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INTRODUCTION - CATI

Good morning/afternoon/evening. I'm calling on behalf of the government agency Safe Work Australia, my name is <INT_NAME> from Wallis Social Research.

Safe Work Australia are interested in speaking to employers about their experience with a recent workers' compensation claim. Your feedback will contribute Safe Work Australia's efforts to continually improve outcomes for injured workers receiving workers' compensation throughout Australia, as well as the experience of those injured workers as they return to work.

IF NAMED CONTACT: May I speak with <FNAME> please?

IF NO NAMED CONTACT: May I speak with the person at your organisation who has been most involved in a worker's recent compensation claim?

IF NECESSARY: This could be a senior leader or manager, claims manager, HR Manager, or RTW Coordinator.

IF RELEVANT PERSON AVAILABLE, REINTRODUCE IF NECESSARY: Safe Work Australia are conducting research on workers compensation claims and their outcomes, so we are looking to speak with employers who have at least one worker with an accepted compensation claim since July 2022.

<JURISDICTION> gave us your contact details for the purpose of conducting this research, and our records show that your workplace has been involved in at least one workers' compensation claim in that timeframe. Is that correct? **[CONFIRM, IF NO THEN RECORD AS CODE 92 DENIES CLAIM].**

IF CLAIM ACCEPTED SINCE JULY 2022: The survey is completely confidential and voluntary, we just need to ask a few questions to make sure you are eligible to be interviewed.

Are you able to do that now?

[IF MOBILE PHONE: I realise I'm calling you on your mobile, can I just check that it's okay to talk at the moment and that you're not driving? **IF DRIVING OR NOT SAFE, MAKE APPOINTMENT]**

1	CONTINUE (START SURVEY)	
2	Wants to do online – provide link via email or text	GO TO L1
42	Will do online – already has link	GO TO APT
41	Soft Call Back	GO TO APT
46	Hard Appointment	
17	Update details	
4	Respondent not available during survey period	
10	Refused	
91	Refused – Add to Do Not Call List	
92	Denies workers compensation claim since July 2022	GO TO TERM2
11	Language difficulties	GO TO ALOTE
7	Wrong number	
50	No workers compensation claims in the since July 2022	
51	Resend participation information sheet	GO TO L1

ALOTE

ALOTE: INTERVIEWER: Record language.

01	Mandarin	GO TO LOTE CLOSE
02	Cantonese	GO TO LOTE CLOSE
03	Vietnamese	GO TO LOTE CLOSE
05	Greek	GO TO LOTE CLOSE
07	Arabic (incl. Lebanese)	GO TO LOTE CLOSE
08	Turkish	GO TO LOTE CLOSE
09	Spanish	GO TO LOTE CLOSE
11	Persian	GO TO LOTE CLOSE
10	Other (SPECIFY)	GO TO LOTE CLOSE

LOTE CLOSE

Sorry. We do not have an interpreter who can do the survey in [LANGUAGE SELECTED AT ALOTE]. Once again, my name is (... ..) from Wallis Social Research. Thank you for your time today.

INTERVIEWER NOTE: Please note that the call will end here.

SENDING LINK – IF MULTI-MODE

IF INTRO=2 OR 51

L1 Would you like us to send that to you via email or text?

- 1 Email
- 2 SMS

L2 Can I please confirm...

- 1 Your name:
- 2 IF L1=01: Your email address:
- 3 IF L1=02: Your mobile number:

POST L2 GO TO APT

IF L1=1

IN SURVEY EMAIL

Subject: Research on behalf of Safe Work Australia – Requested email

Dear <FNAME>,

Thank you for speaking with one of our interviewers earlier regarding the research we are doing about your experience with your workers compensation claim. The National Return to Work Survey is being conducted by Wallis Social Research on behalf of Safe Work Australia.

Please find a link to the **participant information sheet** here.

To complete the survey online, use the link below:

<SURVEY LINK>

We understand your time is valuable and we appreciate your participation. One of our interviewers may contact you by phone if you don't complete the survey in the next couple of days.

If you require any assistance with the survey contact Wallis on 1800 WALLIS (925 547) or email SafeWorkResearch@wallis.social quoting your ID number <PIN> and the project number **5059**.

Regards,

Wallis Social Research

IF L1=2

IN SURVEY SMS

Hi <FNAME>, please go to <https://go.wallis.social/XX<PIN>> to complete Safe Work Australia's National Return to Work survey. To read the participant information sheet: <INFORMATION SHEET LINK> For more info call 1800 WALLIS (925 547).

INTRODUCTION – ONLINE

SURVEY NAME: National Return to Work survey

Thank you for your interest in this **15 minute** survey about your workers compensation claim. Completing this survey will help Safe Work Australia improve the outcomes and experiences of workers and employers involved in future workers compensation claim.

Wallis Social Research is conducting this survey on behalf of Safe Work Australia. If you haven't already, please read the participant information sheet [here](#), and then confirm your agreement to each statement below by clicking "I agree" at the bottom of the screen.

- I am 18 years or older
- I have read the participation information sheet and been provided with the researcher's contact information for asking any questions regarding the research and I am satisfied with the answers I have received.
- I understand that all information I provide will be kept confidential and used for research purposes only and will not affect the outcome of any workers' compensation claims.
- I understand that the personal information I provide will be combined into a deidentified dataset, which will be used as the basis for reporting and publications. I will not be named or identified in any reports or publications.
- I understand that Wallis Social Research will not share my personal information or survey responses with anyone except Safe Work Australia. Safe Work Australia will not disclose my personal information. There are some exceptions to this, for example, where disclosure is required by law.
- I understand that participation is voluntary and that I am free to withdraw from this research at any time without needing to provide a reason for doing so.

As you move through the survey, please do not use your browser "forward" and "back" buttons - instead use the buttons at the bottom of each screen.

Please click "I agree" to begin.

MONITORING QUESTION

MONITOR With your permission, the call will be recorded and may be monitored for quality control purposes. If you do not want the call to be recorded or monitored, please say so now.

DO NOT READ OUT

- 1 Recording and monitoring allowed
- 2 Recording or monitoring NOT allowed

INTRODUCTION 2

Thanks again for agreeing to participate. Your workplace may have already received an email about the survey, with a link to a participant information sheet [**CONFIRM IF READ, OTHERWISE OFFER TO READ OUT**].

IF HAVE NOT READ PARTICPANT INFORMATION SHEET: I will read it for you now, it will only take a minute. **IF NECESSARY:** We need to make sure you are informed about the research before we continue.

Some things you need to know:

The Research is being conducted by Wallis Social research on behalf of the Australian government agency Safe Work Australia.

The survey will ask about your experience as an employer of a worker who made a workers' compensation claim, including: Your perception of how the injured worker was treated, the support or assistance you offered to the worker, the extent of contact with the injured worker, the type of the injury or illness suffered by the worker.

If you are uncomfortable answering any of the questions you can state 'prefer not to say'. We will have support numbers on hand if needed. You can withdraw from the survey at any time without needing a reason and there are no consequences for you whether you participate in the survey or not.

We will only use your personal information to check you are eligible for the survey and to invite you to participate. All of your survey responses are anonymous and will only be used to produce statistical data and reports for Safe Work Australia.

Your personal information and survey responses will only be disclosed to Safe Work Australia, unless disclosure is required by law.

Both Wallis Social Research and Safe Work Australia comply with the Privacy Act 1988, which regulates how we handle personal information.

For further information about how we handle your personal information, you can refer to our earlier email, with links to our privacy policy, Safe Work Australia's privacy policy and the Participant Information Sheet.

IF HAVE READ THE INFORMATION SHEET: Just reminding you that Wallis is required to comply with the Australian Privacy Act which means that all personal information that we collect and store is protected. You can find out more in our Privacy Policy which is available on our website www.wallis.social/privacy.

ALL: The survey takes about 15-20 minutes, are you able to participate, either now or at a more convenient time?

- 1 **IF ALREADY READ OR HAD READ OUT** I have read, or have had read to me, the participation information sheet and been provided with the researcher's contact information

for asking any questions regarding the research and I am satisfied with the answers I have received.

CONTINUE SURVEY

2	Wants to do online – provide link via email or text	GO TO L1
42	Will do online – already has link	GO TO APT
41	Soft Call Back	GO TO APT
46	Hard Appointment	
10	Refused	
91	Refused – Add to Do Not Call List	
51	Resend participation information sheet	GO TO L1

SECTION 0 – Consent

CON1 Before we begin, I will read some statements. Once I finish reading them out, let me know if you agree to continue with the survey.

READ OUT

STATEMENTS; DISPLAY IN GRID

- A I am 18 years or older
- C I understand that all information I provide will be kept confidential and used for research purposes only and will not affect the outcome of any workers' compensation claims.
- D I understand that the personal information I provide will be combined into a deidentified dataset, which will be used as the basis for reporting and publications. I will not be named or identified in any reports or publications.
- E I understand that Wallis Social Research will not share my personal information or survey responses with anyone except Safe Work Australia. Safe Work Australia will not disclose my personal information. There are some exceptions to this, for example, where disclosure is required by law.
- F I understand that participation is voluntary and that I am free to withdraw from this research at any time without needing to provide a reason for doing so.

RESPONSE SET

PROMPT AS NECESSARY / Please select one option per row

- 1 Agree / Consent
- 2 Disagree / Do not consent

TERM 3

SECTION 1 - Screening

ASK ALL

SR14 Thank you for agreeing to participate. The following questions will determine whether you are eligible to continue.

These first few questions will determine whether you are eligible to continue with the survey.

What is the postcode of your usual place of work?

PROMPT AS NECESSARY / Please type your postcode below

- 95 RECORD POSTCODE / Type your work postcode here
- 98 Prefer not to say

IF SR14=95 RECODE TO STATE / TERRITORY AT SR14_STATE

ASK IF SR14=98

SR14_STATE In which state or territory is your usual place of work?

DO NOT READ / Please select one option below

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

IF SR14=95 RECODE TO STATE / TERRITORY AT SR14_METRO

ASK IF SR14=98

SR14_METRO Which of the following best describes the area of your usual place of work?

DO NOT READ / Please select one option below

- 1 Metro
- 2 Regional

ASK ALL

SR16 Which of the following best describes the sector you work in?

PROMPT AS NECESSARY / Please select one option below

- 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 (**RECORD VERBATIM / Please specify**)
- 99 **DO NOT READ** Prefer not to say

RECODE SR14_STATE AND SR16 TO REGULATOR

STATE/ TERRITORY	REGULATOR (VALUE)	REGULATOR (VALUE LABEL)
IF SR14 STATE/ TERRITORY = ACT	1	WorkSafe (ACT)
IF SR14 STATE/ TERRITORY = NSW	2	SIRA (NSW)
IF SR14 STATE/ TERRITORY = NT	3	NT WorkSafe
IF SR14 STATE/ TERRITORY = QLD	4	Office of Industrial Relations (QLD)
IF SR14 STATE/ TERRITORY = SA	5	ReturnToWorkSA (SA)
IF SR14 STATE/ TERRITORY = TAS	6	WorkSafe (TAS)
IF SR14 STATE/ TERRITORY = VIC	7	WorkSafe (VIC)
IF SR14 STATE/ TERRITORY = WA	8	Workcover (WA)
IF SR16 = 1 (REGARDLESS OF STATE/ TERRITORY)	9	Comcare

IF ONLINE DISPLAY S2 TO S2A ON ONE SCREEN, AND TERMINATE IF (S2=2, 3, 98 OR 99) OR (S2B=2, 98 OR 99) OR (SII=1 OR 99)

ASK IF ONLINE (IF CATI, ALREADY CONFIRMED AT INTRO)

S2 **Since July 2022, has a worker in your business taken a day or more off work as a result of a work-related injury or illness?**

Note: Time off could include a reduction in hours to assist with recovery.

PROMPT AS NECESSARY / Please select one option below

- 1 Yes
- 2 No
- 3 Retired, without first taking a day or more off work
- 98 **DO NOT READ** Don't know / Can't say

TERM 1
TERM 1
TERM 1

99 DO NOT READ Prefer not to say

TERM 1

IF S2=1 ASK PRE_S2B

PRE_S2b In this survey we're going to be talking about your worker's work-related injury or illness. Sometimes workplaces have more than one workers' compensation claim. If this is the case for your workplace, then it is important for you to remember that for this survey, we are only talking about the most recent worker who has made a claim.

S2b Has this worker lodged a workers' compensation claim?

PROMPT AS NECESSARY / Please select one option below

1 Yes

2 No

98 DO NOT READ Don't know / Can't say

99 DO NOT READ Prefer not to say

TERM 1

TERM 1

TERM 1

IF S2B=1 ASK SII

Sii Are there any current legal proceedings relating to this workers' compensation claim?

DO NOT READ OUT / Please select one option below

1 Yes

2 No

98 Don't know / Can't say

99 Prefer not to say

TERM 2

TERM 2

IF SII=2 OR 98 ASK S2A

S2a Thinking about your most recent worker who has made a claim, have they been compensated for more than one work-related injury or illness?

DO NOT READ OUT / Please select one option below

1 Yes

2 No

98 Don't know / Can't say

99 Prefer not to say

ASK ALL

S1a Thanks for answering those questions, we just have a couple more to ask before you can start the survey.

Since July 2022, which organisation(s) have you dealt with in relation to your workers' compensation claims?

PROMPT AS NECESSARY / Please select below all that apply

1 My insurer

2 <REGULATOR VARIABLE>

3 My workplace's workers' compensation unit

4 Another organisation (RECORD VERABTIM / Please specify)

5 Someone else handles this for me (e.g., RTW Coordinator)

95 Other (RECORD VERABTIM / Please specify)

98 DO NOT READ Don't know / Can't say

EXCLUSIVE

S1b Do you personally engage with the worker (who made a workers' compensation claim) to assist them to return to work, or does someone else in your workplace handle this?

DO NOT READ OUT / Please select one option below

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

IF S1B=2 ASK S1C

S1c Who in the workplace assists your organisation with workers' compensation claims and workers to return to work?

READ OUT / Please select below all that apply

- 1 Executive (CEO, COO, etc.)
- 2 Senior leader or manager
- 3 Supervisor
- 4 Other management
- 5 Rehabilitation case manager
- 6 Claims manager
- 7 HR Manager
- 8 RTW Coordinator
- 9 Solicitor / lawyer
- 10 Someone else within the workplace (**RECORD VERBATIM** / Please specify)
- 11 Someone else external to the workplace (**RECORD VERBATIM** / Please specify)
- 98 **DO NOT READ** Don't know / Can't say **EXCLUSIVE**
- 99 **DO NOT READ** Prefer not to say **EXCLUSIVE**

IF S1C=1 TO 11 ASK POST_S1C

POST_S1C We would appreciate if you could pass this survey on to this person so that they are able to complete the survey on behalf of your workplace. The easiest way to do this is to forward them the email invitation you received. They will be able to continue the survey from this point. They will also be able to see the responses for the earlier questions.

INTERVIEWER NOTE: If at any point the respondent indicates that they cannot answer the questions in the survey, please prompt for best placed person and organise an appointment to call that person back. Please record the new respondent's full name and alternate contact details, as needed.

IF S1B=1 ASK S1D

S1d What is your position in your workplace?

READ OUT / Please select one option below

- 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
- 8 Other (**RECORD VERABTIM / Please specify**)
- 99 **DO NOT READ** Prefer not to say

S1e What type of insurance does your workplace have?

READ OUT / Please select one option below

- 1 Premium paying
- 2 Self-insured organisation

SECTION 2 – Initial contact and pre-claim engagement

ASK ALL

PRE_EMP11 Thanks again for answering those questions, based on your responses your workplace meets the criteria for this survey. **Please click "Next" to continue with the survey.**

ASK ALL

EMP11 Thinking back to when your worker was considering putting in a workers' compensation claim, **using a 5-point scale from strongly agree to strongly disagree**, to what extent do you agree or disagree with the following?

DISPLAY AS CAROUSEL; RANDOMISE STATEMENTS

READ OUT STATEMENTS AND PROMPT SCALE AS NECESSARY / Please select one option below

- A They were not treated poorly by people in their immediate working group
- B They were being accurate and truthful about their injury or illness
- C You encouraged them to put in a claim

RESPONSE SCALE

- 1 Strongly agree
- 2 Agree

- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strong disagree
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

ASK ALL

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

Note: Help could include making changes to duties or hours worked, providing special equipment, making workplace adjustments, or providing counselling or mediation. This does not include the payment of medical services (e.g., physiotherapy).

DO NOT READ OUT / Please select one option below

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

ASK ALL

(E)EMP14a

Did you offer any payments for treatment to your worker **prior** to them making a claim?

Note: This includes payments for services that were provided directly to the worker (e.g., made to a health provider for services for the worker and includes offers that were not accepted by the worker.)

DO NOT READ OUT / Please select one option below

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

ASK ALL

(E)EMP14b

Did you offer any payments for treatment to your worker **after** they had made a claim but before the claim had been accepted?

This includes payments for services that were provided directly to the worker (e.g., made to a health provider for services for the worker) and includes offers that were accepted by the worker.

DO NOT READ OUT / Please select one option below

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

ASK ALL

(E)EMP16a

Did you provide the worker with any information regarding work health and safety?

IF 'YES' PROBE FOR MORE DETAIL / Please select all that apply

MULTI RESPONSE; RANDOMISE 1 AND 2

- | | | |
|---|--|------------------|
| 1 | Yes, as we provide general information about work health and safety to all workers during the course of their employment | |
| 2 | Yes, we specifically provided work health and safety information to the worker following their incident or injury | |
| 3 | No | EXCLUSIVE |
| 4 | Don't know / Can't say | EXCLUSIVE |
| 5 | Prefer not to say | EXCLUSIVE |

ASK ALL

(E)EMP16b

Did you provide the worker with any information regarding workers' compensation?

IF 'YES' PROBE FOR MORE DETAIL / Please select all that apply

MULTI RESPONSE; RANDOMISE 1 TO 3

- | | | |
|---|---|------------------|
| 1 | Yes, as we provide general information about workers' compensation to all workers during the course of their employment | |
| 2 | Yes, we specifically provided workers' compensation information to the worker following their incident or injury | |
| 3 | Yes, we provide general information to support workers' return to work | |
| 4 | No | EXCLUSIVE |
| 5 | Don't know / Can't say | EXCLUSIVE |
| 6 | Prefer not to say | EXCLUSIVE |

ASK ALL

EMP8 Have you or someone else from your workplace contacted the worker since their injury or illness?

DO NOT READ OUT / Please select one option below

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

IF EMP8=1 ASK EMP9A

EMP9a How many days after the worker's work-related injury or illness occurred were they first contacted by you or someone from your workplace?

Your best estimate is okay.

DO NOT READ OUT / Please select one option below

- | | |
|----|---|
| 1 | 0 to 3 days |
| 2 | 4 to 10 days |
| 3 | 11 to 15 days |
| 4 | 16 days or more |
| 98 | DO NOT READ Don't know / Can't say |
| 99 | DO NOT READ Prefer not to say |

IF EMP8=1 ASK EMP9B

EMP9b Have you or someone else from your workplace stayed in regular contact with the worker since their injury or illness?

DO NOT READ OUT / Please select one option below

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

SECTION 3 – Claim

PRE_RTW12

RTW12 Broadly, what category does your worker's injury, illness or disease fall under?

READ OUT / Please select one option below

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

WC11 Was your worker's claim accepted under presumptive provisions?

Note: A presumptive provision reverses the onus for workers to prove that an injury, illness or disease is as a result of their employment. The cause of an injury, illness or disease is automatically presumed at first instance to be work related, for the purposes of claiming workers.

DO NOT READ OUT / Please select one option below

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

WC12 Was your worker's claim accepted under deemed diseases provision?

Note: Compared to work-related injuries, it is more difficult to prove that a disease was contracted in, or caused by, particular employment. In recognition of this, most jurisdictions in Australia have enacted special provisions in their workers' compensation legislation which deem specified occupational diseases as being caused by specified work related activities.

DO NOT READ OUT / Please select one option below

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

WC2. Using a 5-point scale from strongly agree to strongly disagree, t/To what extent do you agree or disagree that you were sufficiently informed about the treatment needs and medical condition of the injured or unwell worker so that you could adequately support and assist them?

PROMPT SCALE IF NECESSARY / Please select one option below

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

SECTION 4 – Return to work plan development

Remember that for this survey, we are only talking about the most recent worker who has made a claim.

EMP1 A return to work plan is an agreement that sets out the steps for an injured worker to get back to work. It is usually developed between a worker, and employer or insurer. It can be written or verbal, formal or informal.

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

DO NOT READ OUT / Please select one option below

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

IF EMP1=1 ASK EMP2

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

DO NOT READ OUT / Please select one option below

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

IF EMP1=1 ASK EMP3

EMP3 Using a 5-point scale from strongly agree to strongly disagree, t/To what extent do you agree or disagree with the following statements about your worker's return to work plan?

DISPLAY AS CAROUSEL; RANDOMISE STATEMENTS

READ OUT STATEMENTS AND PROMPT SCALE AS NECESSARY / Please select one option below

- A The worker was appropriately involved in the development of the return to work plan
- B As the employer, we found the return to work plan helpful

RESPONSE SCALE

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

IF EMP1=1 ASK (E)EMP12B

(E)EMP12b

How was / is their plan monitored?

MULTI RESPONSE; RANDOMISE 1 TO 6**PROMPT AS NECESSARY / Please select all that apply**

- 1 Regular communication with their manager / supervisor
- 2 Regular communication with other staff member
- 3 Regular communication with the RTW coordinator
- 4 Regular communication with the insurer
- 5 Regular communication with their medical practitioner / GP
- 6 Regular communication with their rehab provider
- 95 Other (**RECORD VERBATIM** / **Please specify**)
- 97 **DO NOT READ** Plan was not monitored
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

IF EMP1=1 ASK (E)EMP13A

(E)EMP13a

Have you been able to make changes to the worker's return to work plan, if you needed them?

PROMPT AS NECESSARY / Please select one option below

- 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 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

IF (E)EMP13A=1 ASK (E)EMP13B

(E)EMP13b

What changes were made to the worker's plan?

MULTI RESPONSE; RANDOMISE 1 TO 3**PROMPT AS NECESSARY / Please select all that apply**

- 1 Change of hours
- 2 Modified duties
- 3 Return to work date(s) changed
- 95 Other (**RECORD VERBATIM** / **Please specify**)
- 97 **DO NOT READ** No adjustments were made to worker's plan
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

ASK ALL

JP5 **IF EMP13B≠2 SHOW:** Since the time of your worker's injury or illness, have you offered them modified or alternative duties in order to help them get back to work?

IF EMP13B=2 SHOW: You mentioned that you modified the workers' duties in the RTW plan. Did the worker accept these modified or alternative duties?

Note: Modified or alternative duties are different to workplace accommodations such as a different chair, keyboard, etc). The definition of modified or alternative duties varies across state and territories. To read the relevant definition, go to [Table 6.2c: Suitable duties | Safe Work Australia](#).

DO NOT READ OUT / Please select one option below

Interviewers note: if they responded 'yes' then ask whether they accepted.

- 1 IF EMP13B=2: Yes IF EMP13B≠2: Yes, and they accepted
- 2 IF EMP13B≠2: Yes, but they did not accept
- 3 No
- 98 Don't know / Can't say
- 99 Prefer not to say
- 97 Not applicable

IF JP5=2 ASK JP7

JP7 Why do you think your worker did not accept the offer for modified or alternative duties?

MULTI RESPONSE; RANDOMISE 1 TO 9

PROMPT AS NECESSARY / Please select all that apply

- 1 Modified / alternative duties were not different enough
- 2 Modified / alternative duties were not meaningful or challenging
- 3 They felt they could perform their pre-injury duties (i.e., did not need modified or alternative duties)
- 4 Modified / alternative duties did not match their physical / psychological capabilities
- 5 It would have meant moving to a different workplace location
- 6 It would have meant working different times / shifts
- 7 It would have meant a change in wages
- 8 They would have been unable to perform the modified duties due to doctor's restrictions
- 9 They felt they would be a burden on their manager or colleagues
- 95 Other reason ([RECORD VERBATIM](#) / Please specify)
- 98 **DO NOT READ** Don't know / Can't say **EXCLUSIVE**
- 99 **DO NOT READ** Prefer not to say **EXCLUSIVE**

ASK ALL

JP8 Since the time of your worker's injury or illness, have any workplace accommodations been offered to the worker in order to help them get back to work?

For example, different chair, keyboard, text to speech readers, etc. This does not include modified or alternative duties.

DO NOT READ OUT / Please select one option below

Interviewers note: if they responded 'yes' then ask whether they accepted.

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

IF JP8=2 ASK JP12B

JP12b Was your worker consulted when you were reviewing their work environment for workplace accommodations?

DO NOT READ OUT / Please select one option below

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

SECTION 5 – Return to work

ASK ALL

RTW1 Has your worker returned to your workplace at any time since their work-related injury or illness?

Note: This means returning for the purpose of working, not just visiting.

DO NOT READ OUT / Please select one option below

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

IF RTW1=1 ASK RTW6

RTW6 When your worker first came back to work, were the **hours** they returned to the same, more, or less than what they were doing at the time of their work-related injury or illness?

PROMPT AS NECESSARY / Please select one option below

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

IF RTW1=1 ASK RTW6

RTW7 When your worker first came back to work, were the **duties** they returned to the same, slightly different, or completely different to what they were doing at the time of their work-related injury or illness?

Note: 'Slightly different' includes 'restricted', or 'alternate' duties. It does not include reduced hours.

DO NOT READ OUT / Please select one option below

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

IF RTW1=2 ASK RTW4

RTW4 What is the **main** reason you think your worker has not returned to your workplace?

PROMPT AS NECESSARY / Please select one option below

- 1 Their work-related injury or illness is preventing their return
- 2 A new injury or illness is preventing return
- 3 An old injury or illness has gotten worse / aggravated (not the one they are currently receiving compensation for)
- 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 (not the psychological injury or illness they are currently receiving compensation for)
- 11 Other (RECORD VERBATIM / Please specify)
- 98 DO NOT READ Don't know / Can't say
- 99 DO NOT READ Prefer not to say

IF RTW1=2 ASK (E)RTW10

(E)RTW10

Using a 4-point scale from very confident to not at all confident, h/How confident are you that your worker will return to your workplace, or a different workplace, in:

READ OUT STATEMENTS AND PROMPT SCALE AS NECESSARY / Please select one option below

RESPONSE ITEMS; DISPLAY AS CAROUSEL

- A Less than 3 months
- B **DISPLAY IF A=2,3,4,98,99:** 3 to <6 months
- C **DISPLAY IF B=2,3,4,98,99:** 6 to <12 months
- D **DISPLAY IF C=2,3,4,98,99:** 12 months or more

RESPONSE SCALE

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

SECTION 6 – Workplace domain: Supervisor / Colleagues

IF S1C=1 TO 11 DISPLAY PRE_(E)RTW11

PRE_(E)RTW11

If you feel that you are unable to answer the following questions, we would appreciate if you could pass this survey on to an appropriate person so that they are able to complete the survey on behalf of your workplace. The easiest way to do this is to forward them the email invitation you received. They will be able to continue the survey from this point. They will also be able to see the responses for the earlier questions.

INTERVIEWER NOTE: If at any point the respondent indicates that they cannot answer the questions in the survey, please prompt for best placed person and organise an appointment to call that person back. Please record the new respondent's full name and alternate contact details, as needed.

RTW11 In your opinion, what support could be provided to you as an employer to assist your workers in the return to work process?

Note: This may be in relation to any aspect of the return to work process (e.g., assistance, lodging a claim, experience with healthcare providers, workplace supports, etc.)

MULTI RESPONSE; RANDOMISE 1 TO 7

PROMPT AS NECESSARY / Please select all that apply

- 1 Greater communication with employers
- 3 Support from healthcare providers
- 4 More investigation into validity of the claim
- 5 Help with the claims process
- 6 Support with the transition back to work
- 7 Greater focus on workplace safety and training
- 95 Other (RECORD VERBATIM / Please specify)
- 2 DO NOT READ No support is needed
- 99 DO NOT READ Prefer not to say

ASK ALL

EMP7 Thinking about your workplace's role following your worker's injury or illness, using a 5-point scale from strongly agree to strongly disagree, to what extent do you agree or disagree with the following statements?

DISPLAY AS CAROUSEL; RANDOMISE STATEMENTS

READ OUT STATEMENTS AND PROMPT SCALE AS NECESSARY / Please select one option below

- A Our workplace did what we could to support them
- B We provided information on their return to work rights and responsibilities
- C We found and offered suitable employment for them (this can include work internally or externally to your workplace, which may or may not have been accepted by your worker)
- D We helped them with their recovery
- E We treated them fairly **during** the claims process
- F We treated them fairly **after** the claims process

RESPONSE SCALE

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

IF EMP7_C=4 OR 5 ASK EMP7A

EMP7a Why were you unable to find and offer suitable employment for your worker in your workplace or another organisation?

PROMPT AS NECESSARY / Please type your answer below

- 95 RECORD VERBATIM / Please provide as much detail as possible
- 99 Prefer not to say

ASK ALL

(E)EMP15

Does your workplace provide training and education on return to work processes to assist supervisors manage RTW for injured workers?

MULTI RESPONSE; RANDOMISE 1 AND 2

PROMPT AS NECESSARY / Please select all that apply

- 1 Yes, general workplace education or training
- 2 Yes, education or training specific to the injured worker
- 3 Not yet, but intend to offer
- 4 No
- 5 **DO NOT READ** Don't know / Can't say
- 6 **DO NOT READ** Prefer not to say

EXCLUSIVE
EXCLUSIVE
EXCLUSIVE
EXCLUSIVE

SECTION 7 – Supervisor

IF S1C=1 TO 11 DISPLAY PRE_MAN2A

PRE_MAN2A

If you feel that you are unable to answer the following questions, we would appreciate if you could pass this survey on to an appropriate person so that they are able to complete the survey on behalf of your workplace. The easiest way to do this is to forward them the email invitation you received. They will be able to continue the survey from this point. They will also be able to see the responses for the earlier questions.

INTERVIEWER NOTE: If at any point the respondent indicates that they cannot answer the questions in the survey, please prompt for best placed person and organise an appointment to call that person back. Please record the new respondent's full name and alternate contact details, as needed.

ASK ALL

MAN2a Using a 5-point scale from strongly agree to strongly disagree, t/To what extent do you agree or disagree that you receive enough training and support to act in the RTW Coordinator (or equivalent) role within your workplace?

PROMPT SCALE IF NECESSARY / Please select one option below

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

ASK ALL

MAN2b What additional assistance could be provided to you to be successful in the RTW Coordinator (or equivalent) role?

MULTI RESPONSE; RANDOMISE 1 TO 8

PROMPT AS NECESSARY / Please select all that apply

- 1 Regular / ongoing training or education about the claims process
- 2 Greater efficiency of the claims process
- 3 Further information about legislation / regulation

- 4 Help with workload / paperwork
- 5 Greater assistance from insurers
- 6 Greater assistance from healthcare providers
- 7 Greater assistance from government bodies
- 95 Other (RECORD VERBATIM / Please specify)
- 97 DO NOT READ No additional assistance
- 98 DO NOT READ Don't know / Can't say
- 99 DO NOT READ Prefer not to say

ASK ALL

MAN3a Has your workplace updated the return to work procedures for managing workers' compensation claims in the last 12 months?

PROMPT AS NECESSARY / Please select one option below

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

ASK ALL

MAN3b Has your workplace updated any work health and safety procedures / policies in response to the incident or injury?

PROMPT AS NECESSARY / Please select one option below

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

ASK ALL

MAN3c What barriers, if any, do you experience in effectively preparing for, responding to, and managing injured workers in their return to work?

MULTI RESPONSE; RANDOMISE 1 TO 9

PROMPT AS NECESSARY / Please select all that apply

- 1 Getting the worker approved for duties
- 2 Finding the worker suitable work / duties
- 3 Communication with healthcare providers (e.g. location, communication)
- 4 Communication with insurers
- 5 Inexperience with managing the claims process
- 6 Limited business resources
- 7 Injured workers being uncooperative
- 8 Communication with the injured worker
- 9 Suspected fraudulent compensation claims
- 95 Other (RECORD VERBATIM / Please specify)
- 97 DO NOT READ No barriers
- 98 DO NOT READ Don't know / Can't say
- 99 DO NOT READ Prefer not to say

IF RTW1=1 ASK MAN4

MAN4 What aspects of your workplace's approach to recovery through work do you feel have worked well?

MULTI RESPONSE; RANDOMISE 1 TO 7

PROMPT AS NECESSARY / Please select all that apply

- 1 Open / regular communication with the injured workers
- 2 Engaging with involved parties (e.g. insurer, healthcare providers)
- 3 Fostering a supportive work environment
- 4 Providing alternate / modified duties
- 5 Providing emotional support
- 6 Early response and intervention
- 7 Utilising RTW coordinators / managers
- 95 Other (RECORD VERBATIM / Please specify)
- 97 DO NOT READ No aspects have worked well
- 98 DO NOT READ Don't know / Can't say
- 99 DO NOT READ Prefer not to say

IF MAN4=97 ASK MAN5

MAN5 What aspects of your workplace's approach to recovery through work do you feel have not worked well, and why?

PROMPT AS NECESSARY / Please type your answer below

- 95 RECORD VERBATIM / Please provide as much detail as possible
- 99 DO NOT READ Prefer not to say

ASK ALL

MAN6 If you needed further support or assistance in managing the return to work of an injured worker, where would you go?

MULTI RESPONSE; RANDOMISE 1 TO 5

READ OUT / Please select one option below

- 1 Safe Work Australia
- 2 A rehabilitation provider
- 3 Your insurer
- 4 Your regulator
- 5 Medical provider
- 6 Other (RECORD VERBATIM / Please specify)
- 7 DO NOT READ Don't know / Can't say

EXCLUSIVE

IF S1E=1 ASK WC1

WC1 Including letters, emails, phone calls and face-to-face meetings, how much contact have you had with your insurer?

READ OUT / Please select one option below

- 1 A lot
- 2 A little
- 3 None at all
- 98 DO NOT READ Don't know / Can't say
- 99 DO NOT READ Prefer not to say

SECTION 8 – Management

IF S1C=1 TO 11 DISPLAY PRE_MAN1

PRE_MAN1

If you feel that you are unable to answer the following questions, we would appreciate if you could pass this survey on to an appropriate person so that they are able to complete the survey on behalf

of your workplace. The easiest way to do this is to forward them the email invitation you received. They will be able to continue the survey from this point. They will also be able to see the responses for the earlier questions.

INTERVIEWER NOTE: If at any point the respondent indicates that they cannot answer the questions in the survey, please prompt for best placed person and organise an appointment to call that person back. Please record the new respondent's full name and alternate contact details, as needed.

ASK ALL

MAN1 Using a 5-point scale from strongly agree to strongly disagree, t/To what extent do you agree or disagree that you have a good understanding of your role in each the following?

DISPLAY AS CAROUSEL; RANDOMISE STATEMENTS

READ OUT STATEMENTS AND PROMPT SCALE AS NECESSARY / Please select one option below

- A Your duty of care to your worker
- B The claims process
- C Your worker's recovery
- D Workplace accommodations (e.g., different chair, keyboard, text to speech readers, etc.)
- E Return to work
- F Obligations around provision of information
- G Your workplace's RTW program
- H Incident notification

RESPONSE SCALE

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

ASK ALL

WC9a To what extent do you agree or disagree that you receive enough information and support from your insurer when taking out a policy / claim?

PROMPT SCALE IF NECESSARY / Please select one option below

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

ASK ALL

WC2a Using a 5-point scale from strongly agree to strongly disagree, t/To what extent do you agree or disagree with the following?

DISPLAY AS CAROUSEL; RANDOMISE STATEMENTS

READ OUT STATEMENTS AND PROMPT SCALE AS NECESSARY / Please select one option below

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

RESPONSE SCALE

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

ASK ALL

WC9b What additional assistance could be provided to you by your insurer?

MULTI RESPONSE; RANDOMISE 1 TO 7

PROMPT AS NECESSARY / Please select all that apply

- 1 More responsive / timely communication and updates
- 2 Clearer communication
- 3 More details about the claims process
- 4 More ways to contact the insurer
- 5 Help with the claims process / paperwork
- 6 Better trained / supportive staff
- 7 More investigation of the injured worker
- 95 Other (**RECORD VERBATIM** / Please specify)
- 97 **DO NOT READ** No additional assistance required
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

ASK ALL

WC10 What additional assistance could be provided to you by your workers' compensation regulator?

MULTI RESPONSE; RANDOMISE 1 TO 7

PROMPT AS NECESSARY / Please select all that apply

- 1 Training / education on policy and procedure
- 2 Help with claims issues
- 3 Help with insurer issues
- 4 Updates on policy / legislative changes
- 5 Frequent communication with employers
- 6 Consultation with employers
- 7 Easier ways to contact the regulator
- 95 Other (**RECORD VERBATIM** / Please specify)
- 97 **DO NOT READ** No additional assistance required
- 98 **DO NOT READ** Don't know / Can't say
- 99 **DO NOT READ** Prefer not to say

SECTION 9 – Demographics**ASK ALL**

SR11 These final questions will help us analyse the data we collect. They will not be used to identify you.

What is the main industry your workplace is a part of?



PROMPT AS NECESSARY / Please select one option below

- 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
- 19 Other Services

ASK ALL

SR18 What is the size of your workplace (based on total number of employees)?

PROMPT AS NECESSARY / Please select one option below

- 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

ASK ALL

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?

- 95 RECORD VERBATIM / Please provide as much detail as possible
- 2 No further comment

CLOSE

That is the end of this survey, thank you for your time. This research is carried out in compliance with the Privacy Act, and the information you provided will be used for research purposes only.

[My name is <INT_NAME> from Wallis Social Research and this survey was undertaken / This survey was undertaken by Wallis Social Research] on behalf of Safe Work Australia.

If you require any further information about the survey or if you'd like to find out how we manage your personal information, you can call Wallis on **1800 WALLIS** or view the Wallis Privacy Policy at www.wallis.social/privacy.

If you need to speak to someone for support, you can contact BeyondBlue on 1300 22 4636, or if you need urgent help, you can call LifeLine on 13 11 14. Alternative helpline information is also located at the bottom of your screen.

If any of the survey themes or questions made you feel distressed or uncomfortable. I can give you the phone number for mental health support.

BEYONDBLUE: 1300 22 4636

LIFELINE: 13 11 14

Please click "Next" to submit your answers.

TERMINATIONS

TERM 1

Thank you for your time, however this survey is for employers with a worker who has taken a day or more off work, and has lodged a workers' compensation claim in the since July 2022.

TERM 2

Thank you for your time, however this survey is for employers with do not have current legal proceedings relating to their most recent workers' compensation claim.

TERM 3

Your agreement and consent are required to participate in this survey. As it was not provided the survey will end. If you wish to continue with the survey, you can return to the consent page by selecting 'Back'. Otherwise, select 'ok' to end the survey. We appreciate your time!

UNSUBSCRIBE

Unsubscribe link: <https://go.wallis.social/OXX<PIN>>

US1 Thank you, you have now been unsubscribed and will no longer receive any reminder emails, SMS or calls from Wallis regarding this survey.

We would still like to give you the option to continue with the survey, even though you will no longer receive these reminders to complete the survey. Would you like to continue with the survey?

01 Yes – continue, but don't send me reminders

02 No – I don't want to do the survey or receive reminders

W4 / EXCL=1 / US Unsubscribe