worker

Fields:

- 0 No
- 1 Yes

MAN6_10 - If you needed further support or assistance in managing the return to work of an injured worker, where would you go? – Internal source

Description: Identifies if the employer would go to an internal source if they needed further support or assistance in managing the return to work of their injured worker

Fields:

- 0 No
- 1 Yes

MAN6_11 - If you needed further support or assistance in managing the return to work of an injured worker, where would you go? – Legal/human resources professional

Description: Identifies if the employer would go to a legal/ human resource professional if they needed further support or assistance in managing the return to work of their injured worker

Fields:

- 0 No
- 1 Yes

MAN6_12 - If you needed further support or assistance in managing the return to work of an injured worker, where would you go? – Industry/body association

Description: Identifies if the employer would go to an industry/body association if they needed further support or assistance in managing the return to work of their injured worker

Fields:

- 0 No
- 1 Yes

MAN6_13 - If you needed further support or assistance in managing the return to work of an injured worker, where would you go? – Other external source

Description: Identifies if the employer would go to other external sources if they needed further support or assistance in managing the return to work of their injured worker

Fields:

- 0 No
- 1 Yes

MAN6_14 - If you needed further support or assistance in managing the return to work of an injured worker, where would you go? – None/we wouldn't

Description: Identifies if the employer would not go to any sources if they needed further support or assistance in managing the return to work of their injured worker

Fields:

- 0 No
- 1 Yes

MAN6_90 - If you needed further support or assistance in managing the return to work of an injured worker, where would you go? – Other

Description: Identifies any other sources of support the employer would go to for assistance in managing the return to work of their injured worker

Fields:

0 No

1 Yes

MAN6_6 - If you needed further support or assistance in managing the return to work of an injured worker, where would you go? – Don't know / Can't say

Description: Identifies that the employer did not know or could not say any sources of support to go to for assistance in managing the return to work of their injured worker

Fields:

0 No

1 Yes

WC1 - How much contact have you had with your insurer?

Description: Determines how much contact the employer had with their insurer

Fields:

1 A lot

2 A little

3 None at all

98 Don't know / Can't say

99 Prefer not to say

Section 8 - Management

MAN1a - Agree or disagree understanding of role - Your duty of care to your worker

Description: Gauges to what extent the employer understands their role in their duty of care to their worker

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

MAN1b - Agree or disagree understanding of role – The claims process

Description: Gauges to what extent the employer understands their role in the claims process

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

MAN1c - Agree or disagree understanding of role – your workers recovery

Description: Gauges to what extent the employer understands their role in their workers recovery

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree

- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

MAN1d - Agree or disagree understanding of role – Workplace accommodation

Description: Gauges to what extent the employer understands their role in workplace accommodation for their injured worker

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

MAN1e - Agree or disagree understanding of role – Return to work

Description: Gauges to what extent the employer understands their role in the injured workers return to work

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

MAN1f - Agree or disagree understanding of role – Obligations around provision of information

Description: Gauges to what extent the employer understands their role in obligations around provision of information

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

MAN1g - Agree or disagree understanding of role – Your workplace's RTW program

Description: Gauges to what extent the employer understands their role in their workplace's return to work program

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

MAN1h - Agree or disagree understanding of role – incident notification

Description: Gauges to what extent the employer understands their role in incident notification

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree

- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

WC9a - Agree or disagree receive enough information and support from your insurer

Description: Identifies if the employer perceived they received enough information and support from their insurer

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

WC2aa - Your workplace has received sufficient support from your insurer in navigating the claims process

Description: Identifies if the employer perceived they received enough information and support in navigating the claims process from their insurer

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

WC2ab - Your workplace has received sufficient support from your workers' compensation regulator in navigating the claims process

Description: Identifies if the employer perceived they received enough information and support from their workers' compensation regulator in navigating the claims process

Fields:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree
- 98 Don't know / Can't say
- 99 Prefer not to say

WC9b_1 - Additional assistance could be provided by insurer - More responsive / timely communication and updates

Description: Identifies whether the employer felt that more responsive and timely communication and updates could have been provided by the insurer

Fields:

- 0 No
- 1 Yes

WC9b_2 - Additional assistance could be provided by insurer – Clearer communication

Description: Identifies whether the employer felt that clearer communication could have been provided by the insurer

Fields:

- 0 No
- 1 Yes

WC9b_3 - Additional assistance could be provided by insurer – More details about the claims process

Description: Identifies whether the employer felt more details about the claims process could have been provided by the insurer

Fields:

- 0 No
- 1 Yes

WC9b_4 - Additional assistance could be provided by insurer – More ways to contact the insurer

Description: Identifies whether the employer felt that more ways to contact the insurer could have been provided by the insurer

Fields:

- 0 No
- 1 Yes

WC9b_5 - Additional assistance could be provided by insurer – Help with the claims process / paperwork

Description: Identifies whether the employer felt that more help with the claims process / paperwork could have been provided by the insurer

Fields:

- 0 No
- 1 Yes

WC9b_6 - Additional assistance could be provided by insurer – Better trained / supportive staff

Description: Identifies whether the employer felt additional assistance of better trained / supportive staff could have been provided by the insurer

Fields:

- 0 No
- 1 Yes

WC9b_7 - Additional assistance could be provided by insurer – More investigation of the injured worker

Description: Identifies that the employer felt that more investigation of the injured worker could have been provided by the insurer

Fields:

- 0 No
- 1 Yes

WC9b_90 - Additional assistance could be provided by insurer – Other

Description: Identifies all other ways of assisting that the employer felt could have been provided by the insurer

Fields:

- 0 No
- 1 Yes

WC9b_97 - Additional assistance could be provided by insurer – No additional assistance required

Description: Identifies whether the employer felt no additional assistance from the insurer was required

Fields:

- 0 No
- 1 Yes

WC9b_98 - Additional assistance could be provided by insurer – Don't know / Can't say

Description: Identifies whether the employer did not know or could not say if any additional assistance could have been provided by the insurer

Fields:

- 0 No
- 1 Yes

WC9b_99 - Additional assistance could be provided by insurer – Prefer not to say

Description: Identifies that the employer preferred not to say any additional assistance could be provided by insurer

Fields:

0 No

1 Yes

WC10_1 - Additional assistance could be provided by workers' compensation regulator - Training / education on policy and procedure

Description: Identifies whether the employer felt additional assistance on training / education on policy and procedure could have been provided by their workers' compensation regulator

Fields:

0 No

1 Yes

WC10_2 - Additional assistance could be provided by workers' compensation regulator – Help with claims issues

Description: Identifies whether the employer felt additional assistance on claim issues could have been provided by their workers' compensation regulator

Fields:

0 No

1 Yes

WC10_3 - Additional assistance could be provided by workers' compensation regulator – Help with insurer issues

Description: Identifies whether the employer felt additional assistance on insurer issues have been provided by their workers' compensation regulator

Fields:

0 No

1 Yes

WC10_4 - Additional assistance could be provided by workers' compensation regulator – Updates on policy / legislative changes

Description: Identifies whether the employer felt additional assistance through updates on policy and legislative changes could have been provided by their workers' compensation regulator

Fields:

0 No

1 Yes

WC10_5 - Additional assistance could be provided by workers' compensation regulator – Frequent communication with employers

Description: Identifies whether the employer felt additional assistance on more frequent communication with employers could have been provided by their workers' compensation regulator

Fields:

0 No

1 Yes

WC10_6 - Additional assistance could be provided by workers' compensation regulator – Consultation with employers

Description: Identifies whether the employer felt additional assistance with consultation with employers could have been provided by their workers' compensation regulator

Fields:

0 No

1 Yes

WC10_7 - Additional assistance could be provided by workers' compensation regulator – Easier ways to contact the regulator

Description: Identifies whether the employer felt easier ways to contact the regulator could have been provided by their workers' compensation regulator

Fields:

0 No

1 Yes

WC10_8 - Additional assistance could be provided by workers' compensation regulator – Consistent staff/less turnover

Description: Identifies whether the employer felt that additional assistance with consistent staff/less turnover could have been provided by their workers' compensation regulator

Fields:

0 No

1 Yes

WC10_90 - Additional assistance could be provided by workers' compensation regulator – Other

Description: Identifies all other additional assistances that the employer felt the workers' compensation regulator could have provided

Fields:

0 No

1 Yes

WC10_97 - Additional assistance could be provided by workers' compensation regulator – No additional assistance required

Description: Identifies that the employer felt no additional assistance from workers' compensation regulators could have been provided to assist the employer

Fields:

0 No

1 Yes

WC10_98 - Additional assistance could be provided by workers' compensation regulator – Don't know / Can't say

Description: Identifies that employers didn't know or could not say if any additional assistance could have been provided by the workers' compensation regulator

Fields:

0 No

1 Yes

WC10_99 - Additional assistance could be provided by workers' compensation regulator – Prefer not to say

Description: Identifies that employers preferred not to say if any additional assistance could have been provided by the workers' compensation regulator

Fields:

0 No

1 Yes

Section 9 - Demographic

SR11 - Main industry

Description: Identifies the main industry of which the employer's workplace is a part of

Fields:

- 1 Accommodation and Food Services
- 2 Administrative and Support Services
- 3 Agriculture, Forestry and Fishing
- 4 Arts and Recreation Services
- 5 Construction
- 6 Education and Training
- 7 Electricity, Gas, Water and Waste Services
- 8 Financial and Insurance Services
- 9 Health Care and Social Assistance
- 10 Information Media and Telecommunications
- 11 Manufacturing
- 12 Mining
- 13 Public Administration and Safety
- 14 Professional, Scientific and Technical Services
- 15 Rental, Hiring and Real Estate Services
- 16 Retail Trade
- 17 Transport, Postal, Warehousing
- 18 Wholesale Trade
- 95 Other services

SR18 - Size of business

Description: Identifies the size of the workplace

Fields:

- 1 Micro (1 to 4 employees)
- 2 Small (5 to 19 employees)

- 3 Medium (between 20 employees and less than 200 employees)
- 4 Large (200 employees or more)
- 5 Don't know / Can't Say

CLOSE1 - Before the survey ends, is there anything further you would like to share about your experience of workers' compensation or about the survey itself?

Description: A free text response allowing the respondent to share any further comments.

Note that the Employer data file does not contain a variable for verbatim responses, instead it contains binary variables Close1_3 to Close1_99 which represent coded responses based on the verbatim response.