

SIRA Regulatory Measurement of Customer Experience and Outcomes Study

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Research
Centre

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Contents

- Executive summaryvii
- 1. Introduction..... 1
 - 1.1 Background..... 1
 - 1.2 Methodology overview 1
- 2. CTP claimant outcomes 4
 - 2.1 CTP legal and insurance 4
 - 2.1.1. CTP experience with insurer..... 4
 - 2.1.2. CTP perceived justice of the compensation process..... 7
 - 2.1.3. Trust in the CTP scheme 9
 - 2.2 CTP life and work participation 12
 - 2.2.1. CTP returned to main activity / work..... 12
 - 2.2.2. CTP return to work and current return to work rates 15
 - 2.2.3. CTP not currently working 16
 - 2.2.4. CTP return to everyday life 17
 - 2.3 CTP health care 19
 - 2.3.1. CTP health care access..... 19
 - 2.4 CTP personal 20
 - 2.4.1. CTP health and wellbeing 20
 - 2.4.2. CTP recovery 22
- 3. WC claimant outcomes 26
 - 3.1 WC legal and insurance..... 26
 - 3.1.1. WC experience with insurer 26
 - 3.1.2. WC perceived justice of the compensation process..... 29
 - 3.1.3. Trust in the WC scheme 30
 - 3.2 WC life and work participation 32
 - 3.2.1. WC returned to work rate..... 32
 - 3.2.2. WC current return to work rate 35
 - 3.2.3. WC not currently working..... 36
 - 3.2.4. WC return to everyday life 37
 - 3.3 WC health care 38
 - 3.4 WC personal 40
 - 3.4.1. WC health and wellbeing 40
 - 3.4.2. WC recovery 41
- 4. Comparison of key findings..... 45
 - 4.1 CTP and WC legal and insurance 45
 - 4.1.1. Experience with insurer 45
 - 4.1.2. Perceived justice of the compensation process 46
 - 4.1.3. Trust in the schemes..... 48
 - 4.2 CTP and WC life and work participation 49
 - 4.2.1. Returned to work..... 49
 - 4.2.2. Returned to everyday life..... 49
 - 4.3 CTP and WC health and social care..... 50
 - 4.4 CTP and WC personal 51
 - 4.4.1. Health and wellbeing 51
 - 4.4.2. Recovery..... 53

5.	Methodology	55
5.1.1.	Sample design and selection	55
5.1.2.	Data collection	55
5.1.3.	Weighting	56
5.1.4.	Questionnaire.....	56
5.1.5.	Quality assurance	57
5.2	Analytical approach.....	57
5.2.1.	Significance testing	57
5.2.2.	Sub-group analysis	57
5.2.3.	Limitations.....	59
6.	Glossary of measures	60
	Appendix – Questionnaire	63

List of figures

Figure 1	Customer service conduct principles (% strongly agree / agree)	vii
Figure 2	Trust in schemes (%)	viii
Figure 3	Customer service conduct principles (% strongly agree / agree)	4
Figure 4	How to increase trust in scheme (%)	11
Figure 5	Main reason trusts scheme (%)	11
Figure 6	Returned to main activity since injury (% yes)	12
Figure 7	Returned to work since injury (% yes)	13
Figure 8	Return to work hours when first returned to work (%)	14
Figure 9	Return to work duties when first returned to work (%)	15
Figure 10	Currently working (% yes)	16
Figure 11	Result of COVID-19 in past months (% yes)	16
Figure 12	Main activity if not currently working (%)	17
Figure 13	Satisfaction with frequency of social contact (%)	18
Figure 14	Injury resulted in being unable to do activity (% all / most / some of the time)	18
Figure 15	Access to medical treatment and services (%)	19
Figure 16	Impact of COVID-19 on ability to access medical treatment and services (%)	20
Figure 17	Effectiveness of healthcare providers (%)	20
Figure 18	Description of health today (% extremely (or unable) / severe / moderate)	21
Figure 19	Seen a doctor or health professional in past 4 weeks (%)	22
Figure 20	Expected recovery (%)	23
Figure 21	Impact of COVID-19 on recovery (%)	23
Figure 22	Recovery timeline (%)	24
Figure 23	Who is responsible for recovery (%)	24
Figure 24	What could be done to improve recovery (%)	25
Figure 25	Extent to which life is back on track (%)	25
Figure 26	Customer service conduct principles (% strongly agree / agree)	26
Figure 27	How to increase trust in scheme (%)	31
Figure 28	Main reason trusts scheme (%)	32
Figure 29	Returned to work since injury (% yes)	33
Figure 30	Return to work hours when first returned to work (%)	34
Figure 31	Return to work duties when first returned to work (%)	34
Figure 32	Currently working (% yes)	35
Figure 33	Result of COVID-19 in past months (% yes)	36
Figure 34	Main activity if not currently working (%)	36
Figure 35	Satisfaction with frequency of social contact (%)	37
Figure 36	Injury resulted in being unable to do activity (% all / most / some of the time)	38
Figure 37	Access to medical treatment and services (%)	39
Figure 38	Impact of COVID-19 on ability to access medical treatment and services (%)	39
Figure 39	Effectiveness of healthcare providers (%)	39
Figure 40	Description of health today (% extremely (or unable) / severe / moderate)	40
Figure 41	Seen a doctor or health professional in past 4 weeks (%)	41
Figure 42	Expected recovery (%)	41
Figure 43	Impact of COVID-19 on recovery (%)	42
Figure 44	Recovery timeline (%)	42
Figure 45	Who is responsible for recovery (%)	43
Figure 46	What could be done to improve recovery (%)	44

Figure 47	Extent to which life is back on track (%)	44
Figure 48	Customer service conduct principles (% strongly agree / agree)	45
Figure 49	Customer service experience (%).....	46
Figure 50	Distributive justice (% strongly agree / agree)	47
Figure 51	Procedural justice (% strongly agree / agree)	47
Figure 52	Informational and interpersonal justice (% strongly agree / agree)	48
Figure 53	Trust in schemes (%).....	48
Figure 54	Returned to work / main activity (% yes)	49
Figure 55	Injury resulted in being unable to do activity (% all / most / some of the time).....	50
Figure 56	Access to medical treatment and services (%).....	50
Figure 57	Overall health before the injury (%)	51
Figure 58	Overall health now (%)	51
Figure 59	Description of health today (% extremely (or unable) / severe / moderate)	52
Figure 60	Mental health and wellbeing (Kessler 6) (%)	52
Figure 61	Extent to which life is back on track (%)	53
Figure 62	Expected recovery (%)	53
Figure 63	Recovery timeline (%).....	54
Figure 64	Framework for an injured person's recovery in compensation systems.....	56

List of tables

Table 1	Sample characteristics of CTP respondents (%).....	2
Table 2	Sample characteristics of WC respondents (%).....	3
Table 3	Customer service conduct principles (% strongly agree / agree)	5
Table 4	Customer service experience (%).....	6
Table 5	Perceived justice of the compensation process (mean)	8
Table 6	Trust in scheme (%).....	9
Table 7	Customer service conduct principles (% strongly agree / agree)	27
Table 8	Customer service experience (%).....	28
Table 9	Perceived justice of the compensation process (mean)	29
Table 10	Trust in scheme (%).....	30
Table 11	Perceived justice of the compensation process (mean)	46
Table 12	Sub-groups analysed in report.....	57

Executive summary

The regulatory measurement of customer experience and outcomes study involves a baseline and repeat surveys to measure experiences with insurers, trust in the compulsory third party (CTP) and workers compensation (WC) schemes and to better understand health and social outcomes. This report contains key findings from the baseline claimant survey.

The survey explored 4 domains that influence an injured person’s recovery:

- Personal
- Health and social care
- Legal and insurance
- Life and work participation.

People selected for the study were claimants in the CTP and WC schemes who had a dealing with their insurance company from 1 April 2019 to 31 March 2020. Data collection for the baseline survey was conducted via an online survey and Computer Assisted Telephone Interviewing (CATI) between 15 June and 21 July 2020. Respondents were able to complete the telephone interview in English, Mandarin, Arabic, Korean, Greek or Vietnamese. A total of 893 CTP claimants and 885 WC claimants completed the baseline survey.

Fieldwork coincided with social distancing restrictions that were imposed to limit community transmission of COVID-19. Where possible, questions were added to the survey to understand the impact of the pandemic.

Performance against customer service conduct principles

Figure 1 Customer service conduct principles (% strongly agree / agree)



Source: C4. To what extent do you agree or disagree that <insurer / if self insured: workers compensation>...?

Base: All respondents: WC (n=885), CTP (n=893).

Notes: *Significantly different to other sub-group at 95% confidence level.

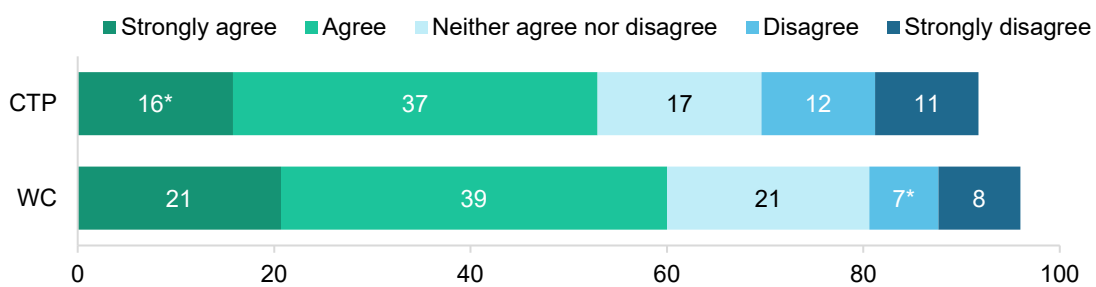
Highest levels of agreement were found for being treated with dignity and respect. Ratings were lower for more practical principles such as resolving concerns quickly.

Ratings across all statements measuring customer service were aggregated to produce an overall customer service rating. Based on these scores, three in five (59%) CTP claimants reported 'good' customer service from their insurer compared with two in three (68%) WC claimants.

Across both schemes, there were no differences in customer service ratings between insurers. Among CTP claimants there were also no differences associated with injury severity, however those who had been in the scheme for 130+ days reported poorer customer service than those who had been in the scheme for less time. CTP claimants who were legally represented were more likely to report poor customer service compared to those who were not legally represented. Among WC claimants, poorer customer service was reported by those with a mental illness claim and those who had been compensated for 130+ days.

Trust in the scheme

Figure 2 Trust in schemes (%)



Source: C1. Now thinking about your experience in the <workers compensation / CTP> scheme. To what extent do you agree or disagree that you trust the <workers compensation / CTP> scheme to help you get back to <work / work or your usual activities>?

Base: All respondents: WC (n=885), CTP (n=893).

Notes: *Significantly different to other sub-group at 95% confidence level.

Don't know/not applicable responses not shown (WC: Dk=3%, NA=1%; CTP: DK=5%, NA=3%)

Trust in the scheme to help them get back to work or usual activities was measured. One half (53%) of CTP claimants and three in five (60%) WC claimants reported high trust (strongly agree / agree) in the respective scheme.

Across both schemes, there were no differences in trust between insurers. Among CTP claimants, lower levels of trust were reported by those who had been in the scheme for 130+ days compared to those who had been in the scheme for less time. CTP claimants who were not legally represented were more likely to trust the scheme compared to those who were legally represented. There were no differences according to claim severity. Among WC claimants, lower levels of trust were reported by those with a mental illness claim and those who had been compensated for 130+ days.

Returned to work and life

At the time of the survey, two thirds (68%) of CTP claimants had returned to their main activity at some time since their injury, while three in five (60%) were currently working. There were no differences in the return to main activity rate between claimants from different insurers. CTP claimants who were assessed as having a minor injury were more likely to have returned to their main activity compared with those whose injury was assessed as not minor. CTP claimants who were not legally represented were more likely to have returned to their main activity compared to those who were legally represented. Three quarters (75%) of CTP claimants who were working at the time of their injury had returned to work at some time since their injury.

Among CTP claimants, one in two (50%) reported moderate to extreme problems with their usual activities, two in five (43%) reported moderate to extreme anxiety or depression and two in five (22%) reported moderate to extreme pain and discomfort. Three in five (60%) CTP claimants rated the extent to which their life is back on track as 6 or more on a scale of 1 to 10.

Four in five (84%) WC claimants had returned to work at some point since their work-related injury or illness. This is similar to the *Returned to Work Rate* of 86 per cent in the 2019 Abridged Return to Work Outcomes Survey. Treasury Managed Fund (TMF) claimants had a higher return to work rate than those with the Nominal Insurer (NI), as did those with a physical injury claim compared to claimants with a mental illness claim. Four in five (79%) WC claimants were working at the time of the survey.

Among WC claimants, one in three (30%) reported moderate to extreme problems with their usual activities and one in eight (12%) reported moderate to extreme pain and discomfort. The majority (71%) of WC claimants reported the extent to which their life was back on track as 6 or more on a scale of 1 to 10.

Health and social outcomes

CTP and WC claimants both reported high levels of self-rated health prior to their injury or illness. The majority of those surveyed rated their health prior to their injury or illness as good to excellent (91% CTP, 94% WC).

CTP claimants reported poorer physical and mental health at the time of the survey than WC claimants, with fewer respondents rating their overall health as good to excellent (51% CTP, 68% WC). For CTP claimants there were no differences in the overall health at the time of the survey between claimants of the four insurers. CTP claimants who were in the scheme for less than 130 days were more likely to rate their overall health as very good to excellent (59%) compared to those in the scheme for 130+ days (48%). CTP claimants who were at fault were more likely to rate their health at the time of the survey as good to excellent (62%) compared to those not at fault (46%). CTP claimants with injuries assessed as minor were more likely to rate their health at the time of the survey as good to excellent (59%) compared to those assessed as not minor (47%). Among WC claimants, claimants of the TMF and those with a physical injury claim were more likely to report better health at the time of the survey than those with the NI and those with a mental illness claim respectively.

Many claimants reported ongoing health and social problems at the time of the survey. CTP claimants were more likely than WC claimants to report pain and discomfort, anxiety and depression, social isolation and were less likely to have their 'life back on track'.

Mental health is an issue across both schemes with one quarter of CTP claimants (25%) and one in five (22%) workers compensation claimants assessed as having probable mental illness using the Kessler 6 Psychological Distress scale. Of CTP claimants who expressed feeling depressed or worthless most or all of the time, three-quarters (72%) said they had seen a doctor or other health professional about those feelings in the past four weeks while for WC three-fifths (61%) said they had done so.

Two in five (41%) CTP claimants believed they would make a complete or nearly complete recovery. By comparison, two in three (63%) WC claimants believed they would make a complete or nearly complete recovery. Of those who expected to recover, most believed COVID-19 would have no impact on their recovery (64% CTP, 78% WC).

One in two (50%) CTP claimants and one in three (35%) WC claimants reported that the COVID-19 situation had made it much more, or slightly more, difficult, to access the medical treatment and services they needed.

Conclusions

Among CTP claimants, there were few differences in customer experience, trust in the CTP scheme or health and social outcomes between the different Insurers or according to the type of claim (minor injury and not minor injury). Those who had been in the scheme longer tended to report poorer customer experience, lower trust in the CTP scheme and poorer health and social outcomes.

For WC claimants, there were few differences in experience with Insurers or trust in the WC scheme between the Insurers. Those who had been compensated for longer or had a mental illness claim reported poorer customer experience and lower trust in the WC scheme. Higher return to work rates and better self-reported health was reported by TMF claimants compared with those with the NI, and among those with a physical claim compared to a mental illness claim.

1. Introduction

This report presents the key findings of the 2020 regulatory measurement of customer experience and outcomes baseline survey, conducted by the Social Research Centre on behalf of the State Insurance Regulatory Authority.

1.1 Background

The State Insurance Regulatory Authority (SIRA) regulates the motor accidents Compulsory Third Party (CTP), Workers Compensation (WC) and Home Building Compensation insurance schemes in NSW and is committed to insurance systems that deliver optimal customer service and health outcomes.

SIRA has developed a consistent set of customer service conduct principles across the insurance schemes in NSW. The customer service conduct principles against which insurers' performance are measured are as follows:

1. Be efficient and easy to engage
2. Act fairly, with empathy and respect
3. Resolve customer concerns quickly, respect customers' time and be proactive
4. Have systems in place to identify and address customer concerns
5. Be accountable for actions and honest in interactions with customers

The regulatory measurement of customer experience and outcomes study seeks to measure insurer performance on these principles and to better understand the health and social outcomes of those participating in the WC and CTP schemes in NSW. It is made up of a baseline and two repeat claimant (CTP and WC) surveys (three and six months post baseline) and a series of qualitative measures (focus groups and case studies).

1.2 Methodology overview

Detailed information about the survey can be found in the Methodology section at the end of the report. Further information on the items used to measure each of the outcomes can also be found in the Glossary of measures.

A total of 893 CTP claimants and 885 WC claimants completed the baseline survey. Table 1 and Table 2 show the unweighted profile of the final sample (i.e. those who completed the survey) for CTP and WC claimants, across a range of characteristics of the claimant and their injury or illness.

CTP claimants tended to be younger and a higher proportion were from metro regions compared with WC claimants.

Table 1 Sample characteristics of CTP respondents (%)

	%
Days in claim	
1 to 9	0.0
10 to 19	0.1
20 to 64	15.5
65 to 129	22.8
130 to 259	43.3
260 plus	18.3
Insurer	
Allianz	18.6
NRMA	33.3
QBE	25.1
Suncorp	23.1
Injury Severity	
Minimal severity	46.7
Moderate severity	33.1
Severe	10.9
Unknown	9.3
Language	
English	97.0
LOTE (Language other than English)	3.0
Legally represented	
Yes	19.4
No	80.6
Age	
18-24	10.2
25-44	36.3
45-64	37.6
65+	15.9
Location	
Metro	74.2
Regional	25.8
Mode of survey completion	
Telephone	57.3
Online	42.7

Table 2 Sample characteristics of WC respondents (%)

	%
Days compensated	
1 to 9	26.9
10 to 19	16.4
20 to 64	28.4
65 to 129	17.3
130 to 259	10.8
260 plus	0.2
Insurer Type	
Nominal Insurer	42.3
Treasury Managed Fund	45.6
Self-Insurer	6.6
Specialised Insurer	5.5
Injury Type	
Musculoskeletal Disorders	55.0
Fractures	7.9
Other Trauma	14.4
Mental Illness	19.5
Other Diseases	2.9
Language	
English	99.3
LOTE (Language other than English)	0.7
Age	
18-24	3.5
25-44	29.8
45-64	60.2
65+	6.4
Location	
Metro	58.0
Regional	42.0
Mode of survey completion	
Telephone	29.6
Online	70.4

2. CTP claimant outcomes

This section presents detailed findings for respondents who had made a claim through the CTP scheme.

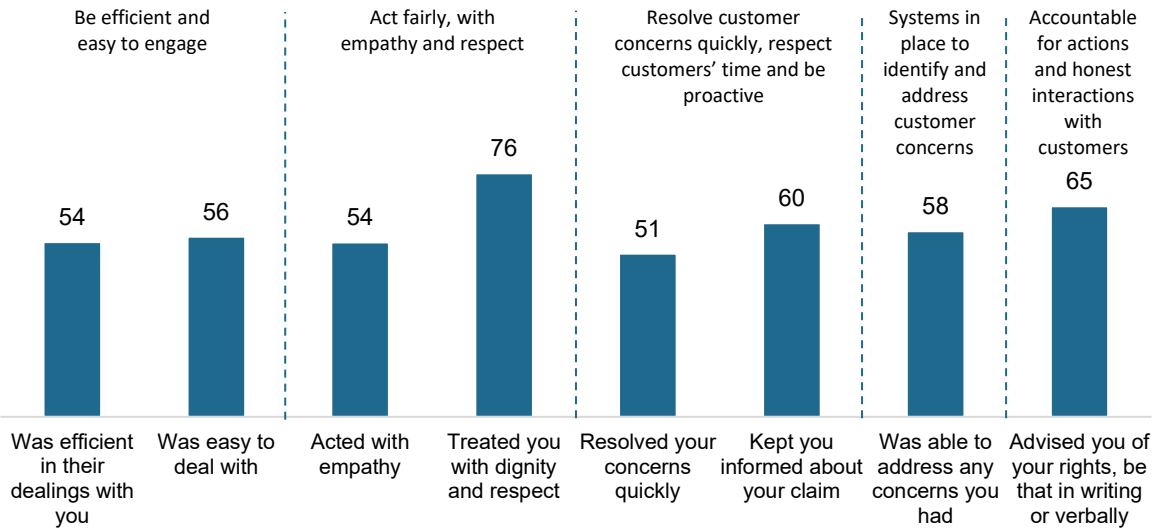
2.1 CTP legal and insurance

This section examines CTP claimants' experience with their insurer, perceived justice of the compensation process and trust in the CTP scheme.

2.1.1. CTP experience with insurer

The customer service conduct principles were measured by asking claimants to agree or disagree with a series of statements about their insurer. Each of the statements was mapped to one of the five customer service conduct principles. Figure 3 displays the percentage of claimants who agreed or strongly agreed with each statement.

Figure 3 Customer service conduct principles (% strongly agree / agree)



Source: C4. To what extent do you agree or disagree that insurer...?
 Base: All CTP respondents: n=893.

Ratings for each statement were similar across each insurer. The exception being CTP claimants insured with Allianz were more likely to agree they were kept informed about their claim (70%) compared with those insured with NRMA (55%) or QBE (56%). CTP claimants who were at fault were more likely than those who were not at fault to agree their insurer was easy to deal with (64% vs. 51%), was efficient in their dealing (65% vs. 49%) and acted with empathy (64% vs. 49%). There were no differences for CTP claimants who were mostly at fault.

Table 3 Customer service conduct principles (% strongly agree / agree)

	Allianz	NRMA	QBE	Suncorp
Be efficient and easy to engage				
Was efficient in their dealings with you	58	54	53	53
Was easy to deal with	60	56	56	53
Act fairly, with empathy and respect				
Acted with empathy	58	53	56	52
Treated you with dignity and respect	79	76	74	74
Resolve customer concerns quickly, respect customers' time and be proactive				
Resolved your concerns quickly	53	47	50	55
Kept you informed about your claim	70*	55	56	63
Resolve customer concerns quickly, respect customers' time and be proactive				
Was able to address any concerns you had	58	57	56	59
Accountable for actions and honest interactions with customers				
Advised you of your rights, be that in writing or verbally	72	64	61	67

Source: C4. To what extent do you agree or disagree that insurer...?

Base: All CTP respondents: n=893

Notes: *Significantly different to NRMA and QBE, at 95% confidence level.

The results from these statements have been aggregated to determine whether each claimant reported receiving good, medium or poor customer service from their insurer (see Table 4). Three in five (59%) CTP claimants reported having a good customer service experience, while one quarter (23%) reported poor customer service.

The following significant differences between sub-groups were observed:

- Claimants who were in the scheme for 130+ days were more likely to report poor customer service (29%) compared to those who were in the scheme for less than 130 days (9%)
- Claimants with severe or extreme pain and discomfort were more likely to report poor customer service (40%) compared to claimants with moderate (26%) and no, or slight, (13%) pain and discomfort
- Claimants who disagreed that they were able to easily access the medical treatment and services they needed were more likely to report having a poor customer service (57%) compared to claimants who agreed (11%).
- Claimants who were assessed to have probable serious mental illness via the Kessler 6 were more likely to report poor customer service (38%) compared to claimants who have no probable serious mental illness (17%).
- Claimants who have low (66%) or medium (26%) trust in the scheme were more likely to report poor customer service compared to claimants who have high trust (5%) in the scheme.
- Claimants who were legally represented (32%) were more likely to report poor customer service compared to claimants who were not legally represented (21%).
- There were no significant differences in customer service experience between claimants from the different insurers, injury severity or minor injury class.

Table 4 Customer service experience (%)

	Good	Medium	Poor
TOTAL	59	17	23
Days in scheme			
1 to 129	74*	17	9*
130+	53	18	29
Insurer			
Allianz	64	20	16
NRMA	58	17	25
QBE	58	17	25
Suncorp	60	16	25
Risk screening outcome			
High risk of poor recovery	56	21	23
Medium risk of poor recovery	56	16	28*
Low risk of poor recovery	64	18	18
Injury severity			
Minimal	57	17	26
Moderate	60	19	21
Severe	67	13	20
Unknown	60	19	21
Legally represented			
Yes	41*	27*	32*
No	64	15	21
Fault status			
At fault	72	9*	19
Not at fault	53	20	27
Minor Injury Decision			
Not minor	60	17	23
Minor	60	15	25
Pain and discomfort			
No/slight	72*	15	13*
Moderate	56*	18	26*
Severe/extreme	40	20	40
Psychological distress (Kessler 6)			
No probable serious mental illness	65*	17	17*
Probable serious mental illness	44	18	38
Recovery timeline			
Already recovered as much as possible	75*	16	10*
In the next few months or so	76*	12	11*
Within a year or longer	55	20	26
Will not recover	33	16	51
Returned to Work			
Yes	61	17	23
No	52	19	29

Source: C4. To what extent do you agree or disagree that insurer...?

Base: All CTP respondents: n=893

Notes: *Significantly different to other (Risk screening outcome: low risk; Recovery timeline: within a year or longer and will not recover) sub-group(s), at 95% confidence level.

2.1.2. CTP perceived justice of the compensation process

Table 5 shows the mean level of agreement for each of the four perceived justice of the compensation process dimensions overall, and by sub-groups including days in scheme, insurer and risk screening outcome score.

Claimants who were in the scheme for 1 to 129 days rated the perceived justice they received higher than those in the scheme for 130+ days, on all dimensions. Claimants with Allianz rated the informational justice they received higher than those with NRMA and QBE. Claimants who had high or medium risk of poor recovery screening outcomes rated the distributive justice they received lower than those who had a low risk of poor recovery screening outcome.

Claimants who were at fault rated the distributive justice, procedural justice and informational justice as higher than those who were not at fault.

Table 5 Perceived justice of the compensation process (mean)

	Distributive justice	Procedural justice	Informational justice	Interpersonal justice
TOTAL	3.2	3.4	3.4	4.0
Days in scheme				
1 to 129	3.5*	3.7*	3.8*	4.3*
130+	3.0	3.2	3.3	3.8
Insurer				
Allianz	3.2	3.4	3.7*	4.1
NRMA	3.2	3.3	3.3	4.0
QBE	3.3	3.4	3.4	4.0
Suncorp	3.1	3.3	3.5	3.9
Risk screening outcome				
High risk of poor recovery	3.0	3.3	3.3	3.9
Medium risk of poor recovery	3.1	3.3	3.3	3.9
Low risk of poor recovery	3.4**	3.5*	3.6*	4.1
Injury severity				
Minimal	3.1	3.3	3.4	3.9
Moderate	3.3	3.4	3.5	4.0
Severe	3.3	3.5	3.5	4.1
Unknown	3.1	3.4	3.6	4.0
Legally represented				
Yes	2.7	3.0	3.1	3.7
No	3.3*	3.5*	3.5*	4.0*
Fault status				
At fault	3.4*	3.6*	3.7*	4.1
Not at fault	3.1	3.2	3.3	3.9
Minor Injury Decision				
Not minor	3.2	3.4	3.5	4.0
Minor	3.2	3.3	3.4	3.9
Pain and discomfort				
No/slight	3.7*	3.8*	3.8*	4.2*
Moderate	3.0*	3.2*	3.3*	3.9*
Severe/extreme	2.5	2.8	2.9	3.6
Psychological distress (Kessler 6)				
No probable serious mental illness	3.5*	3.6*	3.6*	4.1*
Probable serious mental illness	2.5	2.8	3.0	3.6
Recovery timeline				
Already recovered as much as possible	3.9*	3.9^	3.9^	4.4^
In the next few months or so	3.6^	3.8^	3.8^	4.3^
Within a year or longer	2.9	3.2	3.3	3.9
Will not recover	2.2*	2.5*	2.7*	3.4*
Returned to Work				
Yes	3.3*	3.4*	3.5	4.0
No	2.8	3.1	3.4	3.8

Source: D1. The next questions ask about your experience with obtaining compensation for your injury and about your experiences with <insurance organisation name >. For each statement, please indicate the extent to which you agree or disagree. Some of these statements may not be relevant to you, but we need to ask them of everyone.

Base: All CTP respondents: n=893.

Notes: *Significantly different to other (Insurer: NRMA, QBE; Risk screening: Medium) sub-group(s), **Significantly different to both other sub-groups, ^^Significantly different to 'Within a year or longer' and 'Will not recover' sub-groups, at 95% confidence level.

2.1.3. Trust in the CTP scheme

Claimants were asked to indicate the extent to which they trust the scheme to help them get back to work or their usual activities. Half (53%) of CTP claimants agreed that they trust the scheme (see Table 6).

The following significant differences between sub-groups were observed:

- Claimants who rated the customer service from their insurer as good or medium were more likely to trust the scheme (74% and 38% respectively) compared to those who rated the customer service as poor (11%). The difference between those who rated the customer service from their insurer as good and medium was also statistically significant.
- Claimants who were in the scheme for less than 130 days were more likely to trust the scheme (63%) than those in the scheme for 130+ days (48%).
- Claimants with no, or slight, pain and discomfort were more likely to trust the scheme (68%) compared to those in moderate (48%) or severe/extreme (31%) pain or discomfort.
- Claimants whose risk screening outcome was a low risk of poor recovery were more likely to trust the scheme (58%) compared to claimants with a medium risk of poor recovery (48%).
- Claimants who were not legally represented (56%) were more likely to trust the scheme compared to claimants who were legally represented (41%).
- There were no significant differences in trust between claimants from the different insurers, fault status or minor injury class.

Table 6 Trust in scheme (%)

	High trust	Medium trust	Low Trust
TOTAL	53	17	22
Days in scheme			
1 to 129	63*	16	13*
130+	48	17	26
Insurer			
Allianz	60	13	21
NRMA	52	15	22
QBE	51	19	20
Suncorp	51	18	25
Risk screening outcome			
High risk of poor recovery	57	11	25
Medium risk of poor recovery	48*	18	26*
Low risk of poor recovery	58	16	17
Injury severity			
Minimal	52	17	23
Moderate	53	18	22
Severe	58	13	19
Unknown	50	15	20
Legally represented			
Yes	41*	12	30*
No	56	18	20
Fault status			
At fault	56	13	24

	High trust	Medium trust	Low Trust
Not at fault	50	17	24
Minor Injury Decision			
Not minor	53	16	23
Minor	52	18	21
Pain and discomfort			
No/slight	68*	13*	14*
Moderate	48*	19	24*
Severe/extreme	31	21	35
Psychological distress (Kessler 6)			
No probable serious mental illness	61*	16	16*
Probable serious mental illness	34	19	36
Recovery timeline			
Already recovered as much as possible	66*	15	12*
In the next few months or so	71*	14	11*
Within a year or longer	52**	16	26**
Will not recover	22	17	49
Returned to Work			
Yes	59	14	23
No	47	20	23

Source: C1. Now thinking about your experience in the CTP scheme. To what extent do you agree or disagree that you trust the CTP scheme to help you get back to work or your usual activities?

Base: All CTP respondents: n=893.

Notes: *Significantly different to other (Risk screening outcome: low risk; Pain and discomfort medium: severe/extreme) sub-group, at 95% confidence level. **Recovery timeline withing a year or longer significantly different to will not recover; Pain and discomfort medium: severe/extreme) sub-group, at 95% confidence level.

Don't know / not applicable responses not shown (Total: DK=5%, N/A=3%)

Claimants who did not trust the CTP scheme to get them back to work or their usual activity were asked to suggest one change to the scheme that would increase their trust (see Figure 4). This question was an open-ended question that was coded into response options after the data collection phase. The most prominent suggestion was to increase benefits, treatments or services (17%).

Claimants with moderate, severe or extreme pain and discomfort were more likely to want better consideration or assessment of their injury or condition (16%) compared to those with no, or slight, pain or discomfort (3%).

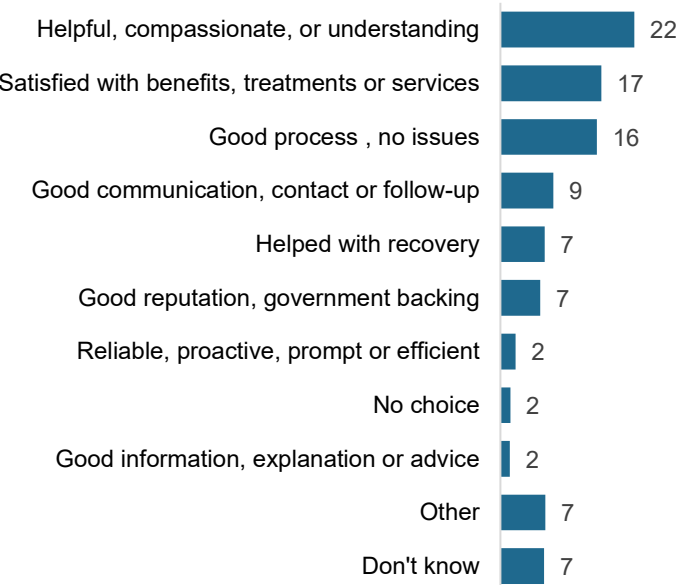
Figure 4 How to increase trust in scheme (%)



Source: C2. If CTP could make one change to increase your trust, what would it be?
 Base: Low trust in scheme at C1: n=333.
 Notes: Refused response not shown (4%)

Claimants who trusted the CTP scheme to get them back to work or their usual activity were asked to provide the main reason why they trust the scheme (see Figure 5). The most prominent reason was that it was helpful, compassionate or understanding (22%).

Figure 5 Main reason trusts scheme (%)



Source: C2. If CTP could make one change to increase your trust, what would it be?
 Base: Medium/high trust in scheme at C1: n=488.
 Notes: Refused response not shown (3%)

2.2 CTP life and work participation

This section examines CTP claimants' experiences returning to work, main activity and everyday life.

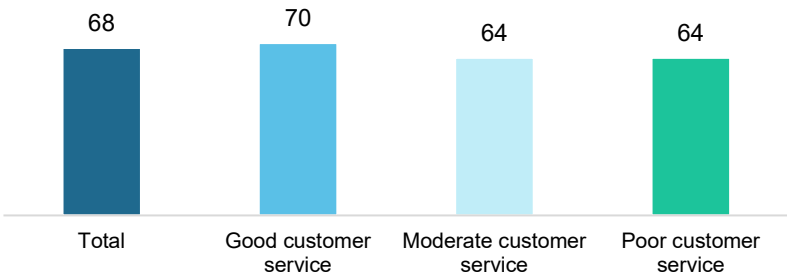
2.2.1. CTP returned to main activity / work

Two in three (68%) CTP claimants had returned to their main activity at some time since their injury (Figure 6).

The following significant differences between sub-groups were observed:

- Claimants who were assessed as having a minor injury were more likely to have returned to their main activity (79%) compared with those whose injury was assessed as not minor (63%).
- Claimants whose injury severity was assessed to be minimal were more likely to have returned to their main activity (75%) compared to those whose injury was assessed to be moderate (64%). Both the minimal and moderate injury claimants were more likely to have returned to their main activity compared to those with a severe injury (43%).
- Claimants who were in the scheme for 130 to 259 days were more likely to have returned to their main activity (73%) compared to those in the scheme for 65 to 129 days (62%).
- Claimants who were assessed to have no probable serious mental illness (via the Kessler 6) were more likely to have returned to their main duties (77%) compared to claimants who had probable serious mental illness (43%).
- Claimants with no, or slight pain and discomfort were more likely to have returned to their main activity (82%) compared to those in moderate (67%) or severe/extreme (39%) pain or discomfort.
- Claimants who were not legally represented (73%) were more likely to have returned to their main activity compared to claimants who were legally represented (50%).
- Claimants who have high trust in the scheme were more likely to have returned to their main activity (74%) compared to claimants who had medium trust (67%) in the scheme.
- There were no significant differences in the return to main activity rate between claimants from the different insurers or according to fault status.

Figure 6 Returned to main activity since injury (% yes)



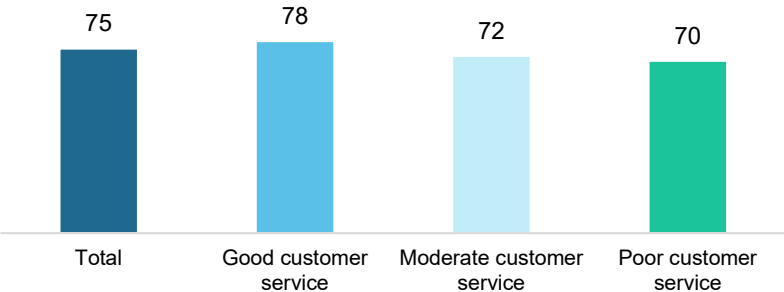
Source: B1. Have you returned to your MAIN activity at the time of your accident at any time since your injury?
Base: All CTP respondents not retired at time of injury: (n=785), Good (n=469), Moderate (n=140), Poor (n=176).

The *Returned to Work Rate* is based on the *National Return to Work Survey* key measure and is the proportion of injured or ill workers who had returned to work for any period of time at some stage since their first day off work. Three quarters (75%) of CTP claimants who were working at the time of their injury had returned to work at some time since their injury (Figure 7).

The following significant differences between sub-groups were observed:

- Claimants who were assessed as having a minor injury were more likely to have returned to work (88%) compared with those whose injury was assessed as not minor (69%).
- Claimants whose injury severity was assessed to be minimal were more likely to have returned to work (84%) compared to those whose injury was assessed to be moderate (69%). Both the minimal and moderate injury claimants were more likely to have returned to work compared to those with a severe injury (51%).
- Claimants who were assessed to have no probable serious mental illness (via the Kessler 6) were more likely to have returned to work (83%) compared to claimants who had probable serious mental illness (51%).
- Claimants with no, or slight pain and discomfort were more likely to have returned to work (88%) compared to those in moderate (73%) or severe/extreme (49%) pain or discomfort.
- Claimants who were not legally represented (80%) were more likely to have returned to work compared to claimants who were legally represented (58%).
- There were no significant differences in the return to work rate between claimants from the different insurers or according to fault status.

Figure 7 Returned to work since injury (% yes)



Source: B1. Have you returned to your work at any time since your injury?
 Base: All CTP respondents working at the time of injury: (n=637), Good (n=385), Moderate (n=107), Poor (n=145).

Of the claimants who had returned to work since their injury, nine in ten (90%) returned to the same employer they were working for at the time of their injury. Claimants who were assessed to have no probable serious mental illness were more likely to have returned to the same employer (92%) compared to claimants who have probable serious mental illness (81%).

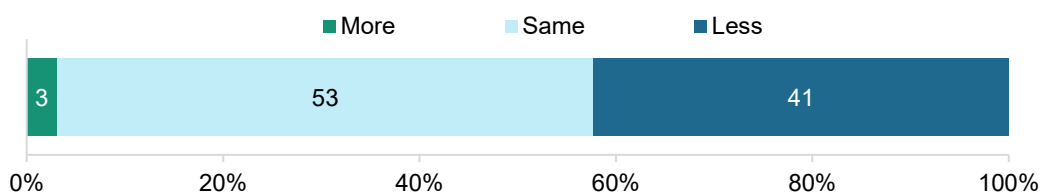
As shown in Figure 8, over half (53%) of claimants who returned to work resumed the same number of hours as at the time of their injury when they first returned to work. Two-fifths (41%) returned to less hours.

The following significant differences between sub-groups were observed:

- Claimants who reported receiving good customer service were more likely to have returned to the same hours (58%) compared to those who reported poor customer service (40%).

- Claimants who were in the scheme for 260+ days were more likely to have returned to less hours (55%) compared to claimants who were in the scheme for less than 65 days (30%).
- Claimants whose injury was assessed as not minor were more likely to return to less hours (48%) compared with those assessed as having a minor injury (63%).
- Claimants who reported to be in moderate, severe or extreme pain and discomfort at the time of completing the survey were more likely to have returned to less hours (55%) compared to claimants with slight or no pain and discomfort (29%).
- Claimants whose injury severity was assessed to be moderate or severe were more likely to have returned to less hours (49% and 61% respectively) compared to those who injury was assessed to be of minimal severity (34%).
- Claimants who were assessed to have probable serious mental illness were more likely to have returned to less hours (61%) compared to claimants who had no probable serious mental illness (38%).
- Claimants who had low trust in the scheme were more likely to have returned to less hours (52%) compared to claimants who had medium (34%) or high (37%) trust in the scheme.
- Claimants whose risk screening outcome was a high or medium risk of poor recovery were more likely to have returned to less hours (both 50%) compared to claimants with a low risk of poor recovery outcome (29%).

Figure 8 Return to work hours when first returned to work (%)



Source: B6. When you FIRST went back to work, were the hours you returned to the same, more or less than what you were doing at the time of your work-related injury or illness?

Base: CTP respondents who returned to work: n=483.

Notes: Don't know/Refused responses not shown: Dk=2%, Ref=1%

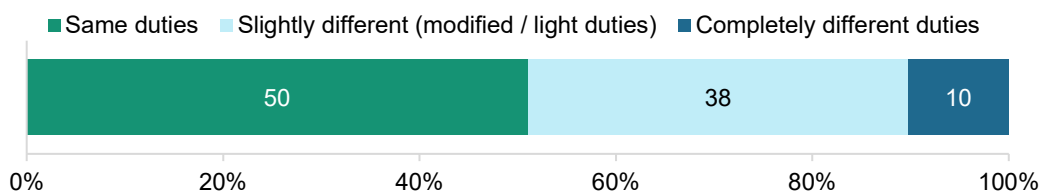
Half (50%) of claimants who returned to work resumed the same duties they were doing at the time of their injury when they first returned to work, as shown in Figure 9.

The following significant differences between sub-groups were observed:

- Claimants who reported a poor customer service experience were more likely to have returned to completely different duties (17%) compared to those who reported a good customer service experience (7%).
- Claimants whose injury was assessed as not minor were more likely to have returned to completely different duties (15%) compared to those assessed as having a minor injury (2%).
- Claimants who reported to be in moderate, severe or extreme pain and discomfort at the time of completing the survey were more likely to have returned to completely different duties (15%) compared to claimants with slight or no pain and discomfort (6%).

- Claimants whose injury severity was assessed to be moderate or severe were more likely to have returned to slightly or completely different duties (59% and 64% respectively) compared to those whose injury was assessed to be minimal severity (41%).
- Claimants who were legally represented (62%) were more likely to have returned to slightly or completely different duties compared to claimants who were not legally represented (46%).
- Claimants who were assessed to have probable serious mental illness were less likely to have returned to the same duties (33%) compared to claimants who had no probable serious mental illness (54%).
- Claimants who had low trust in the scheme were less likely to have returned to the same duties (35%) compared to claimants who have medium (54%) or high (56%) trust in the scheme.
- Claimants whose risk screening outcome was a low risk of poor recovery were more likely to have returned to the same duties (58%) compared to claimants with a medium or high risk of poor recovery outcome (44% and 41% respectively).

Figure 9 Return to work duties when first returned to work (%)



Source: B7. When you FIRST went back to work, were the duties you returned to the same, slightly different or completely different to what you were doing at the time of your work-related injury or illness?

Base: CTP respondents who returned to work: n=483.

Notes: Don't know responses not shown: Dk=2%

2.2.2. CTP return to work and current return to work rates

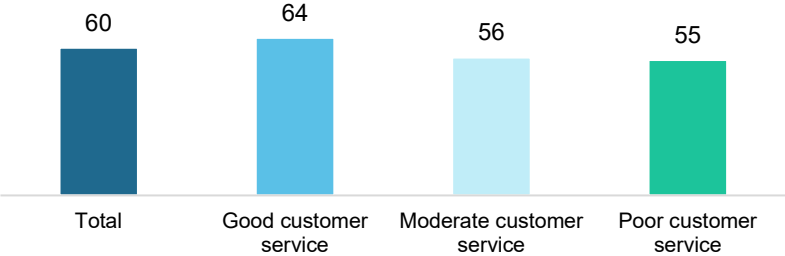
Three-fifths (60%) of CTP claimants who are not retired were working at the time of the survey, as shown in Figure 10. Of the two-thirds (70%) of CTP claimants who were working at the time of their injury, two-thirds (69%) were working at the time of the survey.

Claimants whose injury was assessed as not minor were less likely to be working (57%) compared to claimants who were assessed as having a minor injury (68%).

Claimants who reported to be in severe or extreme pain and discomfort at the time of completing the survey were less likely to be working (32%) compared to claimants with moderate (62%) or no, or slight pain and discomfort (73%).

Claimants who were assessed to have probable serious mental illness were less likely to be working (36%) compared to claimants who had no probable serious mental illness (70%).

Figure 10 Currently working (% yes)

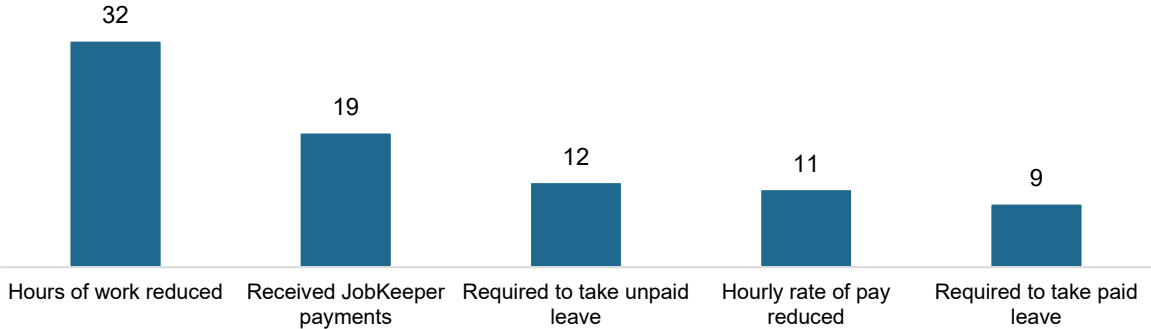


Source: B2. Are you currently working in a paid job? If you are not working any hours due to COVID-19 but still employed, please select 'yes'.

Base: All CTP respondents not retired at time of injury: (n=785), Good (n=469), Moderate (n=140), Poor (n=176).

Claimants who were working at the time of the survey were asked whether various changes had happened to their work situation in the previous three months as a result of COVID-19 (see Figure 11). One third (32%) of claimants had their hours of work reduced, which was the most common change.

Figure 11 Result of COVID-19 in past months (% yes)



Source: B2B. In the last three months, have any of the following happened to you as a result of COVID-19?

Base: CTP claimants currently working: n=482

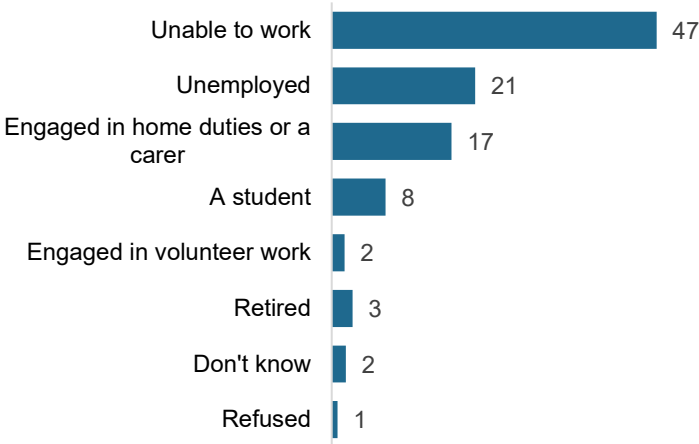
2.2.3. CTP not currently working

Of the claimants that were not working at the time of the survey, nearly half (47%) indicated that they were unable to work while one in five (21%) were unemployed as shown in Figure 12.

Claimants who were not working at the time of the survey, but not retired, were asked to provide the main reason why they were not working. Of the claimants who said that they are unable to work, two-thirds (67%) responded that the main reason was because of their injury. Eleven per cent responded that an old injury or illness getting worse was why they were unable to work, while a new injury or illness was the third most prominent reason (8%).

Claimants who were not working at the time of the survey, but not retired and who indicated that the reason they were not working was not related to their injury were asked to indicate if the reason they were not working is related to the COVID-19 pandemic. One-fifth (22%) of these claimants indicated that the reason they were not working was a result of the pandemic.

Figure 12 Main activity if not currently working (%)



Source: B3. Which of the following BEST describes your current MAIN activity? Are you...
 Base: CTP respondents who were not currently working: (n=294).

2.2.4. CTP return to everyday life

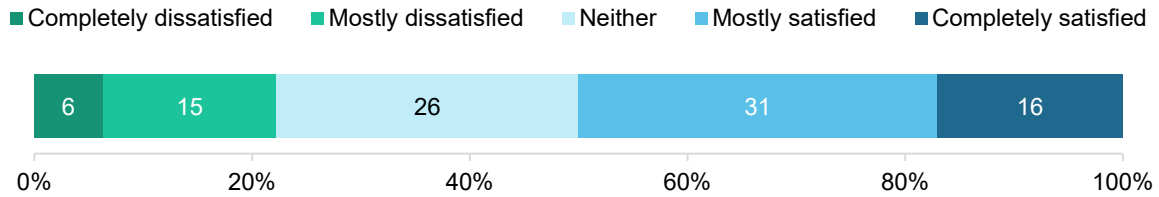
This section assesses CTP claimants’ satisfaction with the frequency of their social contact and their ability to undertake or participate in various activities and tasks at the time of the survey.

Close to half (47%) of claimants expressed being mostly or completely satisfied with the frequency of their social contact. One in five (21%) expressed being dissatisfied, as shown in Figure 13.

The following significant differences between sub-groups were observed:

- Claimants who had a poor customer service experience were more likely to be dissatisfied (either completely dissatisfied or mostly dissatisfied) with the frequency of their social contact (38%) compared to those who had a moderate (21%) or good (14%) customer service experience.
- Claimants who reported being in severe or extreme pain and discomfort were more likely to be dissatisfied with the frequency of their social contact (53%) as compared to those in moderate (19%) and no, or slight pain (7%).
- Claimants who were in the scheme for 130 to 259 days, or 260+ days, were more likely to be dissatisfied with the frequency of their social contact (21% and 30% respectively) compared to those who were in the scheme for less than 130 days (14%).
- Claimants who were assessed to have probable serious mental illness were more likely to be dissatisfied with the frequency of their social contact (48%) compared to claimants who had no probable serious mental illness (12%).
- Claimants who were legally represented (37%) were more likely to be dissatisfied with the frequency of their social contact compared to claimants who were not legally represented (17%).

Figure 13 Satisfaction with frequency of social contact (%)



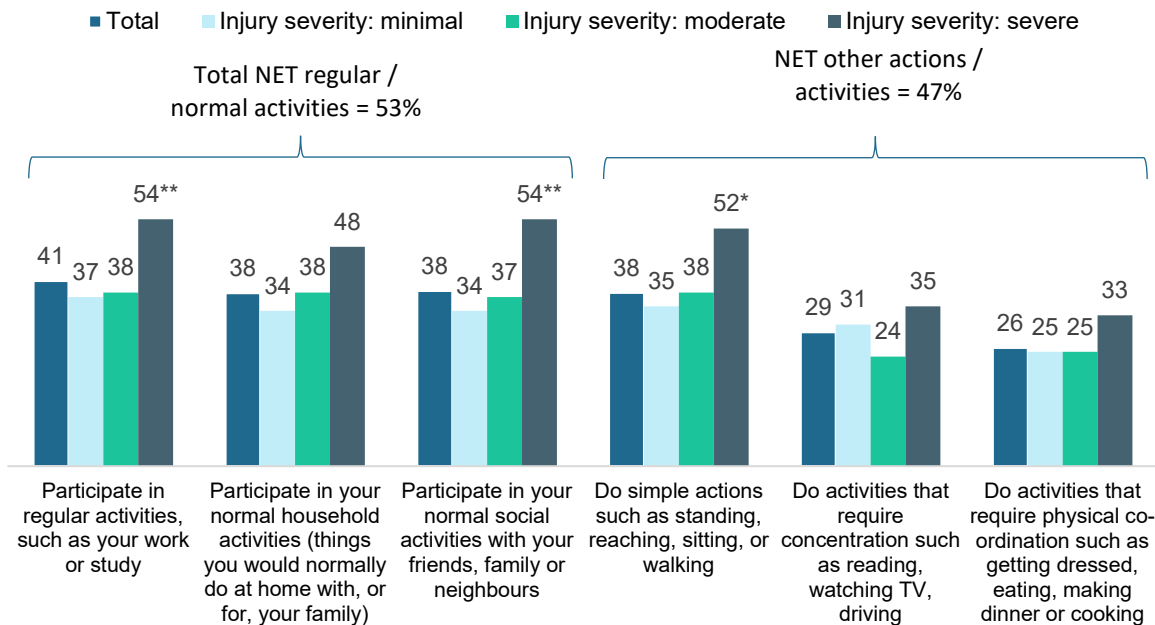
Source: F3. To what extent are you satisfied or dissatisfied with the FREQUENCY of your social contact in the past week? Would you say, overall, you are...

Base: All CTP respondents: n=893

Notes: Don't know/refused responses not shown: Dk=5%, Ref=2%

Two-fifths of CTP claimants expressed having difficulty doing simple actions, participating in normal household and social activities, and with work or study, as a result of their injury (see Figure 14). Claimants who rated the customer service they received from their insurer as poor were more likely to have difficulty with all these activities compared to those who rated the customer service as good or moderate.

Figure 14 Injury resulted in being unable to do activity (% all / most / some of the time)



Source: F1. In the last week, how often has your injury resulted in you being unable to do the following?

Base: All CTP respondents: n=893

Notes: *Significantly different to minimal sub-group, **Significantly different to both minimal and moderate sub-groups, at 95% confidence level. NET figure calculated for total CTP sample.

2.3 CTP health care

This section examines CTP claimants' access to, and effectiveness of, health care services and the impact of COVID-19 on their ability to access these services.

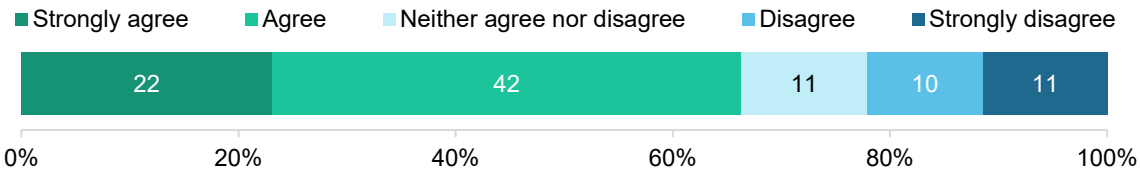
2.3.1. CTP health care access

Two in three (64%) CTP claimants agreed that they were able to easily access the medical treatment and services that they needed, as shown in Figure 15.

The following significant differences between sub-groups were observed:

- Claimants who were in the scheme for less than 260 days were more likely to agree (67%) that they were able to easily access the medical treatment and services they needed compared to claimants who were in the scheme for 260+ days (52%).
- Claimants who reported receiving good customer service were more likely to agree (79%) that they were able to easily access the medical treatment and services they needed compared to claimants who reported receiving moderate (57%) and poor (30%) customer service.
- Claimants who believed they would make a complete, or near complete recovery were more likely to agree (79%) that they were able to easily access the medical treatment and services they needed compared to claimants who believe they will make a partial recovery (59%) or no recovery at all (37%).
- Claimants who were assessed to have no probable serious mental illness were more likely to agree that they were able to easily access the medical treatment and services they needed (70%) compared to claimants who had probable serious mental illness (47%).
- Claimants with high trust in the scheme were more likely to agree (79%) that they were able to easily access the medical treatment and services they needed compared to claimants who had medium (55%) and low trust (36%) in the scheme.
- Claimants who were not legally represented were more likely to agree (67%) that they were able to easily access the medical treatment and services they needed compared to claimants who were legally represented (51%).

Figure 15 Access to medical treatment and services (%)



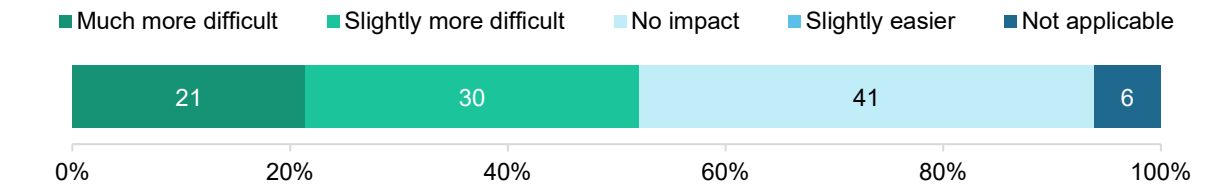
Source: E5. To what extent do you agree or disagree that you were able to easily access the medical treatment or services that you needed for your injury or illness? Would you say...

Base: All CTP respondents: n=893.

Notes: Don't know/Refused/Not applicable responses not shown: Dk=2%, Ref=1%, NA=1%df

When asked about the impact of COVID-19 on their ability to access medical treatment and services, one in two (50%) claimants reported that the situation had made it much more, or slightly more difficult as shown in Figure 16. Claimants who reported receiving moderate and poor customer service were more likely to indicate that the situation had made it much more, or slightly more difficult (58% and 61% respectively) compared to those who reported receiving good customer service (44%).

Figure 16 Impact of COVID-19 on ability to access medical treatment and services (%)



Source: E5B. What impact has the COVID-19 situation had on your ability to access the medical treatment or services that you need for your injury or illness?

Base: All CTP respondents: (n=893)

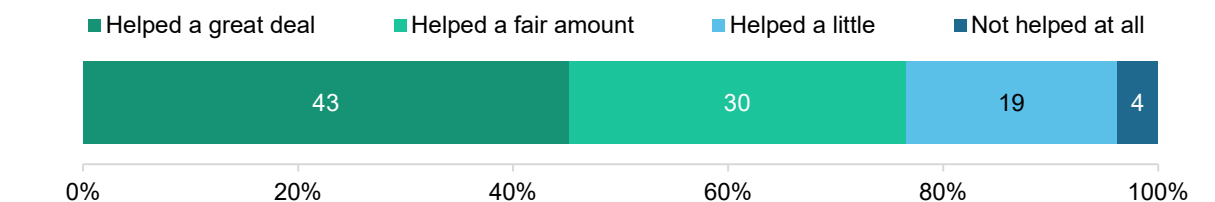
Notes: Don't know response not shown: Dk=2%

Two in five (43%) CTP claimants felt that the healthcare providers they had seen assisted with their recovery a great deal while one in three (30%) claimants felt that this assistance helped a fair amount, as shown in Figure 17.

The following significant differences between sub-groups were observed:

- Claimants who reported receiving good customer service from their insurer were more likely to indicate that healthcare providers helped a great deal (51%) compared to those who reported receiving moderate (40%) or poor (26%) customer service.
- Claimants who believed they will make a complete, or near complete, recovery were more likely to indicate that healthcare providers helped a great deal (60%) compared to claimants who believe they will make a partial recovery (38%) or no recovery at all (9%).
- Claimants who did not have legal representation were more likely to indicate that healthcare providers helped a great deal (46%) compared to claimants who had legal representation (32%).

Figure 17 Effectiveness of healthcare providers (%)



Source: E6. Thinking about all the healthcare providers you have seen, to what extent do you feel they helped with your recovery? Would you say they have...

Base: All CTP respondents: n=893.

Notes: Don't know/Not applicable responses not shown: Total: Dk=2%, NA=1%

2.4 CTP personal

This section examines CTP claimants' current health and well-being including their ability to do day-to-day activities, the status of their recovery and what could be done to assist it.

2.4.1. CTP health and wellbeing

The majority of CTP claimants (91%) rated their overall health prior to their injury as good, very good, or excellent. However, only two-thirds (51%) rated their overall health at the time of the survey to be good to excellent. Claimants who reported receiving good customer service from their insurer were more likely to rate their current health as good to excellent (59%) compared to those who reported receiving moderate (44%) or poor (37%) customer service. Claimants who agreed that they were able to easily access the medical treatment and services that they needed were more likely to rate their

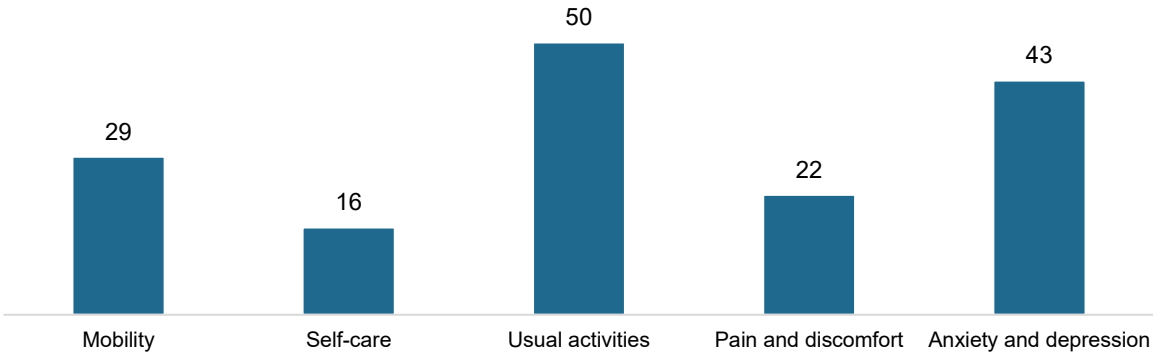
current health as good to excellent (41%) compared to claimants who disagreed (63%) or neither agreed nor disagreed (56%). Claimants who were at fault were more likely to rate their current health as good to excellent (62%) compared to claimants not at fault (46%). Claimants with injuries assessed as minor were more likely to rate their current health as good to excellent (59%) compared to those assessed as not minor (47%).

As shown in Figure 18, half of claimants expressed having problems doing their usual activities (50%), two-fifths reported being anxious or depressed (43%) and one in three had difficulties with mobility (29%).

The following significant differences between sub-groups were observed:

- Claimants who reported a poor customer service experience with their insurer were more likely to report problems in all areas compared to those who reported a good customer service experience.
- Claimants who were not at fault were more likely to report problems with self care compared to claimants who were at fault.
- Claimants whose injury was assessed as not minor were more likely to report problems with mobility and usual activities compared to claimants assessed as having minor injuries.
- Claimants with probable serious mental illness were more likely to report problems in all areas compared to claimants with no probable mental illness.
- Claimants whose risk screening outcome was a high or medium risk of poor recovery were more likely to report problems with mobility and usual activities compared to claimants with a low risk of poor recovery outcome.
- Claimants who were legally represented were more likely to report problems in all areas compared to claimants who were not legally represented.

Figure 18 Description of health today (% extremely (or unable) / severe / moderate)



Source: E8a/e. In terms of <area of health>, which of the following options best describes your health TODAY? Would you say...
 Base: All CTP respondents: n=893

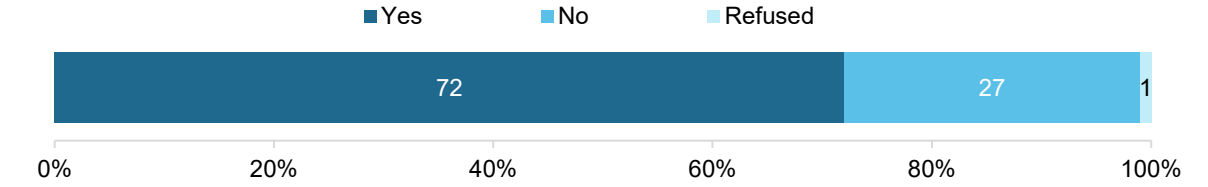
One in four (25%) CTP claimants were assessed to have probable serious mental illness using the Kessler 6 Psychological Distress scale.

The following significant differences between sub-groups were observed:

- Claimants whose injury was not minor were more likely to be assessed as having probable mental illness (28%) compared to those with a minor injury (19%).
- Claimants with medium or low trust in the scheme were more likely to be assessed to have probable mental illness (29% and 42% respectively) compared to those with high trust (16%).
- Claimants who believe they will not recover at all, or make a partial recovery were more likely to be assessed to have a probable mental illness (60% and 32% respectively) compared to those who believed they would make a complete, or nearly complete, recovery (7%).
- Claimants in severe or extreme pain and discomfort were more likely to have a probable mental illness (65%) compared to those in moderate (22%) or no/slight (8%) pain and discomfort.
- Claimants who were legally represented were more likely to have a probable mental illness (43%) compared to those who were not legally represented (20%).

Claimants who expressed feeling depressed or worthless most or all of the time were asked whether they had seen a doctor or other health professional about those feelings in the past four weeks. Three-quarters (72%) of these CTP claimants responded that they had (see Figure 19). Claimants who were in the scheme for 130+ days were more likely to have seen a doctor or other health professional about those feelings (77%) compared to claimants who were in the scheme for less than 130 days (59%).

Figure 19 Seen a doctor or health professional in past 4 weeks (%)



Source: E11. Have you seen a doctor or other health professional about these feelings in the past four weeks?
 Base: CTP respondents who felt depressed or worthless most or all of the time at E8: n=175.

2.4.2. CTP recovery

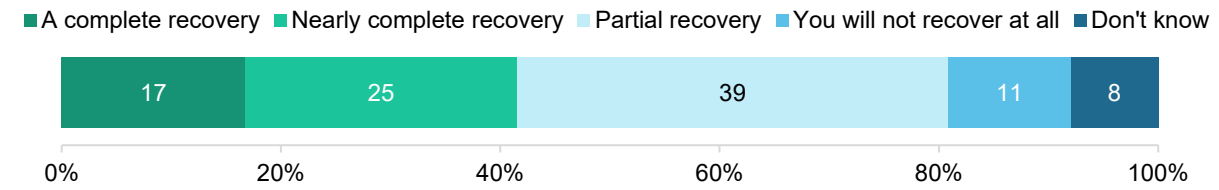
Two-fifths (41%) of claimants expect to make a complete, or nearly complete recovery (Figure 20).

The following significant differences between sub-groups were observed:

- Claimants who reported a good customer service experience were more likely to expect to make a complete, or nearly complete, recovery (53%) compared to claimants who reported a moderate (35%) or poor (17%) experience. The difference between those who had a moderate and poor experience is also statistically significant.
- Claimants who were in the scheme for less than 260 days were more likely to expect to make a complete, or nearly complete, recovery (47%) compared to those who were in the scheme for 260+ days (24%).
- Claimants who were at fault were more likely to expect to make a complete, or nearly complete, recovery (65%) compared to those who were not at fault (36%).
- Claimants who were not legally represented were more likely to expect to make a complete, or nearly complete, recovery (47%) compared to those who were legally represented (20%).

- There were no significant differences in expected recovery between claimants from the different insurers.

Figure 20 Expected recovery (%)



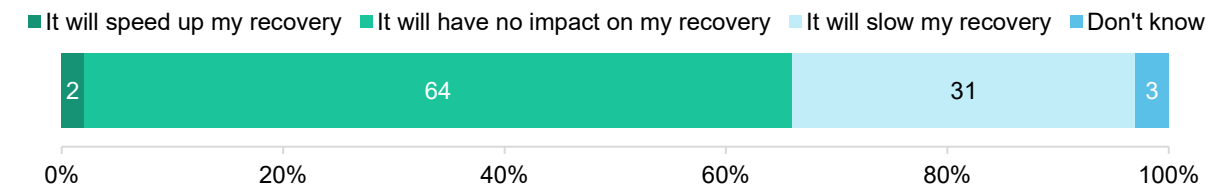
Source: E1. Thinking about your recovery, do you believe your recovery will be, or already is...
 Base: All CTP respondents: n=893.

Claimants who believed they would make a complete, nearly complete, or partial recovery were asked to indicate what impact the COVID-19 situation will have on the speed of their recovery, as shown in Figure 21. Two-thirds (64%) of claimants believed that the COVID-19 situation will have no impact on their recovery.

The following significant differences between sub-groups were observed:

- Claimants who reported a poor or moderate customer service experience with their insurers were more likely to believe COVID-19 will slow their recovery (46% and 38% respectively) compared to those who reported a good experience (25%).
- Claimants who were assessed to have probable serious mental illness were more likely to believe the situation will slow their recovery (44%) compared to those who had no probable serious mental illness (28%).
- Claimants who were legally represented were more likely to believe the situation will slow their recovery (44%) compared to those who were not legally represented (29%).

Figure 21 Impact of COVID-19 on recovery (%)



Source: E1B. Thinking about your recovery, what impact do you **believe** the COVID-19 situation will have on the speed of your recovery?
 Base: Expect to make a complete, nearly complete or partial recovery at E1: n=730.

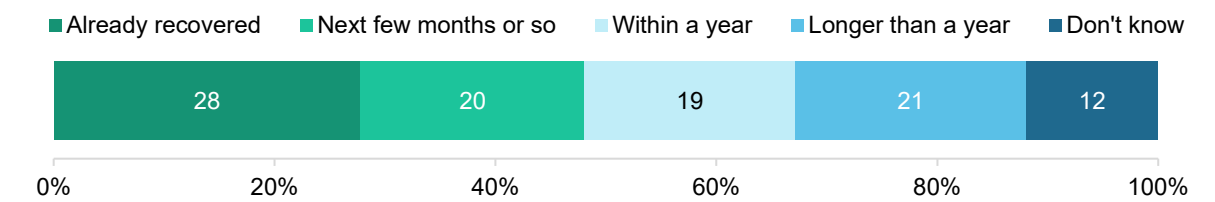
A fifth (21%) of claimants expect their recovery to take longer than a year (see Figure 22).

The following significant differences between sub-groups were observed:

- Claimants who reported a poor or moderate customer service experience were more likely to expect their recovery to take longer than a year (34% and 27% respectively) compared to claimants who reported a good experience (15%),
- Claimants who disagreed, or neither agreed nor disagreed, that they were able to easily access the medical treatment or services needed were more likely to expect their recovery to take longer than a year (32% and 31% respectively) compared to claimants who agreed (16%) they were able to easily access the medical treatment or services needed.

- Claimants who were assessed to have probable serious mental illness were more likely to expect their recovery to take longer than a year (39%) compared to those who had no probable serious mental illness (17%).
- Claimants whose risk screening outcome was a high or medium risk of poor recovery were more likely to expect their recovery to be within a year or longer than a year (58% and 42% respectively) compared to claimants with a low risk of poor recovery (32%).
- Claimants who were legally represented were more likely to expect their recovery to be within a year or longer than a year (57%) compared to those who were not legally represented (36%).
- There were no significant differences in expected recovery between claimants from the different insurers

Figure 22 Recovery timeline (%)

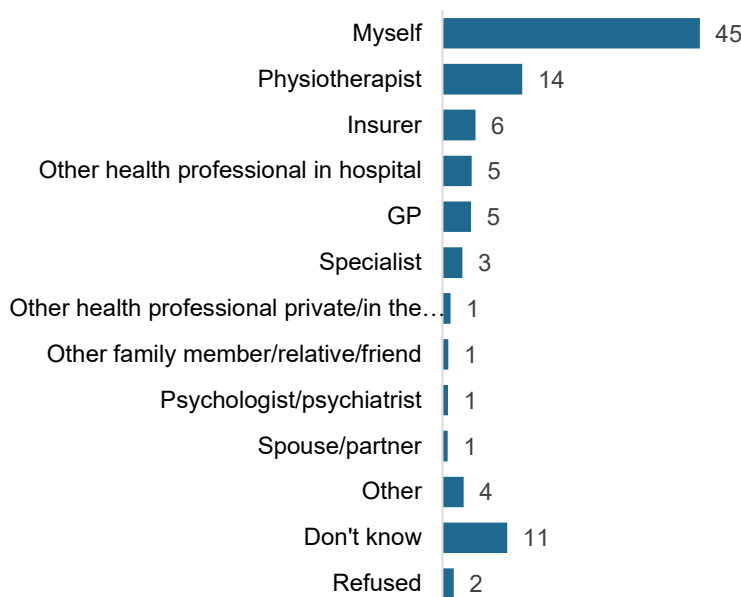


Source: E2. Which of the following statements best describes how long you think it will take for that level of recovery to occur? If in doubt your best estimate is fine.

Base: Expect to make a complete, nearly complete or partial recovery at E1: n=730.

Claimants were asked who is most responsible for their recovery. Nearly half (45%) of CTP claimants responded that they are themselves responsible, as shown in Figure 23. Claimants in severe or extreme pain and discomfort were more likely to think that their insurer (10%) was most responsible for their recovery compared to those in no, or slight pain and discomfort (4%).

Figure 23 Who is responsible for recovery (%)



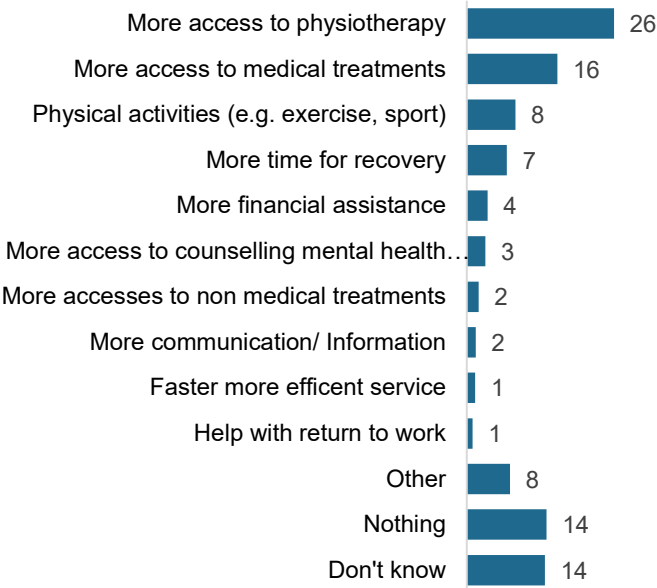
Source: E3. In your opinion, who will be (or is) the MOST responsible for your recovery?

Base: Expect to make a complete, nearly complete or partial recovery at E1: n=730.

CTP claimants who expect to make a further recovery were asked to describe what they think could be done to improve their recovery. More access to physiotherapy (25%) and medical treatments (16%) were the areas that would most assist recovery. One in seven (14%) indicated nothing could be done while a similar proportion (14%) said they did not know what could be done to improve their recovery, as shown in Figure 24.

Claimants in severe or extreme pain and discomfort were more likely to think increased access to medical treatments (32%) would most assist recovery compared to those in moderate (14%) and no, or slight, pain and discomfort (11%).

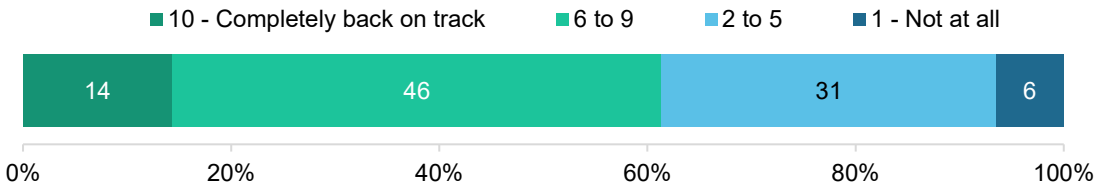
Figure 24 What could be done to improve recovery (%)



Source: E4. And what do you think could be done to help you improve your recovery?
 Base: Believes further recovery is possible at E4: (n=533).
 Notes: Refused response not shown (1%)

Three in five (60%) CTP claimants rated the extent to which their life is back on track as 6 or more on a scale of 1 to 10 (see Figure 25). Claimants who reported a good or moderate customer service experience were more likely to rate the extent to which their life is back on track as 6 or more (72% and 53% respectively) compared to claimants who reported a poor experience (35%). Claimants who were at fault were more likely to rate the extent to which their life is back on track as 6 or more (74%) compared to those who were not at fault (56%). There were no significant differences in the life back on track rating between claimants from the different insurers.

Figure 25 Extent to which life is back on track (%)



Source: F4. Thinking about your own circumstances right now, that is today, how would you rate the extent to which you have been able to 'get your life back on track', on a scale of 1 to 10 where 1 means 'not at all', and 10 means 'completely back on track'?
 Base: All CTP respondents: n=893.
 Notes: Don't know/refused responses not shown DK=1%, ref=1%

3. WC claimant outcomes

This section presents detailed findings for respondents who had made a claim through the workers compensation (WC) scheme.

3.1 WC legal and insurance

This section examines WC claimants' experience with their insurer, perceived justice of the compensation process and trust in the workers compensation scheme.

3.1.1. WC experience with insurer

The customer service conduct principles were measured by asking claimants to agree or disagree with a series of statements about their insurer. Figure 26 displays the percentage of claimants who agreed or strongly agreed with each statement.

Figure 26 Customer service conduct principles (% strongly agree / agree)



Source: C4. To what extent do you agree or disagree that <insurer / if self insured: workers compensation>...?

Base: All WC respondents: n=885.

Ratings for each statement were similar across each insurer type. The exception being claimants with the NI had lower ratings for having their concerns resolved quickly and being kept informed about their claim.

Table 7 Customer service conduct principles (% strongly agree / agree)

	NI	TMF	SSI
Be efficient and easy to engage			
Was efficient in their dealings with you	63	72	64
Was easy to deal with	67	72	70
Act fairly, with empathy and respect			
Acted with empathy	64	67	64
Treated you with dignity and respect	80	83	78
Resolve customer concerns quickly, respect customers' time and be proactive			
Resolved your concerns quickly	58*	66	71
Kept you informed about your claim	63*	72	76
Resolve customer concerns quickly, respect customers' time and be proactive			
Was able to address any concerns you had	66	70	68
Accountable for actions and honest interactions with customers			
Advised you of your rights, be that in writing or verbally	64	66	71

Source: C4. To what extent do you agree or disagree that insurer...?

Base: All WC respondents: n=885

Notes: *Significantly different to other sub-groups at 95% confidence level.

The results from these statements have been aggregated to determine whether each claimant reported receiving good, medium or poor customer service from their insurer (see Table 8). Two in three (68%) WC claimants reported good customer service while one in seven (15%) reported having a poor customer service.

The following significant differences between sub-groups were observed:

- Claimants who were compensated for 130+ days were more likely to report having poor customer service (34%) compared to those who were compensated for less than 130 days (14%)
- Claimants with severe or extreme pain and discomfort were more likely to report having poor customer experience (38%) compared to claimants with moderate (20%) and no, or slight, (9%) pain and discomfort.
- Claimants who disagreed that they were able to easily access the medical treatment and services they needed were more likely to report having poor customer service (36%) compared to claimants who agreed (8%).
- Those with a mental illness claim were more likely to report having poor customer service (34%) compared to claimants with a physical injury claim (13%).
- Claimants who were assessed to have probable serious mental illness via the Kessler 6 were more likely to report having poor customer service (31%) compared to claimants who had no probable serious mental illness (11%).
- Claimants who had low (36%) or medium (18%) trust in the scheme were more likely to report having poor customer service compared to claimants who reported high trust (2%) in the scheme.

Table 8 Customer service experience (%)

	Good	Medium	Poor
TOTAL	68	17	15
Days compensated			
1 to 64	71**	16	13
65 to 129	53	28**	19
130+	55	10	34**
Insurer Type			
Nominal Insurer	67	17	15
Treasury Managed Fund	73	16	11
Self and Specialised Insurers	67	15	18
Claim type			
Physical	72*	16	13*
Other trauma	79*	15	6
Fractures	79*	7	15
Musculoskeletal disorders	67*	18	15
Other diseases	89*	4	7
Mental illness	42	24	34**
Pain and discomfort			
No/slight	75**	16	9**
Moderate	65*	15	20*
Severe/extreme	41	21	38
Psychological distress (Kessler 6)			
No probable serious mental illness	75*	14*	11*
Probable serious mental illness	45	24	31
Recovery timeline			
Already recovered as much as possible	80*	12	8*
In the next few months or so	74*	17	9*
Within a year or longer	53	22	25
Will not recover	49	22	30
Returned to Work			
Yes	70	17	13*
No	60	14	26

Source: C4. To what extent do you agree or disagree that <insurer / if self insured: workers compensation>...?

Base: All WC respondents: n=885

Notes: *Significantly different to other (Claim type: Mental, Pain and discomfort: Severe/extreme, Recovery expectation: Within a year or longer and Will not recover) sub-group, **Significantly different to both other (Claim Type: Other trauma and Musculoskeletal) sub-groups, ^Significantly different to musculoskeletal sub-group, at 95% confidence level.

3.1.2. WC perceived justice of the compensation process

Table 9 shows the mean level of agreement for each of the four perceived justice of the compensation process dimensions overall, and by days compensated, insurer type, claim type, pain and discomfort, psychological distress, recovery timeline and returned to work status.

Claimants who were compensated for 1 to 64 days rated the perceived justice they received higher than those compensated for 130+ days, on all dimensions. Those who had a physical injury claim rated the perceived justice they received higher than those who had a mental illness claim, on all dimensions. Claimants who had returned to work rated the distributive, procedural and interpersonal justice they received higher than those who had not returned to work.

Table 9 Perceived justice of the compensation process (mean)

	Distributive justice	Procedural justice	Informational justice	Interpersonal justice
TOTAL	3.6	3.6	3.6	4.1
Days compensated				
1 to 64	3.7**	3.6**	3.6*	4.1*
65 to 129	3.3	3.3	3.4	4.0*
130+	3.2	3.1	3.1	3.6
Insurer Type				
Nominal Insurer	3.6	3.6	3.5	4.1
Treasury Managed Fund	3.7	3.7	3.7	4.2
Self and Specialised Insurers	3.6	3.6	3.6	4.0
Claim type				
Physical	3.7*	3.6*	3.6*	4.2*
Other trauma	3.9^	3.8	3.7	4.3
Fractures	3.9^	3.8	3.8	4.3
Musculoskeletal disorders	3.5	3.6	3.6	4.1
Other diseases	4.1^	3.8	3.9	4.2
Mental illness	3.3	3.0^	2.9^	3.6^
Pain and discomfort				
No/slight	3.8**	3.8**	3.7**	4.3**
Moderate	3.4*	3.4*	3.4*	4.0*
Severe/extreme	3.0	2.9	3.0	3.5
Psychological distress (Kessler 6)				
No probable serious mental illness	3.8*	3.7*	3.7*	4.2*
Probable serious mental illness	3.0	3.0	3.0	3.6
Recovery timeline				
Already recovered as much as possible	3.9*	3.8*	3.9*	4.3*
In the next few months or so	3.8*	3.8*	3.8*	4.2*
Within a year or longer	3.4	3.3	3.2	3.8
Will not recover	3.2	3.1	3.1	3.7
Returned to Work				
Yes	3.7*	3.6*	3.6	4.1*
No	3.3	3.3	3.4	3.8

Source: D1. The next questions ask about your experience with obtaining compensation for your work-related injury or illness and about your experiences with <insurance organisation name / if self-insured insert: workers compensation>. For each statement, please indicate the extent to which you agree or disagree. Some of these statements may not be relevant to you, but we need to ask them of everyone.

Base: All WC respondents: n=885.

Notes: *Significantly different to other (Days in scheme: 130+, Claim type: Mental, Pain and discomfort: Severe/extreme, Recovery expectation: Within a year or longer and Will not recover) sub-group, **Significantly different to both other sub-groups, ^Significantly different to musculoskeletal sub-group, at 95% confidence level.

3.1.3. Trust in the WC scheme

Claimants were asked to indicate the extent to which they trust the scheme to help them get back to work. Three in five (60%) WC claimants agreed they trust the scheme to help them get back to work (see Table 10).

- Claimants who reported the customer service from their insurer as good or medium were more likely to trust the scheme (78% and 33% respectively) compared to those who reported the service as poor (9%). The difference between those who reported the customer service from their insurer as good and medium is also statistically significant.
- Claimants who were compensated for less than 65 days were more likely to trust the scheme (62%) compared to claimants who were compensated for 65 to 129 days (52%) and 130+ days (42%).
- Claimants with a physical injury claim were more likely to trust the scheme (63%) as compared to those with a mental illness claim (38%).
- Claimants who agreed that they were able to easily access the medical treatment and services they needed were more likely to trust the scheme (74%) compared to claimants who did not agree (38%).

Table 10 Trust in scheme (%)

	High	Medium	Low
TOTAL	60	21	15
Days compensated			
1 to 64	62*	20	14*
65 to 129	52	24	21
130+	42	19	29
Insurer Type			
Nominal Insurer	58	22	16
Treasury Managed Fund	67	16	14
Self and Specialised Insurers	61	20	14
Claim type			
Physical	63*	20	13*
Other trauma	67*	19	8*
Fractures	76*	18	3*
Musculoskeletal disorders	58*	21	16*^
Other diseases	81*	6	13
Mental illness	38	25	34
Pain and discomfort			
No/slight	68**	19	10**
Moderate	50*	20	23
Severe/extreme	32	28	32
Psychological distress (Kessler 6)			
No probable serious mental illness	68*	17*	11*
Probable serious mental illness	30	34	30
Recovery timeline			
Already recovered as much as possible	69*	22	8*

	High	Medium	Low
In the next few months or so	73*	12	14
Within a year or longer	54	20	24
Will not recover	34**	27	29^
Returned to Work			
Yes	63*	21	13*
No	45	19	30

Source: C1. Now thinking about your experience in the workers compensation scheme. To what extent do you agree or disagree that you trust the workers compensation scheme to help you get back to work?

Base: All WC respondents: n=885

Notes: *Significantly different to other (Days compensated: 130+, Claim type: Mental, Pain and discomfort: Severe/extreme, Recovery expectation: Within a year or longer) sub-group, **Significantly different to all other (Recovery timeline: In the next few months and Already recovered) sub-groups, ^Significantly different to Recovery timeline: In the next few months and Already recovered; Claim type: fractures sub-group, at 95% confidence level.

Don't know/not applicable responses not shown (Total: DK=3%, N/A=1%)

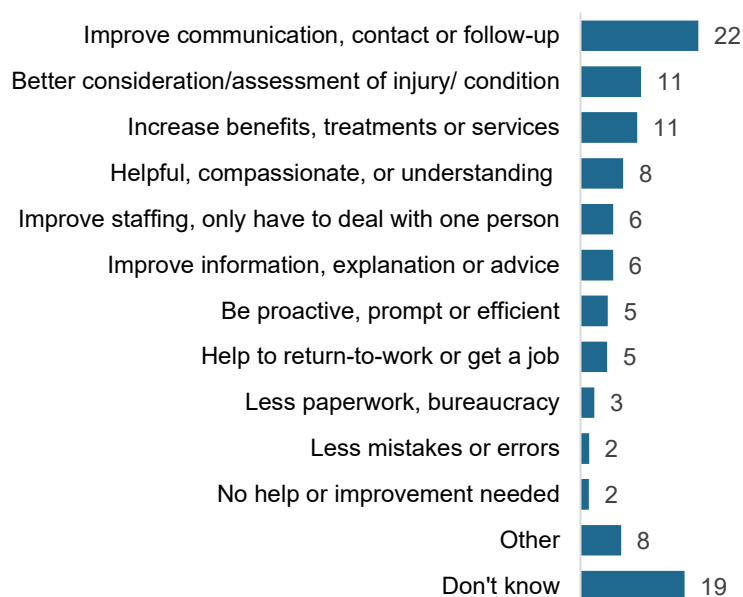
Claimants who did not trust the WC scheme to get them back to work were asked to suggest one change to the scheme that would increase their trust (see Figure 27). This question was an open-ended question that was coded into response options after the data collection phase. The most common suggestion was to improve communication (22%).

Claimants who reported the customer service from their insurer as poor were more likely to suggest increasing benefits, treatments or services (16%) and improving staffing so they only have to deal with one person (12%) compared to those who reported the service as good (4% and 1% respectively).

Claimants who were compensated for 65+ days were more likely to want help returning to work (13%) compared to claimants who were compensated for less than 65 days (3%).

Claimants of Specialised and Self-insurers (SSI) were more likely to want less mistakes or errors (14%) compared to claimants from TMF (0%) and the NI (0%).

Figure 27 How to increase trust in scheme (%)



Source: C2. If workers compensation could make one change to increase your trust, what would it be?

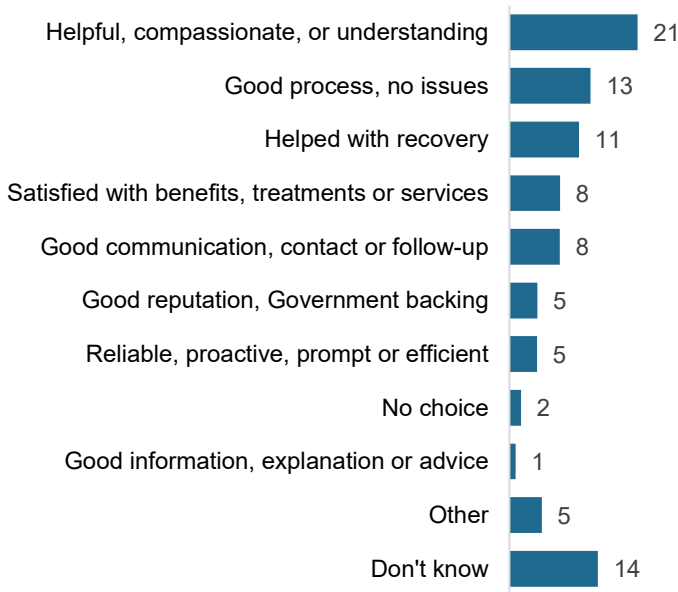
Base: Low trust in scheme at C1: (n=322).

Notes: Refused response not shown (8%)

Claimants who trust the WC scheme to get them back to work were asked to provide the main reason why they trust the scheme (see Figure 28). This question was an open-ended question that was coded into response options after the data collection phase. The most common reason was that it was helpful, compassionate or understanding (21%).

Amongst claimants who trust the scheme, those with a mental illness claim were more likely to suggest that their interaction with the scheme was helpful, compassionate or understanding (34%) compared to those with a physical injury claim (20%).

Figure 28 Main reason trusts scheme (%)



Source: C2. If workers compensation could make one change to increase your trust, what would it be?
 Base: Medium/high trust in scheme at C1: (n=529).
 Notes: Refused response not shown (6%)

3.2 WC life and work participation

This section examines WC claimants’ experiences returning to work and everyday life.

3.2.1. WC returned to work rate

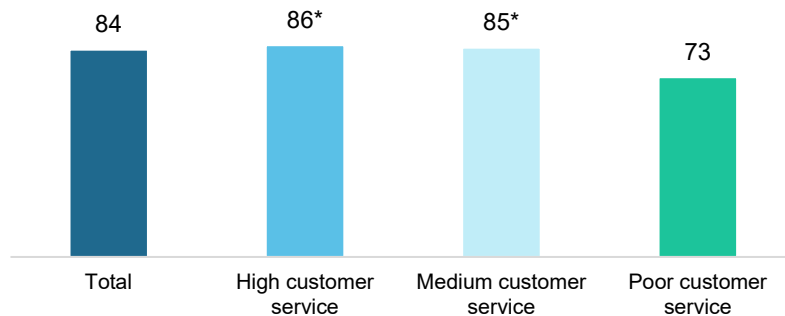
The *Returned to Work Rate* is based on the *National Return to Work Survey* key measure and is the proportion of injured or ill workers who had returned to work for any period of time at some stage since their first day off work. Four in five (84%) WC claimants had returned to work at some time since their work-related injury or illness (Figure 29). This return to work rate is similar to the 2019 Abridged Return to Work survey (86%).

The following significant differences between sub-groups were observed:

- Claimants who reported the customer service from their insurer as good or medium had a higher return to work rate (86% and 85% respectively) compared to those who reported the service as poor (73%).
- TMF claimants had a higher return to work rate (90%) compared to those with the NI (82%).
- Claimants who were compensated for less than 65 days had a higher return to work rate (89%) compared to claimants who were compensated for 65 to 129 days (66%) and 130+ days (46%).

- Claimants with no, or slight pain and discomfort had a higher return to work rate (92%) compared to claimants with moderate (79%) and severe or extreme (55%) pain and discomfort.
- Claimants who agreed that they were able to easily access the medical treatment and services they needed had a higher return to work rate (88%) compared to claimants who did not agree (78%).
- Those with a claim for a physical injury had a higher return to work rate (87%) compared to claimants with a mental illness claim (59%).
- Claimants who were assessed to have probable serious mental illness via the Kessler 6 had a lower return to work rate (56%) compared to claimants who have no probable serious mental illness (91%).
- Claimants who had high or medium trust in the scheme had a higher return to work rate (88% and 84% respectively) compared to claimants who had low trust (71%) in the scheme.

Figure 29 Returned to work since injury (% yes)



Source: B1. Have you returned to work at any time since your work-related injury or illness?

Base: All WC respondents: (n=885), Good (n=591), Medium (n=148), Poor (n=146).

Notes: *Significantly difference to poor customer service sub-group at 95% confidence level.

Of the claimants who had returned to work since their injury, nearly all (96%) returned to the same employer they were working for at the time of their injury or illness. There were no notable differences between sub-groups.

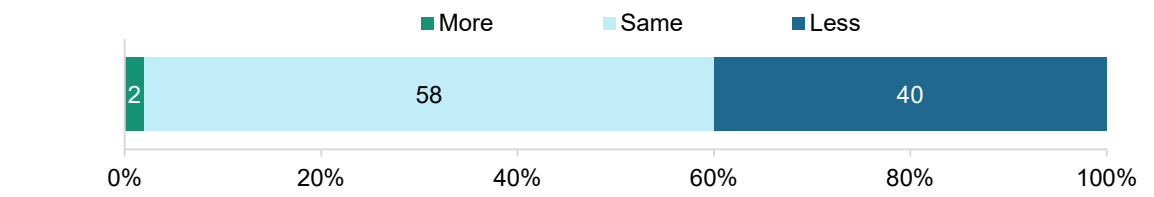
As shown in Figure 30, three in five (58%) claimants who returned to work resumed the same number of hours as at the time of their injury or illness when they first returned to work. Two in five (40%) returned to less hours. By comparison, 61 per cent of WC claimants in the *2018 National Return to Work survey* resumed the same number of hours they were doing at the time of their injury or illness while 38 per cent returned to less hours.

The following significant differences between sub-groups were observed:

- Claimants who reported the customer service from their insurer as medium or poor were more likely to return to less hours (52% and 50% respectively) compared to those who reported the service as good (35%).
- Claimants with the NI were more likely to return to less hours (43%) compared to the TMF (30%).
- Claimants who were compensated for longer periods were more likely to return to less hours. Less than a third (28%) of claimants who were compensated for less the 20 days returned to less hours compared to two-thirds (63%) of claimants who were compensated for 20+ days.

- Those with a mental illness claim were more likely to return to less hours (63%) compared to those with a physical injury claim (38%).

Figure 30 Return to work hours when first returned to work (%)



Source: B6. When you FIRST went back to work, were the hours you returned to the same, more or less than what you were doing at the time of your work-related injury or illness?

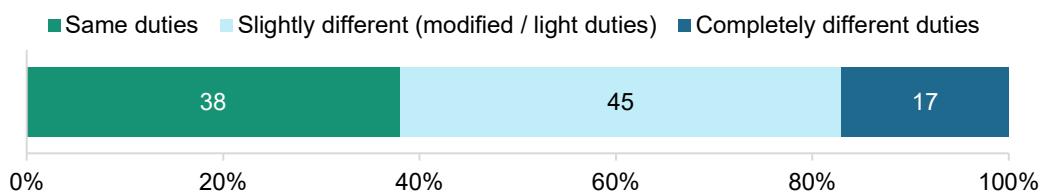
Base: WC respondents who returned to work: n=728.

Two in five (38%) claimants who returned to work resumed the same duties they were doing at the time of their injury or illness, as shown in Figure 31. By comparison, 43 per cent of WC claimants in the 2018 National Return to Work survey resumed the same duties they were doing at the time of their injury or illness.

The following significant differences between sub-groups were observed:

- Claimants who reported the customer service from their insurer as medium or poor were more likely to resume completely different duties (27% for both) compared to those who reported the service as good (13%).
- Claimants who were compensated for 20+ days were more likely to resume completely different (22%) or slightly different (55%) duties compared to claimants who were compensated for less than 20 days (14% and 39% respectively).
- Claimants with a mental illness claim were more likely to return to completely different duties (32%) compared to those with a physical injury claim (16%).
- Claimants who were assessed to have probable serious mental illness were more likely to return to completely different duties (30%) compared to claimants who had no probable serious mental illness (15%).

Figure 31 Return to work duties when first returned to work (%)



Source: B7. When you FIRST went back to work, were the duties you returned to the same, slightly different or completely different to what you were doing at the time of your work-related injury or illness?

Base: WC respondents who returned to work: n=728.

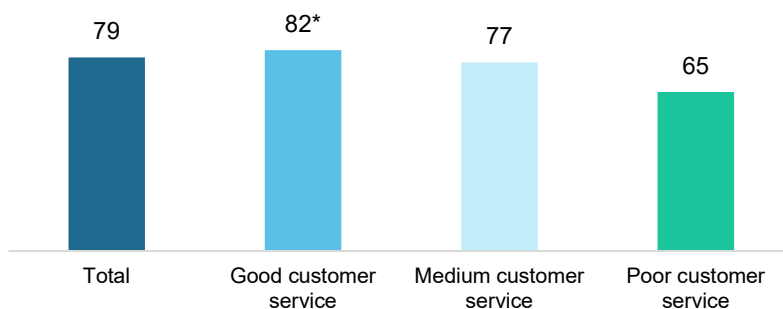
3.2.2. WC current return to work rate

The *Current Return to Work Rate* is the proportion of injured or ill workers who were working at the time of survey. Four in five (79%) of WC claimants were working at the time of the survey, as shown in Figure 32. This current return to work rate is similar to the 2019 Abridged Return to Work survey (76%).

The following significant differences between sub-groups were observed:

- Claimants who reported the customer service from their insurer as good were more likely to be working in a paid job at the time of the survey (82%) compared to those who reported the service as poor (65%).
- Claimants who were compensated for less than 65 days were more likely to be working in a paid job at the time of the survey (86%) compared to claimants who were compensated for 65+ days (43%).
- TMF and SSI claimants were more likely to be currently working (90% and 86% respectively) compared to those with the NI (75%).
- Claimants with a physical injury claim were more likely to be currently working (81%) compared to claimants with a mental illness claim (56%).
- Claimants who were assessed to have probable serious mental illness were less likely to be currently working (42%) compared to claimants who have no probable serious mental illness (87%).
- Claimants who had high trust (86%) in the scheme were more likely to be currently working compared to claimants who had medium (76%) or low (61%) trust in the scheme. It is notable that while only two per-cent of claimants with high trust in the scheme who have returned to work are not currently working there are eight percent with medium trust, and ten percent with low trust, who have returned to work but are not currently working.

Figure 32 Currently working (% yes)



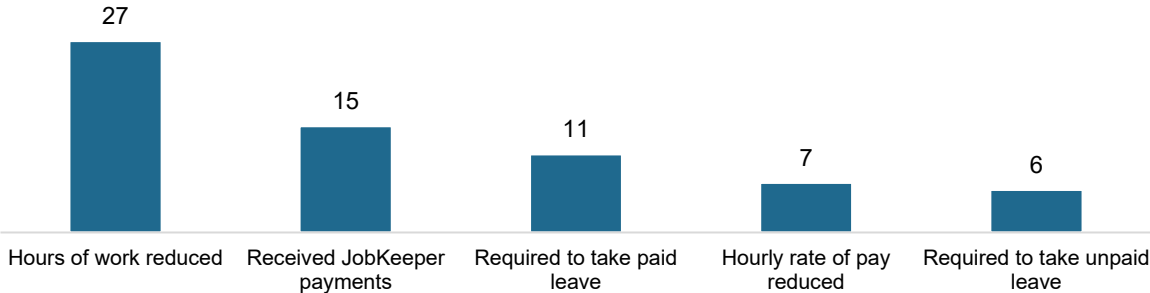
Source: B2. Are you currently working in a paid job? If you are not working any hours due to COVID-19 but still employed, please select 'yes'.

Base: All WC respondents: (n=885), Good (n=591), Medium (n=148), Poor (n=146).

Notes: *Significantly difference to poor customer service at 95% confidence level.

Claimants who were working at the time of the survey were asked whether various changes had happened to their work situation in the past three months as a result of COVID-19 (see Figure 33). One quarter (27%) of claimants had their hours of work reduced, which was the most common change.

Figure 33 Result of COVID-19 in past months (% yes)

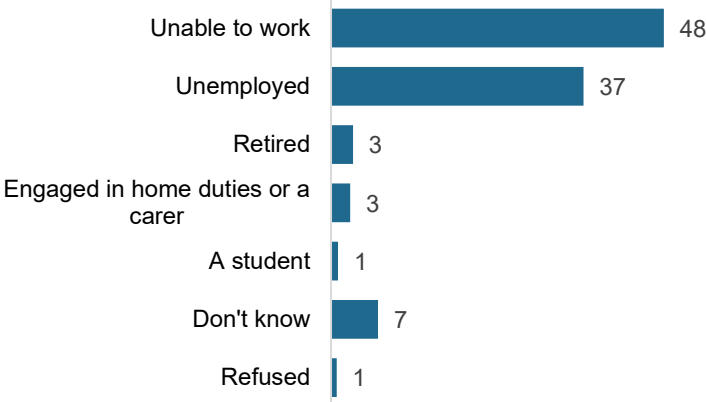


Source: B2B. In the last three months, have any of the following happened to you as a result of COVID-19?
 Base: WC claimants currently working: n=690

3.2.3. WC not currently working

Of the claimants not currently working, one half (48%) indicated that they were unable to work while nearly two-fifths (37%) were unemployed as shown in Figure 34. Those with a mental illness claim were more likely to be unable to work (75%) compared to those with a physical injury claim (40%). Claimants who were assessed to have probable mental illness were more likely to be unable to work (57%) compared to those who were assessed to have no probable mental illness (38%).

Figure 34 Main activity if not currently working (%)



Source: B3. Which of the following BEST describes your current MAIN activity? Are you...
 Base: WC respondents who are not currently working: n=184.

Claimants who are not currently working, but not retired, were asked to provide the main reason why they are not currently working. Of the claimants who said that they are unable to work, 88 per cent responded that the main reason was because of their work-related injury or illness. There was no other prominent reason reported for not working among this group. Of the claimants who were unemployed, there were a range of reasons reported for not working including their work-related injury or illness (21%), deciding to resign (21%), being dismissed by their employer (18%), being made redundant (18%) and a suitable job not being available (9%).

Claimants who indicated that the reason they were not currently working was not related to their injury were asked to indicate if the reason they are not working was related to the COVID-19 pandemic. One-third (30%) of these claimants indicated that the reason they were not working was a result of the pandemic.

3.2.4. WC return to everyday life

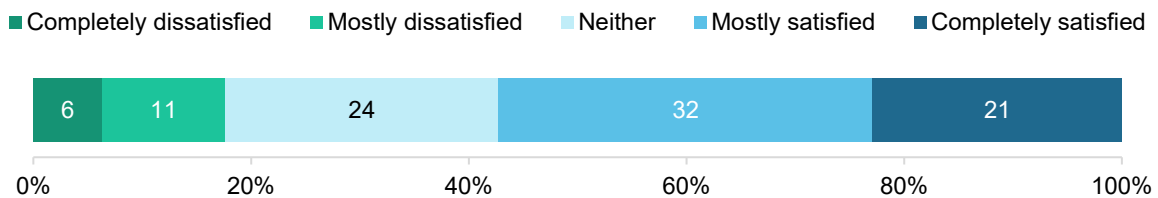
This section examines WC claimants' satisfaction with the frequency of their social contact and their ability to undertake or participate in various activities and tasks at the time of the survey.

Over half (54%) of claimants expressed being mostly or completely satisfied with the frequency of their social contact. One in five (17%) expressed being dissatisfied, as shown in Figure 35.

The following significant differences between sub-groups were observed:

- Claimants who were compensated for 65 to 129 days and 130+ days were more likely to be dissatisfied (either completely dissatisfied or mostly dissatisfied) with the frequency of their social contact (36% and 30% respectively) compared to those who were compensated for less than 65 days (13%).
- Claimants who were assessed to have probable mental illness were more likely to be dissatisfied with the frequency of their social contact (41%) compared to those who were assessed to have no probable mental illness (11%).

Figure 35 Satisfaction with frequency of social contact (%)



Source: F3. To what extent are you satisfied or dissatisfied with the FREQUENCY of your social contact in the past week? Would you say, overall, you are...

Base: All WC respondents: n=885

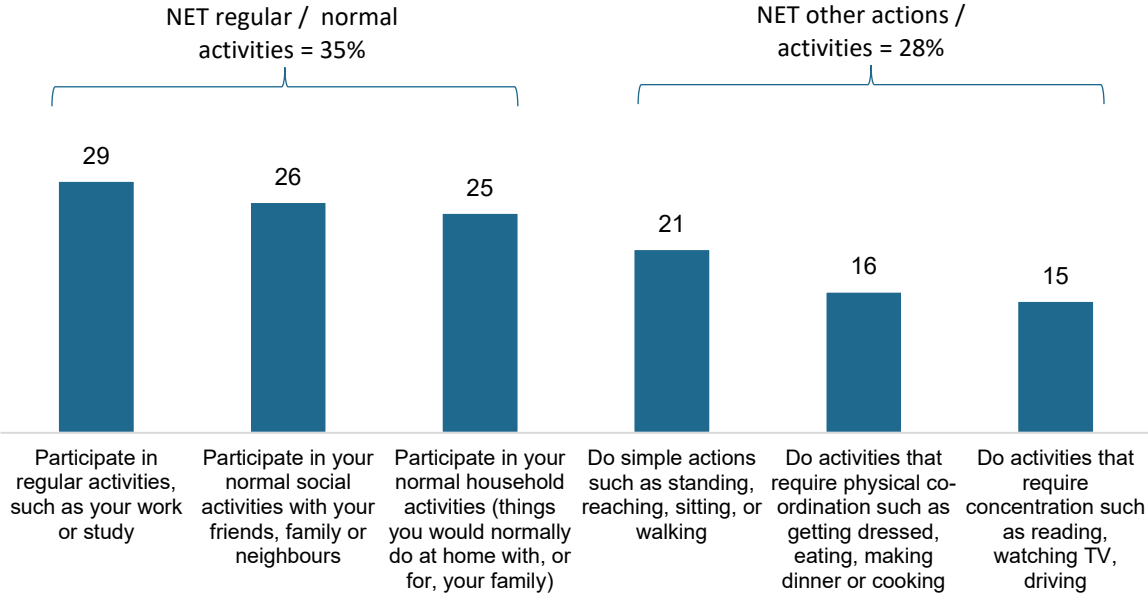
Notes: Don't know/refused responses not shown: Dk=4%, Ref=2%

A higher proportion of WC claimants reported difficulty with participation in normal household and social activities, as well as with work or study, compared to activities that required physical co-ordination or concentration as a result of their injury, as shown in Figure 36.

The following significant differences between sub-groups were observed:

- Claimants who were compensated for 65+ days were more likely to have difficulty with all activities compared to those who were compensated for less than 65 days. Similarly, claimants who had not returned to work since their injury or illness were more likely to report difficulty on all activities compared to those who had returned to work.
- Claimants with the NI were more likely to be unable to do simple actions (23%), do activities that require physical co-ordination (18%), participate in normal household activities (27%) and participate in regular activities (31%) at least some of the time as compared to those who are with the TMF (14%, 9%, 20% and 21% respectively).

Figure 36 Injury resulted in being unable to do activity (% all / most / some of the time)



Source: F1. In the last week, how often has your injury resulted in you being unable to do the following?
 Base: All WC respondents: n=885

3.3 WC health care

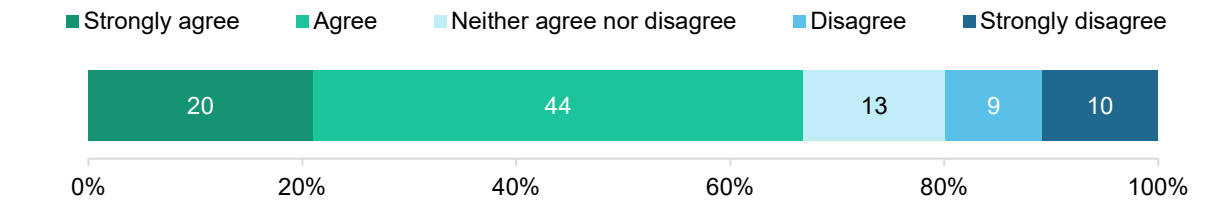
This section examines claimants’ access to, and effectiveness of, health care services and the impact of COVID-19 on their ability to access these services.

Two-thirds (65%) of WC claimants agreed that they were able to easily access the medical treatment and services that they needed, as shown in Figure 37.

The following significant differences between sub-groups were observed:

- Claimants who reported the customer service from their insurer as good were more likely to agree (74%) that they were able to easily access the medical treatment and services they needed compared to those who reported this service as medium (53%) or poor (36%).
- TMF and SSI claimants were more likely to agree (73% and 75% respectively) they were able to easily access the medical treatment and services they needed compared to those with the NI (61%).
- Those with a mental illness claim were more likely to disagree (36%) that they were able to easily access the medical treatment and services they needed compared to claimants with a physical injury claim (17%).
- Claimants who were assessed to have no probable serious mental illness were more likely to agree (71%) they were able to easily access the medical treatment and services they needed compared to those who had a probable serious mental illness (43%).
- Claimants with low trust in the scheme were more likely to disagree (48%) that they were able to easily access the medical treatment and services they needed compared to claimants who had high (12%) and medium trust (19%) in the scheme.

Figure 37 Access to medical treatment and services (%)



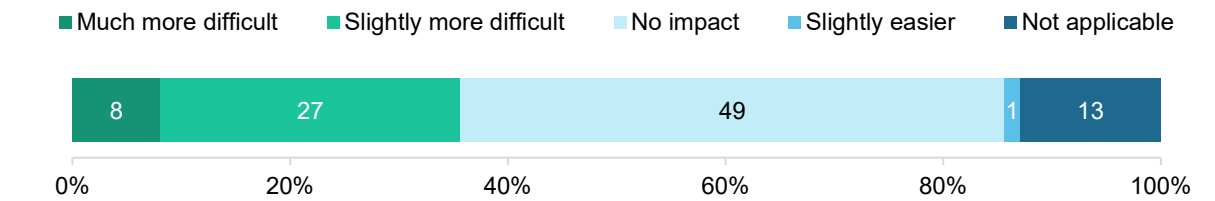
Source: E5. To what extent do you agree or disagree that you were able to easily access the medical treatment or services that you needed for your injury or illness? Would you say...

Base: All WC respondents: n=885

Notes: Don't know/Refused/Not applicable responses not shown (Total: Dk=2%, Ref=1%, NA=1)

When asked about the impact of COVID-19 on ability to access medical treatment and services, one in three (35%) claimants reported that the situation had made it much more or slightly more difficult, as shown in Figure 38. Claimants with a mental illness claim were more likely to indicate that COVID-19 had made it much more or slightly more difficult to access medical treatment or services (58%) compared to those with a physical injury claim (32%).

Figure 38 Impact of COVID-19 on ability to access medical treatment and services (%)



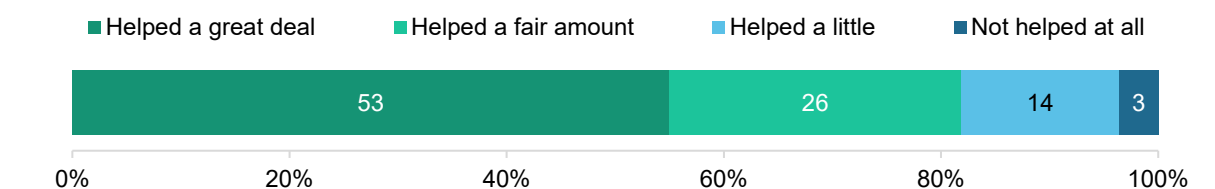
Source: E5B. What impact has the COVID-19 situation had on your ability to access the medical treatment or services that you need for your injury or illness?

Base: All WC respondents: n=885

Notes: Don't know response not shown: Dk=1%

One in two (53%) WC claimants reported the healthcare providers they had seen assisted with their recovery a great deal while one quarter (26%) of claimants felt this assistance helped a fair amount, as shown in Figure 39. Claimants who were assessed to have no probable serious mental illness were more likely to indicate that healthcare providers helped a great deal (58%) compared to those who had a probable serious mental illness (31%).

Figure 39 Effectiveness of healthcare providers (%)



Source: E6. Thinking about all the healthcare providers you have seen, to what extent do you feel they helped with your recovery? Would you say they have...

Base: All WC respondents: (n=885).

Notes: Don't know/Refused/Not applicable responses not shown (Total: Dk=2%, Ref=1%, NA=1%)

3.4 WC personal

This section examines WC claimants' current health and well-being including their ability to do day-to-day activity, the status of their recovery and what can be done to assist it.

3.4.1. WC health and wellbeing

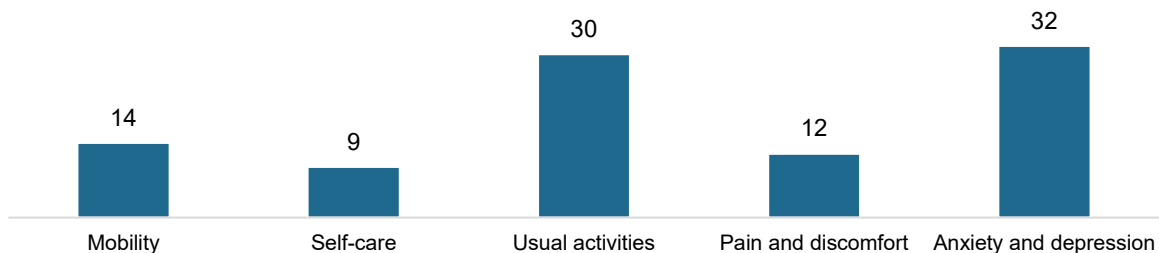
Nearly all (94%) of WC claimants reported their overall health prior to their injury as good, very good, or excellent. Two-thirds (68%) reported their overall health at the time of the survey to be good to excellent.

The following significant differences between sub-groups were observed:

- Claimants who had high trust in the scheme were more likely to rate their current health as good to excellent (78%) compared to those who had medium trust (65%) and low trust (42%).
- TMF insured claimants were more likely to rate their current health as good to excellent (74%) compared to claimants who are with the NI (65%).
- Those with a physical injury claim were more likely to rate their current health as good to excellent (71%) compared to those with a mental illness claim (41%).

As shown in Figure 40, one in three claimants reported having problems doing their usual activities (30%) and with being anxious or depressed (32%). One in ten claimants had difficulties with mobility (14%), self-care (9%), or pain and discomfort (12%). Claimants with probable serious mental illness were more likely to report having problems in all areas compared to claimants with no probable mental illness.

Figure 40 Description of health today (% extremely (or unable) / severe / moderate)



Source: E8a/e. In terms of <area of health>, which of the following options best describes your health TODAY? Would you say...

Base: All WC respondents: n=885

As reported in Figure 60, one in five (19%) WC claimants were assessed to have probable serious mental illness using the Kessler Psychological Distress 6 scale.

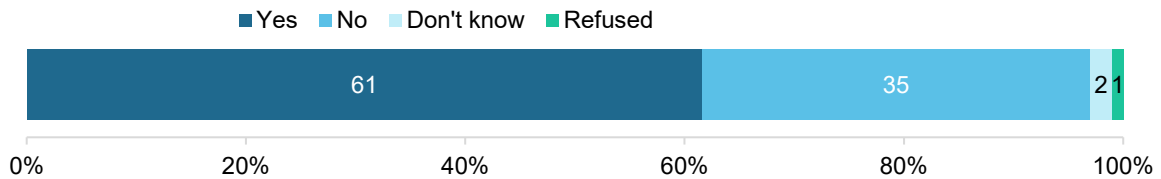
The following significant differences between sub-groups were observed:

- Claimants with medium or low trust in the scheme were more likely to be assessed to have probable mental illness (32% and 37% respectively) compared to those with high trust (9%).
- Claimants with the NI were more likely to have probable mental illness (21%) compared to those with TMF (13%).

- Claimants who were compensated for 65 to 129 days or 130+ days were more likely to have a probable mental illness (36% and 52% respectively) compared to those who were compensated for less than 65 days (14%).

Claimants who expressed feeling depressed or worthless most or all of the time were asked whether they had seen a doctor or other health professional about those feelings in the past four weeks. Three-fifths (61%) of these WC claimants responded that they had (see Figure 41). Those with a mental illness claim were more likely to have seen a doctor or other health professional (86%) compared to those with a physical injury claim (52%).

Figure 41 Seen a doctor or health professional in past 4 weeks (%)



Source: E11. Have you seen a doctor or other health professional about these feelings in the past four weeks?

Base: WC respondents who felt depressed or worthless most or all of the time at E8: n=139.

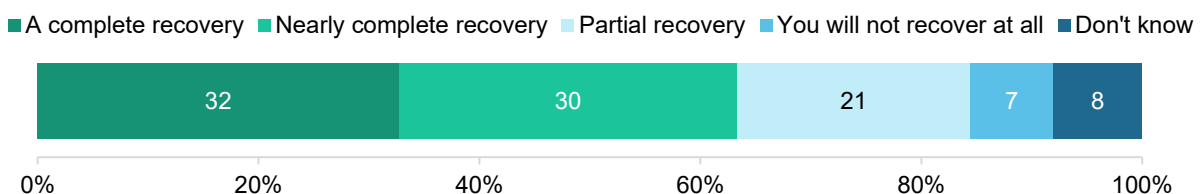
3.4.2. WC recovery

Two-thirds (63%) of claimants expect to make a complete, or nearly complete recovery (Figure 42).

The following significant differences between sub-groups were observed:

- Claimants with a physical injury claim were more likely to expect to make a complete, or nearly complete recovery (65%) compared to those with a mental illness claim (42%).
- Claimants who were compensated for less than 65 days were more likely to expect to make a complete, or nearly complete recovery (69%) compared to those who were compensated for 65+ days (29%).
- Claimants who have high trust in the scheme were more likely to expect to make a complete, or nearly complete recovery (73%) as compared to claimants who have medium (56%) and low (38%) trust. The difference between those who had medium and low trust is also statistically significant.

Figure 42 Expected recovery (%)



Source: E1. Thinking about your recovery, do you believe your recovery will be, or already is...

Base: All WC respondents: n=885.

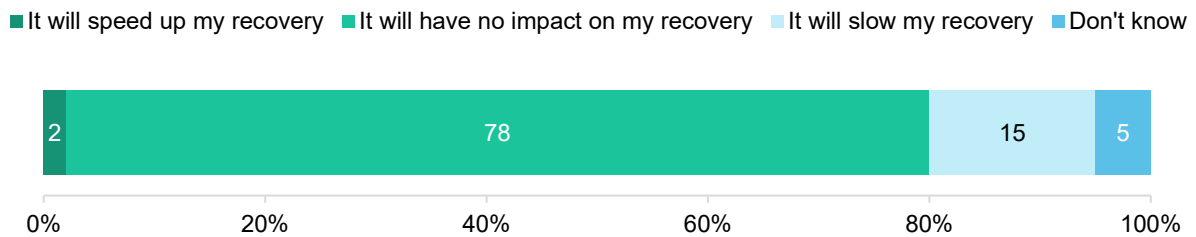
Notes: Refused responses not shown: 1%

Claimants who believed they would make a complete, nearly complete, or partial recovery were asked to indicate what impact the COVID-19 situation will have on the speed of their recovery, as shown in Figure 43. Four-fifths (78%) of claimants reported that the COVID-19 pandemic will have no impact on their recovery.

The following significant differences between sub-groups were observed:

- The more days a claimant was compensated the more likely they were to think the situation will slow the recovery. Two-fifths (40%) of those compensated for 130+ days thought COVID-19 will slow their recovery compared to one-tenth (9%) of those compensated for less than 10 days.
- Those with a mental illness claim were more likely to believe COVID-19 will slow their recovery (33%) compared to those with a physical injury claim (13%).
- Claimants who were assessed to have probable serious mental illness were more likely to believe the situation will slow their recovery (38%) compared to those who had no probable serious mental illness (12%).

Figure 43 Impact of COVID-19 on recovery (%)



Source: E1B. Thinking about your recovery, what impact do you **believe** the COVID-19 situation will have on the speed of your recovery?

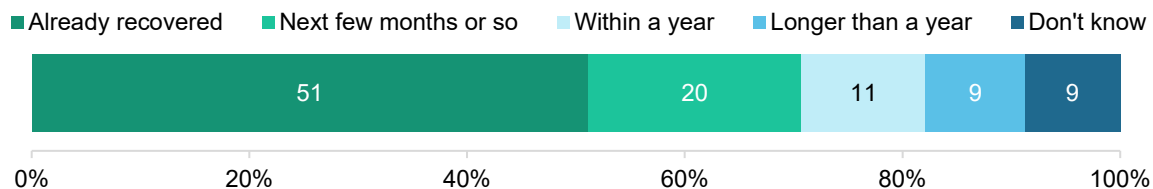
Base: Expect to make a complete, nearly complete or partial recovery at E1: n=714.

One in eleven (9%) claimants expect their recovery to take longer than a year (see Figure 44).

The following significant differences between sub-groups were observed:

- Claimants who had low trust in the WC scheme were more likely to expect their recovery to take longer than a year (26%) compared to claimants who had high (6%) or medium (7%) trust in the scheme.
- Those with a mental illness claim were more likely to expect their recovery to take longer than a year (17%) compared to claimants with a physical injury claim (8%).
- Claimants who were assessed to have probable serious mental illness were more likely to expect their recovery to take longer than a year (24%) compared to those who had no probable serious mental illness (7%).

Figure 44 Recovery timeline (%)



Source: E2. Which of the following statements best describes how long you think it will take for that level of recovery to occur? If in doubt your best estimate is fine.

Base: Expect to make a complete, nearly complete or partial recovery at E1: n=714.

Claimants were asked who is most responsible for their recovery. One in two (52%) WC claimants responded that they themselves were responsible, as shown in Figure 45.

The following significant differences between sub-groups were observed:

- Claimants who have been compensated for 130+ days were more likely to indicate that a GP (16%) was most responsible for their recovery compared to those compensated for less than 130 days (4%).
- Those with a mental illness claim were likely to think that their employer (12%) or a psychologist or psychiatrist (11%) was most responsible for their recovery compared to those with a physical injury claim (4% and 0% respectively).

Figure 45 Who is responsible for recovery (%)



Source: E3. In your opinion, who will be (or is) the MOST responsible for your recovery?

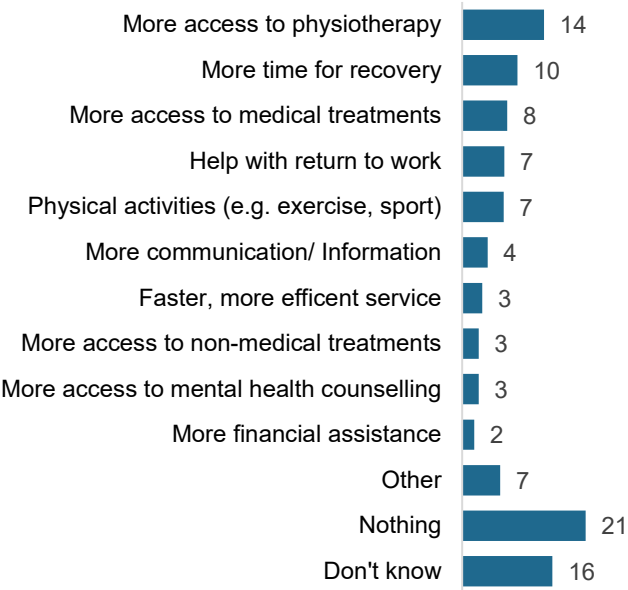
Base: Expect to make a complete, nearly complete or partial recovery at E1: n=714.

WC claimants who expected to make a recovery were asked to describe what they thought could be done to improve their recovery. One in five (21%) indicated nothing could be done while one in six (16%) said they did not know what could be done to improve their recovery, as shown in Figure 46.

The following significant differences between sub-groups were observed:

- Claimants with a mental illness claim were more likely to report they needed help with returning to work (17%) and access to mental health services (15%) compared to claimants with a physical injury claim (6% and 1% respectively). Claimants with a physical injury claim were more likely to report needing access to physiotherapy (16%) compared to those with a mental illness claim (1%).
- Claimants who were assessed to have probable serious mental illness via the Kessler 6 were more likely to report they needed more access to mental health counselling (10%), faster, more efficient service (10%) and financial assistance (6%) compared to claimants who have no probable serious mental illness (1%, 2% and 1% respectively).
- TMF claimants were more likely to report needing help with returning to work (14%) compared to those with the NI (9%). NI and SSI claimants were more likely to report needing more time for recovery (11% and 12% respectively) compared to TMF claimants (3%).

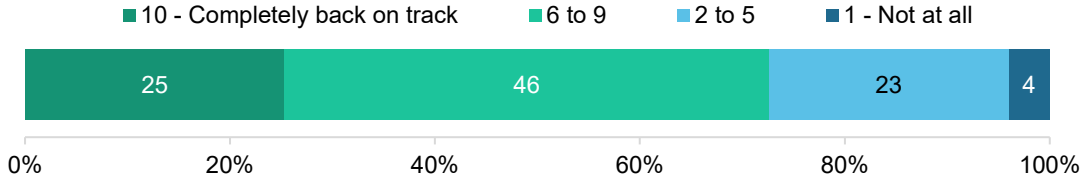
Figure 46 What could be done to improve recovery (%)



Source: E4. And what do you think could be done to help you improve your recovery?
 Base: Believes further recovery is possible at E4: (n=405).
 Notes: Refused response not shown (1%)

The majority (71%) of WC claimants reported the extent to which their life was back on track as 6 or more on a scale of 1 to 10 (see Figure 47). Those with a physical injury claim were more likely to rate the extent to which their life was back on track as 6 or more (74%) compared to those with a mental illness claim (42%).

Figure 47 Extent to which life is back on track (%)



Source: F4. Thinking about your own circumstances right now, that is today, how would you rate the extent to which you have been able to 'get your life back on track', on a scale of 1 to 10 where 1 means 'not at all', and 10 means 'completely back on track'?
 Base: All WC respondents: n=885.
 Notes: Don't know/refused responses not shown: Dk=1%, ref=1%

4. Comparison of key findings

This section presents headline findings for the compulsory third party (CTP) and worker compensation (WC) schemes. Relevant findings for the two schemes have been compared to provide context to claimants' experiences.

Detailed findings by scheme are provided in the CTP claimant outcomes and WC claimant outcomes sections.

4.1 CTP and WC legal and insurance

This section examines and compares CTP and WC claimants' experience with their insurer, perceived justice of the compensation process and their trust in the schemes.

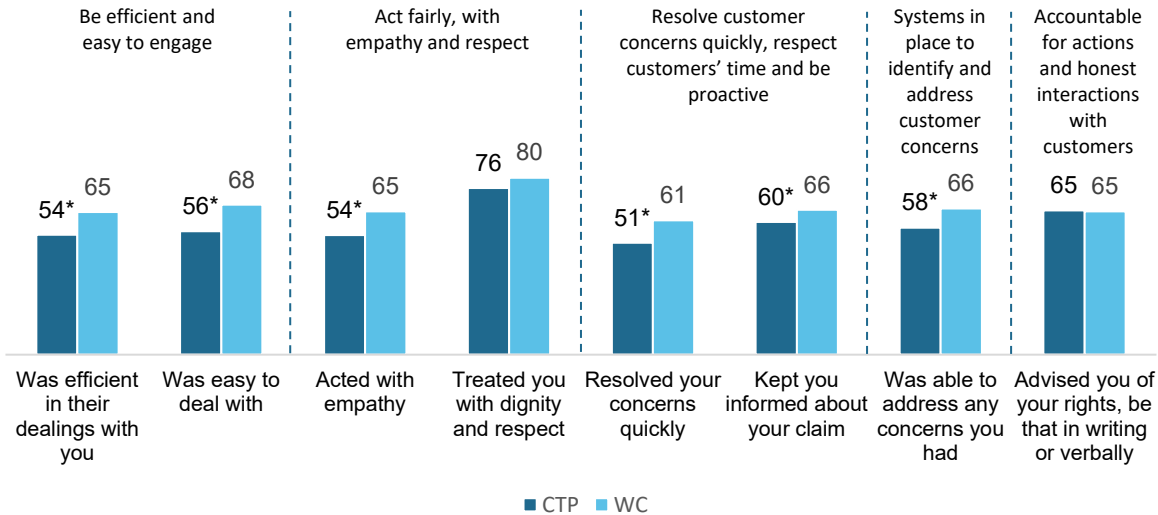
4.1.1. Experience with insurer

The customer service conduct principles were measured by asking claimants to agree or disagree with a series of statements about their insurer. Figure 48 displays the percentage of claimants who agreed or strongly agreed with each statement. Four in five (80%) WC claimants and three quarters (75%) of CTP claimants agreed they had been treated with dignity and respect.

Two in three WC claimants agreed the insurer was easy to deal with (68%), was able to address any concerns they had (66%), kept them informed about their claim (66%), was efficient in their dealings (65%) and advised them of their rights (65%). Slightly fewer (61%) agreed their insurer resolved their concerns quickly.

Agreement was lower for CTP claimants for all statements, with the exception of being treated with dignity and respect and being advised of their rights. Overall, three in five (60%) CTP claimants agreed their insurer kept them informed about their claim, was able to address any concerns they had (58%) and was easy to deal with (56%). Approximately half of CTP claimants agreed their insurer was efficient in their dealings (54%), acted with empathy (54%) and resolved their concerns quickly (51%).

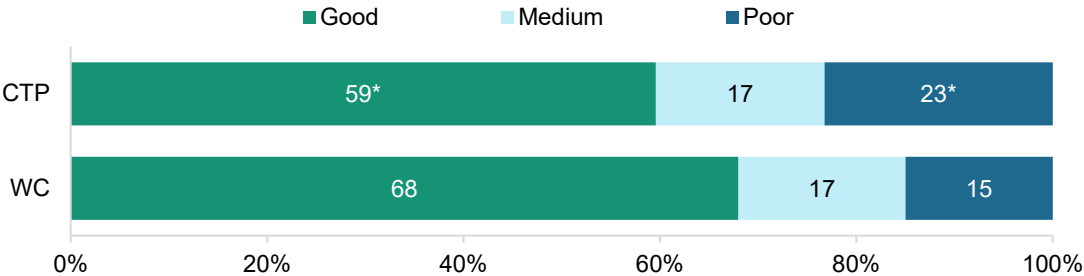
Figure 48 Customer service conduct principles (% strongly agree / agree)



Source: C4. To what extent do you agree or disagree that <insurer / if self insured: workers compensation>...?
 Base: All respondents: WC (n=885), CTP (n=893).
 Notes: *Significantly different to other sub-group at 95% confidence level.

The results from these statements have been aggregated to determine whether each claimant reported receiving good, medium or poor customer service from their insurer. Based on this, 68 per cent of WC claimants and 59 per cent of CTP claimants were classified as reporting 'good customer service' from their insurer (see Figure 49).

Figure 49 Customer service experience (%)



Base: All respondents: WC (n=885), CTP (n=893).
 Notes: *Significantly different to other sub-group at 95% confidence level.

4.1.2. Perceived justice of the compensation process

The mean level of agreement for each of the four perceived justice of the compensation process dimension is displayed in Table 11. Mean agreement was slightly lower among CTP claimants for distributive justice. In WC, agreement was also lower than in 2019 Abridged Return to Work survey - Procedural Justice 4.0, Informational Justice 3.8, Interpersonal Justice 4.3. The 2019 Abridged Return to Work Survey was however conducted via telephone. Findings were similar for WC claimants who completed the survey via telephone (see Table 11).

Table 11 Perceived justice of the compensation process (mean)

	Distributive justice	Procedural justice	Informational justice	Interpersonal justice
CTP claimants	3.2	3.4	3.4	4.0
WC claimants (total)	3.6*	3.6*	3.6	4.1*
WC claimants (completed via telephone)	3.8	3.8	3.8	4.3
2019 Abridged Return to Work survey	N/A	4.0	3.8	4.3

Source: D1. The next questions ask about your experience with obtaining compensation for your work-related injury or illness and about your experiences with <insurance organisation name / if self-insured insert: workers compensation>. For each statement, please indicate the extent to which you agree or disagree. Some of these statements may not be relevant to you, but we need to ask them of everyone.

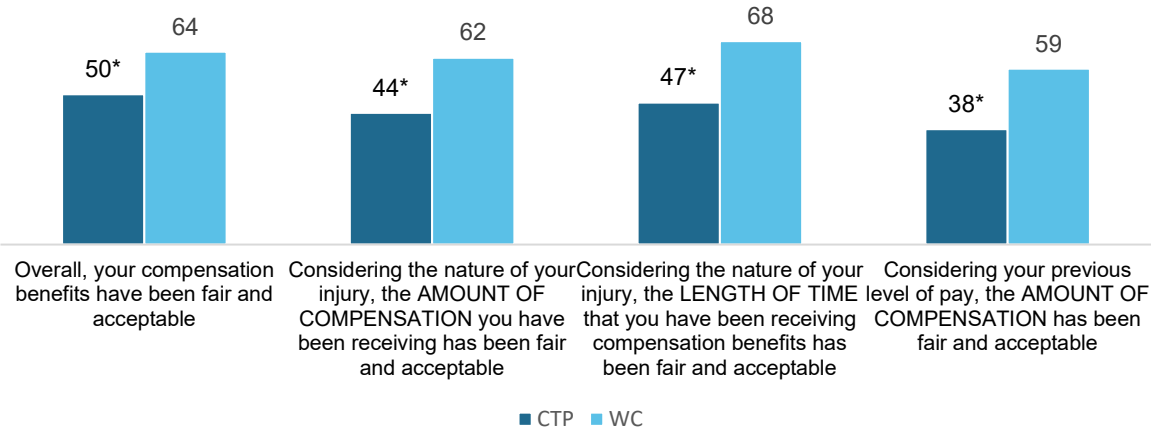
Base: All respondents: WC (n=885), CTP (n=893).
 Notes: *Significantly different to CTP at 95% confidence level.

A breakdown of difference by individual items is presented below.

Distributive justice

As shown in Figure 50 WC claimants were more likely to agree that their insurer performed well on the distributive justice attributes compared to CTP claimants. The largest gap between the two schemes was on the length of time that benefits were received for and the amount of compensation received based on previous level of pay.

Figure 50 Distributive justice (% strongly agree / agree)



Source: D1. The next questions ask about your experience with obtaining compensation for your <work-related injury or illness / injury> and about your experiences with <insurance organisation name / if self-insured insert: workers compensation>. For each statement, please indicate the extent to which you agree or disagree. Some of these statements may not be relevant to you, but we need to ask them of everyone.

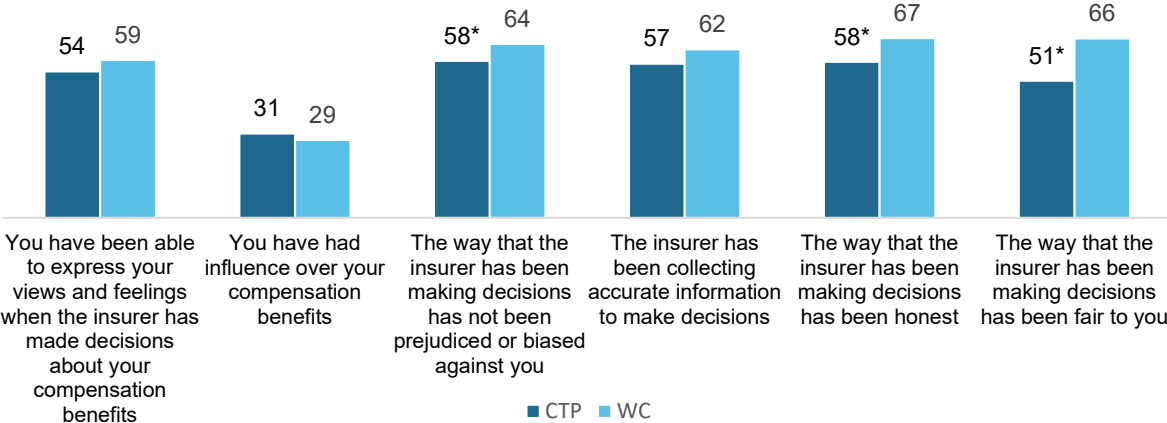
Base: All respondents: WC (n=885), CTP (n=893).

Notes: *Significantly different to other sub-group at 95% confidence level.

Procedural justice

Compared to the distributive justice attributes, there were fewer differences between the WC and CTP schemes on procedural justice attributes, as shown in Figure 51. The largest differences between the two schemes was on the attributes that related to the decisions that were made by insurers rather than on attributes that related to claimants’ ability to contribute to those decisions.

Figure 51 Procedural justice (% strongly agree / agree)



Source: D1. The next questions ask about your experience with obtaining compensation for your <work-related injury or illness / injury> and about your experiences with <insurance organisation name / if self-insured insert: workers compensation>. For each statement, please indicate the extent to which you agree or disagree. Some of these statements may not be relevant to you, but we need to ask them of everyone.

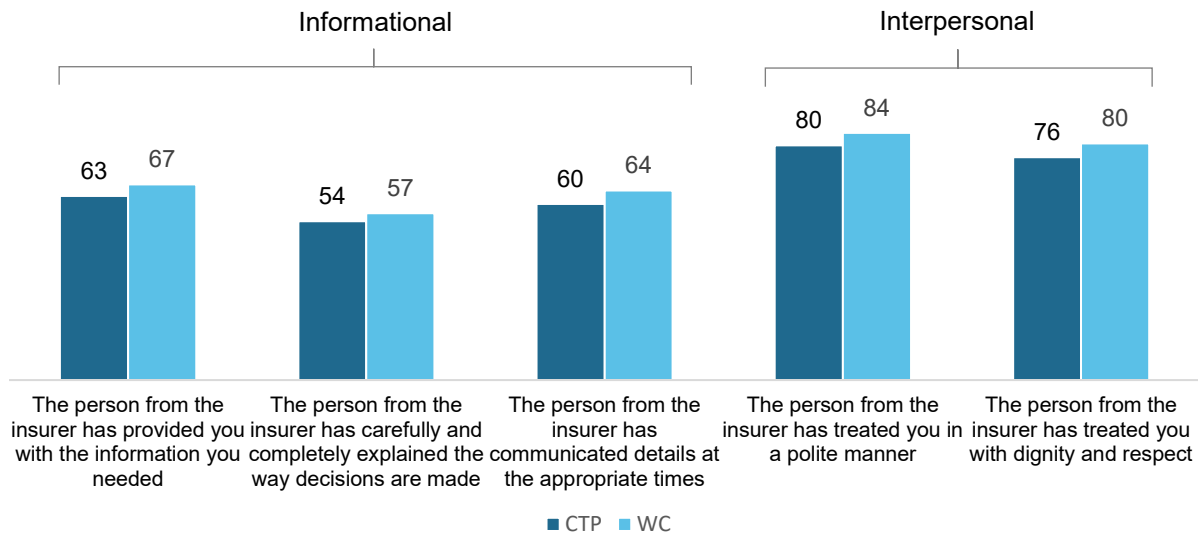
Base: All respondents: WC (n=885), CTP (n=893).

Notes: *Significantly different to other sub-group at 95% confidence level.

Informational and interpersonal justice

There were no differences between the WC and CTP schemes on informational and interpersonal justice attributes, as shown in Figure 52. Both schemes performed better on the interpersonal justice attributes compared to the informational, procedural and distributive justice attributes.

Figure 52 Informational and interpersonal justice (% strongly agree / agree)



Source: D1. The next questions ask about your experience with obtaining compensation for your <work-related injury or illness / injury> and about your experiences with <insurance organisation name / if self-insured insert: workers compensation>. For each statement, please indicate the extent to which you agree or disagree. Some of these statements may not be relevant to you, but we need to ask them of everyone.

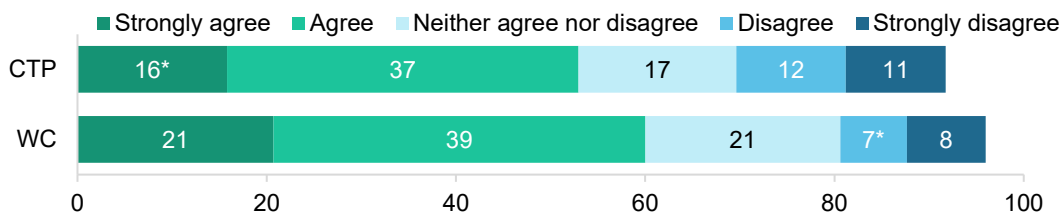
Base: All respondents: WC (n=885), CTP (n=893).

Notes: *Significantly different to other sub-group at 95% confidence level.

4.1.3. Trust in the schemes

Claimants were asked to indicate the extent to which they trust the scheme to help them get back to work (WC scheme) or work or their usual activities (CTP scheme). Three in five (60%) WC claimants agreed or strongly agreed they trust the workers compensation scheme compared with one in two (53%) CTP claimants who trust the CTP scheme (see Figure 53).

Figure 53 Trust in schemes (%)



Source: C1. Now thinking about your experience in the <workers compensation / CTP> scheme. To what extent do you agree or disagree that you trust the <workers compensation / CTP> scheme to help you get back to <work / work or your usual activities>?

Base: All respondents: WC (n=885), CTP (n=893).

Notes: *Significantly different to other sub-group at 95% confidence level.

Don't know/not applicable responses not shown (WC: Dk=3%, NA=1%; CTP: DK=5%, NA=3%)

4.2 CTP and WC life and work participation

This section examines and compares CTP and WC claimants' experiences returning to work and everyday life.

4.2.1. Returned to work

Four in five (84%) WC claimants had returned to work at some time since their work-related injury or illness. This is similar to the *Returned to Work Rate* of 86 per cent in the 2019 *Abridged Return to Work Outcomes Survey*.

By comparison, two in three (68%) of all CTP claimants had returned to their main activity at some time since their injury. Three in four (75%) CTP claimants who were working at the time of their injury had returned to work at some time since their injury (see Figure 54).

Figure 54 Returned to work / main activity (% yes)



Source: B1. Have you returned to <WC: work / CTP: main activity > at any time since your work-related injury or illness?

Base: All respondents: WC (n=885), CTP total (n=893), CTP working at time of injury (n=637).

Notes: *Significantly different to workers compensation at 95% confidence level.

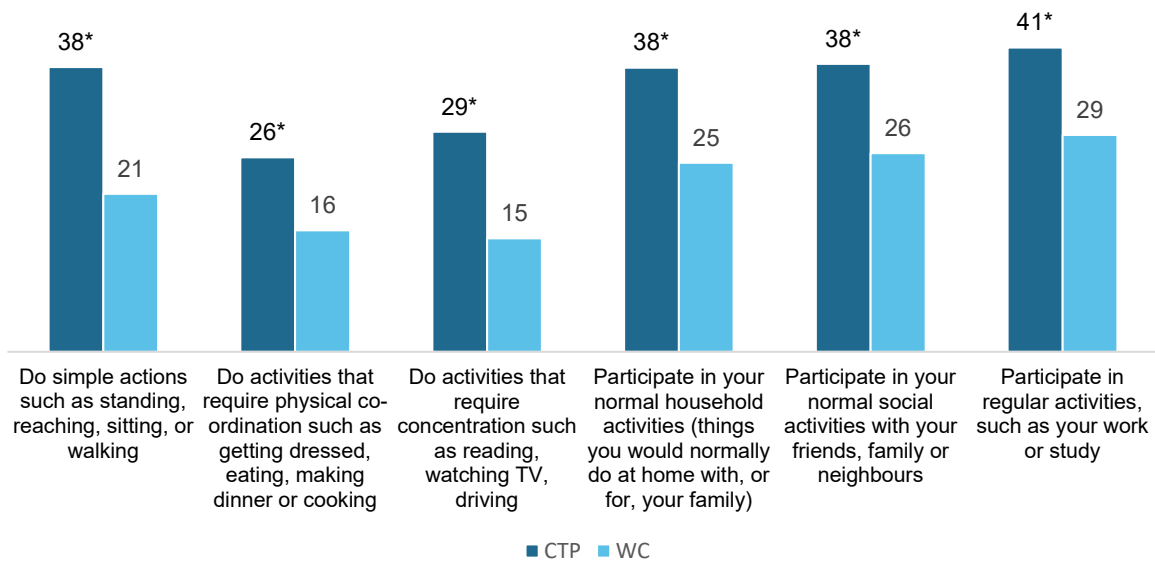
4.2.2. Returned to everyday life

Figure 55 displays the percentage of claimants who reported being unable (some of the time, most of the time or all of the time) to do a variety of activities in the last week due to their injury.

Over one quarter of WC claimants reported being unable to participate in regular activities such as work or study (29%), normal social activities (26%) or normal household activities (25%).

By comparison, a higher proportion of CTP claimants reported being unable to do activities. Two in five reported being unable to participate in regular activities such as work or study (41%), do simple activities such as standing, reaching, sitting or walking (38%), normal social activities (38%) or normal household activities (38%).

Figure 55 Injury resulted in being unable to do activity (% all / most / some of the time)

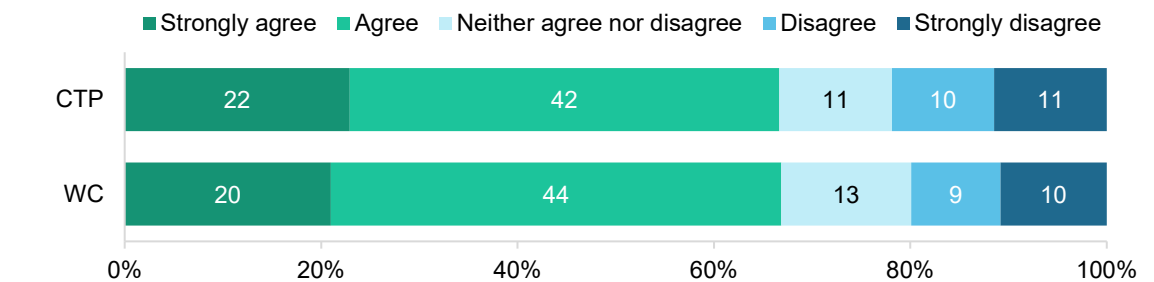


Source: F1. In the last week, how often has your injury resulted in you being unable to do the following?
 Base: All respondents: WC (n=885), CTP (n=893).
 Notes: *Significantly different to other sub-group at 95% confidence level.

4.3 CTP and WC health and social care

Access to medical treatment and services is key to optimising a claimant’s recovery. Overall, two in three claimants agreed they were able to easily access the medical treatment and services they needed (Figure 56). Findings were similar for both WC claimants (65%) and CTP claimants (64%). By comparison, nine in ten (87.5%) of WC claimants in the 2018 *National Return to Work* survey agreed they were able to easily access the medical treatment and services they needed. When compared to findings in the same mode, four out of five (78%) WC claimants who completed the survey by telephone agreed they were able to easily access the medical treatment and services they needed.

Figure 56 Access to medical treatment and services (%)



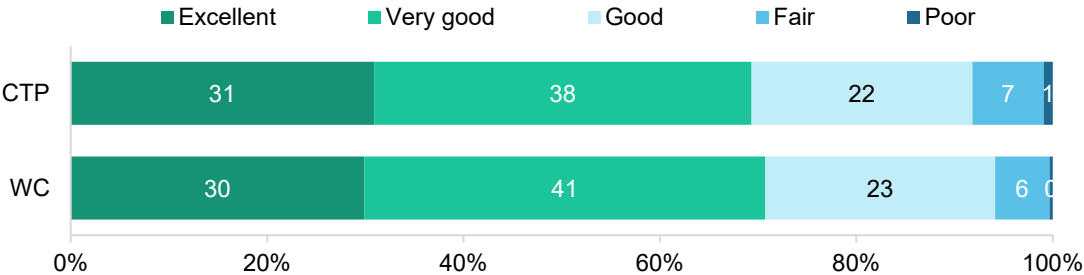
Source: E5. To what extent do you agree or disagree that you were able to easily access the medical treatment or services that you needed for your injury <WC: or illness>? Would you say...
 Base: All respondents: WC (n=885), CTP (n=893).
 Notes: *Significantly different to other sub-group at 95% confidence level.
 Don't know/Refused/Not applicable responses not shown (WC: Dk=2%, Ref=1%, NA=1; CTP: Dk=2%, Ref=1%, NA=1)

4.4 CTP and WC personal

4.4.1. Health and wellbeing

Seven in ten claimants (71% WC, 69% CTP) rated their overall health prior to their injury (or illness) as very good or excellent¹ (see Figure 57). There were no significant differences in the self-rated overall health of CTP and WC claimants prior to their injury.

Figure 57 Overall health before the injury (%)

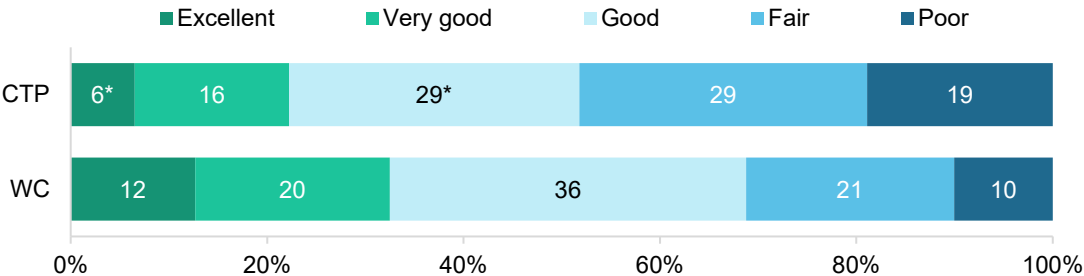


Source: E7. BEFORE YOUR INJURY how would you describe your overall health? Would you say your overall health was...
 Base: All respondents: WC (n=885), CTP (n=893).

Fewer claimants described their overall health as very good or excellent at the time of the survey. Only one in three (32%) WC claimants and one in five (22%) CTP claimants rated their health as very good or excellent (Figure 58). The proportion of claimants rating their health as very good or excellent was lower than that of the general population. The 2017-18 Australian Bureau of Statistics *National Health Survey* reported over half (56%) of Australians aged 15 years and over considered themselves to be in either very good or excellent health².

In the 2018 *National Return to Work* survey, 38 per cent of respondents rated their general health as very good to excellent at the time of the survey. When compared to data collected in the same model, findings were slightly higher for WC claimants who completed the survey via telephone (42%).

Figure 58 Overall health now (%)



Source: E9. In general, how would describe your overall health TODAY? Would you say...
 Base: All respondents: WC (n=885), CTP (n=893).
 Notes: *Significantly different to other sub-group at 95% confidence level.
 Don't know/refused responses not shown (WC: dk=1%, ref=1%; CTP: dk=1%)

¹ These high levels may reflect recall bias associated with self-reported health measures

² <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4364.0.55.001~2017-18~Main%20Features~Self-assessed%20health%20status~10>

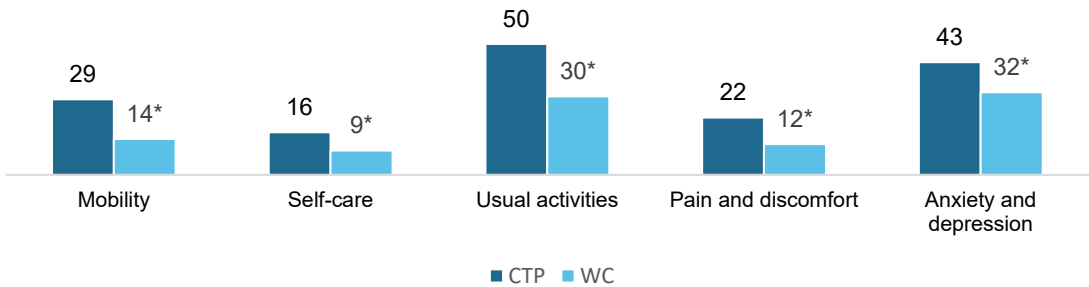
Claimants also provided ratings on different aspects of their health. Figure 59 displays the percentage of claimants who reported moderate, severe or extreme (or unable) problems in each area.

Approximately one in three WC claimants reported extreme, severe or moderate anxiety or depression (32%) or being unable, severe or moderate problems with their usual activities (30%).

CTP claimants were more likely to report problems with each aspect of their health. One in two (50%) reported being unable, severe or moderate problems with their usual activities, two in five (43%) reported extreme, severe or moderate anxiety or depression and one in three reported being unable, severe or moderate problems walking about (mobility, 29%).

One in five (22%) CTP claimants reported extreme, severe or moderate pain and discomfort compared to one in ten (12%) WC claimants.

Figure 59 Description of health today (% extremely (or unable) / severe / moderate)

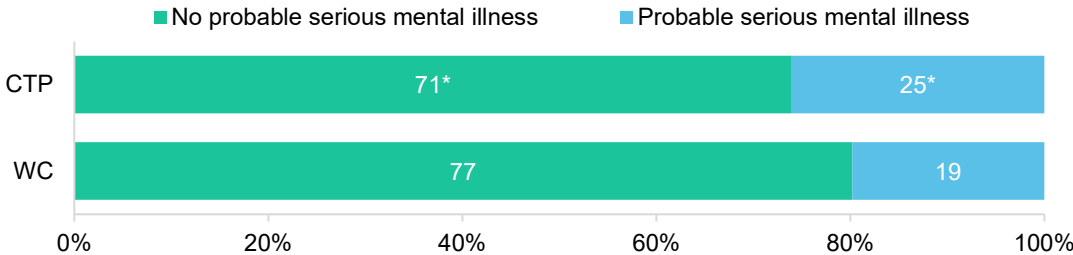


Source: E8a/e. In terms of <area of health>, which of the following options best describes your health TODAY? Would you say...
 Base: All respondents: WC (n=885), CTP (n=893).
 Notes: *Significantly different to other sub-group at 95% confidence level.
 'Mobility', 'self-care' and 'usual activities' use 'unable' at the high end of scale, the other attributes use 'extremely'

One in five (19%) WC claimants and one in four (25%) CTP claimants were classified as having a probable serious mental illness at the time of the survey, as shown in Figure 60. These findings were higher than the 2018 *National Return to Work* survey (11% probable mental illness). Findings were however similar for WC claimants who completed the survey via telephone (12% probable mental illness).

The COVID-19 pandemic may partly explain these high rates of probable mental illness among claimants. Data collected in the *ANU poll* (national survey conducted via the Social Research Centre's Life in Australia™ panel) found an increase in reporting of probable mental illness from 8.4 per cent in February 2017 to 10.6 per cent in April 2020 during the pandemic for the Australian population. One in four (22.3%) 18-24 year olds were reported to have probable mental illness in April 2020. ³

Figure 60 Mental health and wellbeing (Kessler 6) (%)

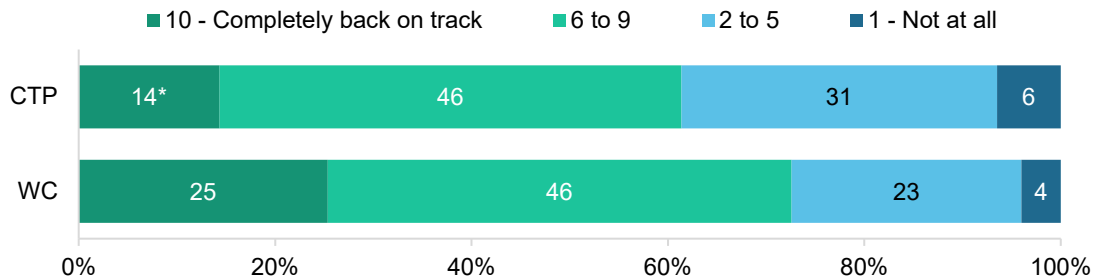


Source: E10. In the last four weeks, about how often did you feel...
 Base: All respondents: WC (n=885), CTP (n=893).
 Notes: *Significantly different to other sub-group at 95% confidence level.
 Unable to establish not shown: WC=5%, CTP=4%

³https://csmr.cass.anu.edu.au/sites/default/files/docs/2020/6/Mental_health_before_and_during_the_COVID_crisis.pdf

Claimants also rated the degree to which they had been able get their life back on track on a scale of 1 to 10 where 1 means 'not at all' and 10 means 'completely back on track'. WC claimants were more likely to rate the extent to which their life is back on track as 6 or more (71%) compared to CTP claimants (60%).

Figure 61 Extent to which life is back on track (%)



Source: F4. Thinking about your own circumstances right now, that is today, how would you rate the extent to which you have been able to 'get your life back on track', on a scale of 1 to 10 where 1 means 'not at all', and 10 means 'completely back on track'?

Base: All respondents: WC (n=885), CTP (n=893).

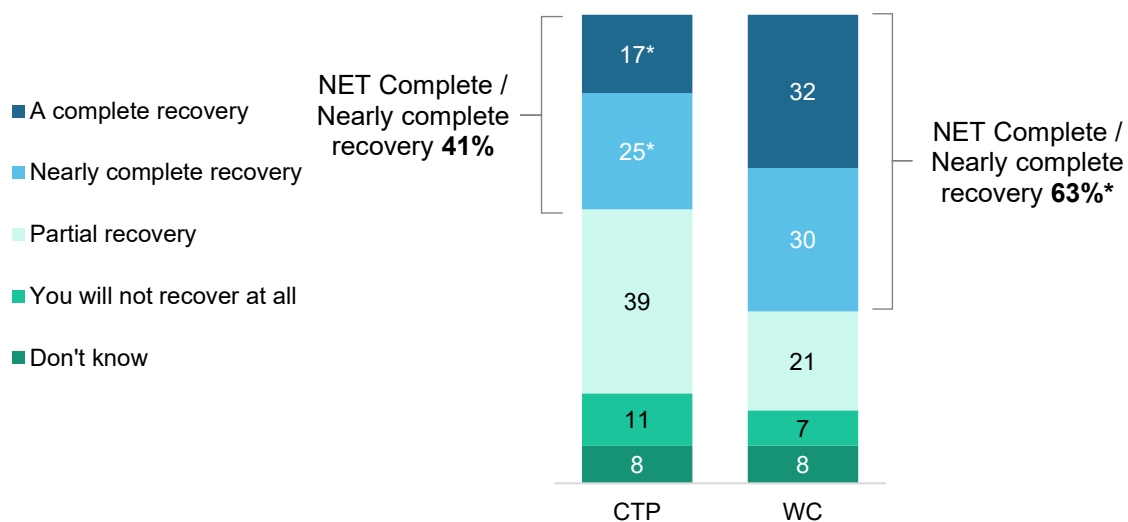
Notes: *Significantly different to other sub-group at 95% confidence level.

Don't know/refused responses not shown (WC: dk=1%, ref=1%; CTP: dk=1%, ref=1%)

4.4.2. Recovery

Claimants were asked to indicate how much of a recovery they expected to make from their injury. Two in three (63%) WC claimants believed they would make a complete or nearly complete recovery. By comparison, two in five (41%) CTP claimants believed they would make a complete or nearly complete recovered (Figure 62). CTP claimants were more likely to believe that they would not recover at all (11%) compared to WC claimants (7%).

Figure 62 Expected recovery (%)



Source: E1. Thinking about your recovery, do you **believe** your recovery will be, or already is...

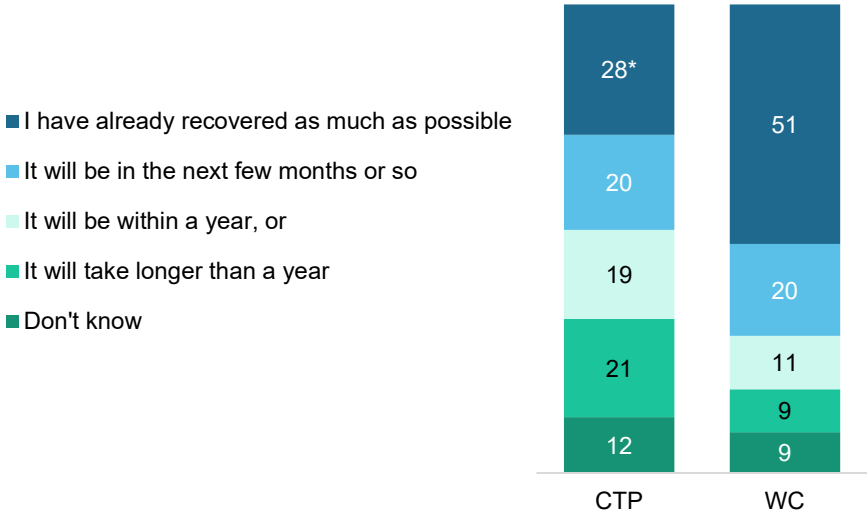
Base: All respondents: WC (n=885), CTP (n=893).

Notes: *Significantly different to other sub-group at 95% confidence level.

Refused responses not shown (WC: ref=1%)

Claimants who indicated that they expected to make a complete, nearly complete, or partially recovery were asked to indicate how long they expected their recovery to take. One in two (51%) WC claimants indicated they had already recovered as much as possible compared with one in four CTP claimants (28%) (Figure 63). CTP claimants were more likely to believe that their recovery would be within a year (19%) or longer than a year (21%) compared to WC claimants (11% and 9% respectively).

Figure 63 Recovery timeline (%)



Source: E2. Which of the following statements best describes how long you think it will take for that level of recovery to occur? If in doubt your best estimate is fine.
 Base: Expect to make a complete, nearly complete or partial recovery at E1: WC (n=714), CTP (n=731).
 Notes: *Significantly different to other sub-group at 95% confidence level.
 Refused responses not shown (WC: ref=1%)

5. Methodology

5.1.1. Sample design and selection

People selected for the study were claimants in the CTP and WC schemes who have had a dealing with their insurance company from 1 April 2019 to 31 March 2020.

SIRA provided contact and claim background details for the entire population of eligible claimants. Sample items were selected to achieve 750 interviews for each of the CTP and WC schemes, to be representative of the claimant population on a series of stratification variables.

The sample was stratified by the following characteristics:

- **Scheme type** (CTP and WC).
- **Insurer type** (whether the claimant was CTP insured (Allianz, Suncorp, QBE and NRMA) or worked for a Nominal Insurer (NI), Treasury Managed Fund (TMF) and Self and Specialised Insurers (SSI).
- **Days in scheme** for the CTP sample (1 to 9, 10 to 19, 20 to 64, 65 to 129, 130 to 259, 260 plus). This provides an important indication of the severity of the claim.
- **Days compensated** for the WC sample (1 to 9, 10 to 19, 20 to 64, 65 to 129, 130 to 259, 260 plus). This provides an important indication of the severity of the claim.
- **Cohort** (Historic and Balance) for the WC sample. This will facilitate a reporting of key return to work metrics consistent with the *National Return to Work Survey*.

5.1.2. Data collection

A mixed-mode (online and telephone) survey was undertaken due to the limited availability of claimants' telephone numbers in the sample. This was particularly an issue for the WC sample.

A primary approach letter was sent to all selected sample members:

- explaining the nature of the research,
- providing details of how to complete the online survey and
- advising them that they may be called to participate in the regulatory measurement of customer experience and outcomes survey.

This letter also detailed privacy provisions, stated the voluntary nature of the research and explained the mechanism to opt out, including additional explanatory materials such as a phone number and website should they have any queries. Contact details for both SIRA and the SRC were included.

Selected sample members with an email address also received an invitation to complete the survey online via email. The email invitation contained similar information to the primary approach letter. Reminder emails were also sent to encourage participation from selected sample members who had not completed the survey by a certain date.

Telephone interviewing began approximately one week after the primary approach letters were received. This allowed sample members time to either complete the survey online or opt out prior to receiving a call to participate in the survey. The data collection period was June 15 to July 21, 2020, which was during the early stages of the COVID-19 pandemic.

This baseline claimant survey interviewed 1,778 claimants across the CTP and WC schemes. There were 885 surveys completed by claimants from the WC scheme (620 completed online and 265 via telephone interview). There were 893 surveys completed by claimants from the CTP scheme (371

completed online and 522 via telephone interview). There were 20 interviews conducted in languages other than English (LOTE) including six in each of Korean, Arabic and Mandarin and one in each of Greek and Vietnamese.

5.1.3. Weighting

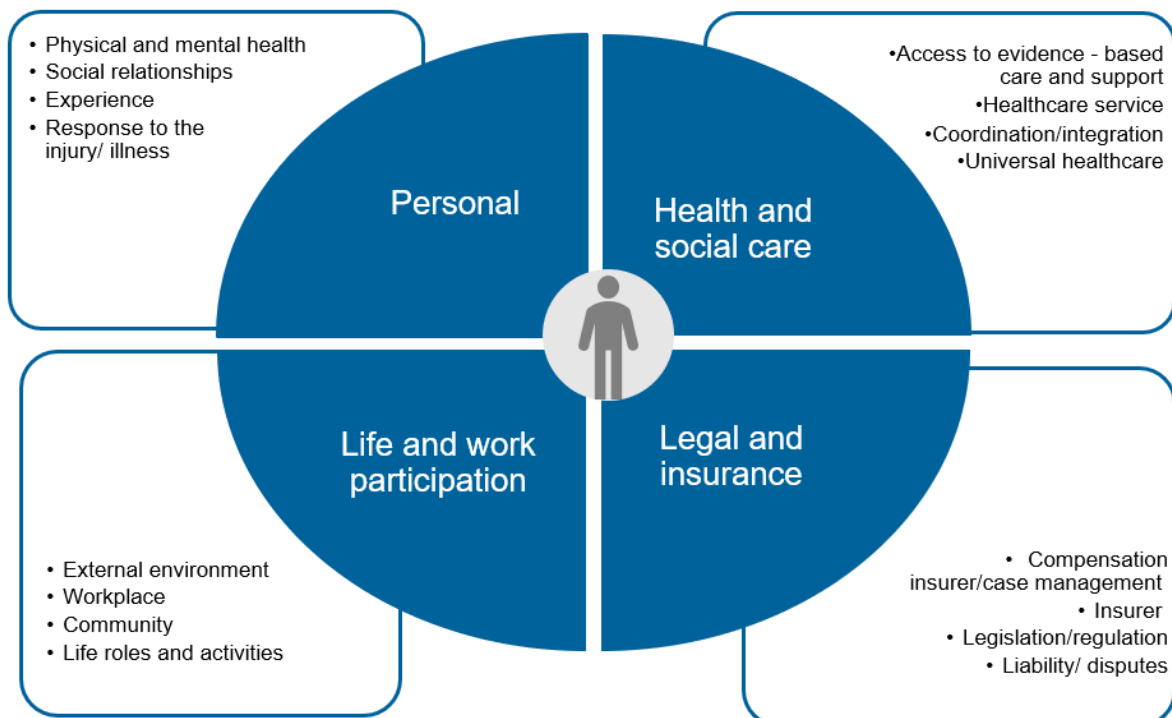
To ensure results collected represent the target claimant population as closely as possible, a weight was calculated for each survey respondent. Respondents from the CTP and WC schemes were weighted separately to match the population of each scheme on the stratification variables used to select the sample (see Sample design and selection).

5.1.4. Questionnaire

The questionnaire was developed collaboratively by the Social Research Centre and SIRA. It was designed to measure the four key areas related to the conceptual framework for an injured person's recovery in compensation systems (see Figure 64).

- personal
- health and social care
- legal and insurance
- life and work participation.

Figure 64 Framework for an injured person's recovery in compensation systems



Where possible items were sourced from existing studies. The instrument also underwent academic review, cognitive testing and pilot testing.

On average, the survey took respondents 28.7 minutes to complete.

5.1.5. Quality assurance

All research was undertaken in compliance with the International Standard of ISO 20252 Market, opinion and social research, the Research Society code of practice, standards and the Market and Social Research Privacy Principles.

5.2 Analytical approach

5.2.1. Significance testing

Statistical tests were undertaken to establish whether apparent differences between the responses of sub-groups were statistically significant. Where differences are reported, unless otherwise noted, it indicates a statistically significant difference at a 95% confidence level has been established.

In tables and figures presented throughout the report, statistically significant differences are indicated by asterisks.

There are some instances in the report where an estimate might seem that it would be significant (if, for example, another estimate has a similar value and is indicated as significant) but has not been indicated as significant. This is usually due to the non-significant result having a relatively small base size and thus not meeting the requirements for a statistically significant difference.

All tables and figures presented in this report, unless otherwise specified, show survey estimates that are weighted. To ensure results collected represent the target claimant population as closely as possible, a weight was calculated for each survey respondent. Respondents from the CTP and WC schemes were weighted separately to match the population of each scheme on the stratification variables used to select the sample (see Sample design and selection).

In some tables and figures, it may be noted that some totals shown and/or mentioned in the accompanying text differ slightly from the apparent sum of their component elements. This is due to the effects of rounding.

5.2.2. Sub-group analysis

Data have been analysed by a number of sub-group variables, with any significant sub-group differences noted throughout the report. Sub-group analysis is presented to highlight any differences that exist between particular cohorts of injured or ill people.

Please refer to Table 12 for the comparison groups referenced throughout the report.

Table 12 Sub-groups analysed in report

Sub-group	Description	CTP comparison groups	WC comparison groups
Days in scheme	Administrative definition of time in the scheme,	1 to 64, 65 to 129, 130 to 259, 260+ days	1 to 64, 65 to 129, 130 to 259, 260+ days
Days compensated	Five days compensated bands were calculated based on the number of working days compensation paid, or the period (in working days) paid for total incapacity. In the absence of any further characteristics, claim duration may be interpreted as a proxy for claim complexity		1 to 9, 10 to 19, 20 to 64, 65 to 129, 130+ days
Insurer type	Insurer through which claim was made	Alliance, Suncorp, QBE, NRMA	Nominal insurer, TMF insurer, Self and Specialised insurer

Sub-group	Description	CTP comparison groups	WC comparison groups
Fault status	Indicates whether the claimant is at fault for the accident, or determined to have a contributory negligence of greater than 61% (Mostly at fault).	Yes at fault, Not at fault, Mostly at fault, Unknown	
Minor injury decision	Internal decision or minor injury assessment decision	Not minor, Minor. Not Assessed	
Severity of injury	An estimate of the highest injury severity for each claimant based on either the available medical information at the time of review or claim officer's early estimate	Minimal, Moderate, Severe	
Claim type	Broad injury type categories were identified, using the nature coding in the Type of Occurrence Classification System (TOOCS) (3 rd Edition, Revision 1) framework ⁴		Physical, Mental
Major claim	The injury resulted in death, permanent disability, or temporary disability with at least one week of weekly benefit entitlement paid.		Yes, No
Risk screening outcome	Outcome of risk screening (risk measure as High, Medium, Low)	High risk of poor recovery, Medium risk of poor recovery, Low risk of poor recovery	
Legal representation	Whether claimant had legal representation during claims process	Yes, No	
Customer service score	Overall customer service score calculated by aggregating survey responses to customer service conduct principle items ⁵	Good, Medium, Poor	Good, Medium, Poor
Trust in scheme	Claimants' indication on level of trust in the scheme to get them back to their usual activities (CTP) or work (WC)	Low (disagree/strongly disagree), Moderate, High (agree / strongly agree)	Low (disagree/strongly disagree), Moderate, High (agree / strongly agree)
Self-assessed stage of recovery	Claimants' self-reported stage of recovery at the time of the survey	Completely recovered, nearly completely recovered, partial recovery, will not recover	Completely recovered, nearly completely recovered, partial recovery, will not recover
Ability to easily access medical treatment or services	Claimants' agreement on their ability to easily access medical treatment and services	Agree, Neither agree nor disagree, Disagree	Agree, Neither agree nor disagree, Disagree
Returned to work (WC) or work or main activities (CTP)	Whether or not the claimant reported that they had returned to work or main activities at the time of the survey	Yes, No	Yes, No
Psychological distress	Based on claimants' responses to the Kessler 6 Psychological Distress Scale. ⁶	Probable mental illness, No probable mental illness	Probable mental illness, No probable mental illness
Fault status		At fault, not majorly at fault	

⁴ <https://www.safeworkaustralia.gov.au/doc/type-occurrence-classification-system-toocs-3rd-edition-may-2008>

⁵ Eight items (1 ('strongly agree') to 5 ('strongly disagree')) were aggregated to produce a customer service score for each claimant ranging from 8 to 40. Scores of 28 to 40 were classified as 'good customer service', scores of 21 to 27 'medium customer service' and 8 to 20 'poor customer service'.

⁶ The Kessler 6 Psychological Distress Scale is a five-point response scale for self-reported frequency of psychological distress indicators. Standard Australian dichotomous scoring of the Kessler 6 was calculated whereby a score of 6 to 18 was classified as 'no probable serious mental illness' and a score of 19 to 30 was classified as indicating a respondent has 'probable serious mental illness'.

5.2.3. Limitations

When comparing findings from this survey to other cohorts of injured or ill people, it is important to consider the following factors.

The baseline survey was conducted via a mixed mode (online and telephone) methodology while most previous surveys of injured people have been undertaken via telephone. Introducing a different mode of data collection (online) can limit comparability due to the potential for mode effects. Mode effects are typically more likely to occur where one mode is interviewer-administered (such as telephone) and another is self-administered (such as online). Mode effects have various sources, including but not limited to:

- Acquiescence response bias: respondents to interviewer-administered surveys tend to be more likely to agree to statements read by an interviewer than they would be to agree in a self-administered context due to the social norm that it is politer to agree than disagree.
- Social desirability bias: tendency of respondents to report an answer in a way that they deem to be more socially acceptable than their 'true' answer. Interviewer-administered surveys are at greater risk of social desirability bias.
- Response non-differentiation: self-administered surveys are at greater risk of respondents satisficing by selecting similar response options in a bank of items that use the same scale. Its most extreme form is straight lining, where the same response is given to every item in the bank.
- Response order effects: systematic variations in responses to surveys that depend on the order in which the items are presented. Self-administered surveys exhibit response primacy, where respondents are more likely to select items presented earlier. Interviewer-administered surveys exhibit response recency, where respondents are more likely to select items presented later.

Mode effects can be minimised to some extent via questionnaire design, but they cannot be completely overcome. For some outcomes, differences were found between those who completed online compared with those who completed via the telephone.

Fieldwork also coincided with social distancing restrictions that were imposed to limit community transmission of COVID-19. Where possible questions were added to the survey to understand the impact of the pandemic. However broader impacts of the pandemic on health and social outcomes are currently unknown.

Due to these reasons, comparisons with previous studies should be treated with caution.

It should also be noted the trends presented throughout this report are based on simple bivariate analysis. That is, analysis examining the relationship between two variables in isolation. Although useful for providing an initial description of key results, the main limitation of this analytical approach is that other factors are not taken into account. Due to these considerations, caution should be taken when drawing wider conclusions and inferences about the broader claimant population from the findings presented in this report.

6. Glossary of measures

Experience with Insurer

The customer service conduct principles were measured on a five-point scale ranging from 'strongly agree' to 'strongly disagree'. Exploratory factor analysis was undertaken to examine if items were measuring the same underlying construct of customer service experience. Results showed all items loaded onto a single factor. Responses to the customer service conduct principle items were summed, 1 ('strongly agree') to 5 ('strongly disagree'), to produce a customer service score for each claimant ranging from 8 to 40. Scores of 28 to 40 were classified as 'good customer service', scores of 21 to 27 'medium customer service' and 8 to 20 'poor customer service'.

Health care access

Access to medical treatment and services is key to optimising a claimant's recovery. Health and social care was measured by asking claimants the extent to which they agreed or disagreed they were able to access the medical treatment or services they needed for their injury or illness. Responses were recorded using a 5-point Likert type rating scale from 'strongly disagree' to 'strongly agree'.

Claimants were also asked about the healthcare providers they had seen and the extent to which they felt they helped their recovery. Responses were recorded on a five-point scale ranging from 'not at all helpful' to 'helped a great deal'.

Life back on track

An overall rating of claimants' current self-reported recovery was measured using the question: Thinking about your own circumstances right now, that is today, how would you rate the extent to which you have been able to 'get your life back on track', on a scale of 1 to 10 where 1 means 'not at all', and 10 means 'completely back on track'?

Perceived justice of the compensation process

The perceived justice of the compensation process series of measures is a scale that has been used widely in research related to compensation schemes. It measures injured or ill people's perceptions of fairness of their compensation experience across four broad dimensions – the details of their compensation arrangement (distributive justice), the claim process (procedural justice), information provision (informational justice) and interpersonal communications (interpersonal justice). Previous research has demonstrated a link between perception of injustice and recovery trajectories.⁷

For each dimension, respondents were asked to rate their level of agreement with a series of statements using a 5-point Likert type rating scale from 1 ('strongly agree') to 5 ('strongly disagree'). The mean level of agreement was calculated for each of the four dimensions. In doing so, the scale values were inverted, such that a higher mean score denotes a higher level of agreement (or, a higher perceived sense of justice/fairness).

Psychological distress

The Kessler 6 Psychological Distress Scale is a six-item scale for self-reported frequency of psychological distress indicators. Each item is rated on a five-point response scale (ranging from 1 'none of the time' to 6 'all of the time').

⁷ Sullivan, Michael & Yakobov, Esther & Scott, Whitney & Tait, Raymond. (2014). Perceived Injustice and Adverse Recovery Outcomes. *Psychological Injury and Law*. 7. 325-334. 10.1007/s12207-014-9209-8.

Standard Australian dichotomous scoring of the Kessler 6 was calculated whereby a score of 6 to 18 was classified as 'no probable serious mental illness' and a score of 19 to 30 was classified as indicating a respondent has 'probable serious mental illness'.

Return to work rate and current return to work rate

Returning to work or main activities as soon as safely possible following a workplace-related injury or illness (WC) or injury (CTP) has benefits for the claimant, their family, employer and society more broadly

The *Returned to Work Rate* is the proportion of claimants who had returned to work for any period of time at some stage since their first day off work. It is based on the question 'Have you returned to work at any time since your work-related injury or illness?' and reports the proportion of claimants who answer 'yes'.

The *Current Return to Work Rate* is the proportion of claimants who were working at the time of survey. This measure is based on the questions 'Are you currently working in a paid job?' and 'Have you returned to work at any time since your work-related injury or illness?'. It reports the proportion of claimants who state 'yes' to both.

Trust in the scheme

Trust in the scheme to get to help get back to work (WC scheme) or work or their usual activities (CTP scheme) was measured on a five points scale from 'strongly agree' to 'strongly disagree'. Claimants who agreed or strongly agreed were said to have 'high trust' in the scheme while claimants who disagreed or strongly disagreed were said to have 'low trust' in the scheme.

Overall health

Claimants self-reported overall health was measured using two questions adapted from the SF12 / self-assessed health question in the *National Health Survey*. The first question asked claimants about their overall health before their injury and the second question asked about their overall health on the day of the survey. Each question was rated on a five-point scale ranging from 'poor' to 'excellent'.

Current self-reported health was also measured using a series of items adapted from the EQ-5D. This included whether the claimant experienced issues in the domains of mobility, self-care, usual activities, pain and discomfort, or anxiety and depression. Each domain was rated on a five-point response scale ranging from having no problems with that domain to experiencing extreme problems with the domain.

Recovery

Claimants perceptions of their recovery was measured by asking about stage of recovery, 'Thinking about your recovery, do you **believe** your recovery will be, or already is...'. Response options included, 'a complete recovery', 'nearly complete recovery', 'partial recovery' and 'will not recover at all'. Claimants who expected to recover were then asked how long it will take for that level of recovery to occur. Response options included, 'already recovered as much as possible', 'next few months or so', 'within a year' and 'will take longer than a year'.

Return to everyday life

Similar to returning to work or usual activities, it is important for the claimant to return to everyday life activities. This was assessed in terms of frequency of social contact and ability to undertake or participate in various activities and tasks. Social contact was measured using the question, 'To what extent are you satisfied or dissatisfied with the FREQUENCY of your social contact in the past week?', on a five-points scale from 'completely dissatisfied' to 'completely satisfied'.

Claimants were also asked to rate how often their injury resulted in them being unable to undertake a series of tasks and activities including simple actions, activities that require physical co-ordination, activities that require concentration, participate in normal household activities, participate in normal social activities and participate in other regular activities. Each item was rated on a five-point scale ranging from 'all of the time' to 'none of the time'.

Appendix – Questionnaire

GENERAL PROGRAMMER NOTES

*ALL QUESTION TEXT IN **BLUE** IS CATI ONLY AND IN **DARK RED** IS ONLINE ONLY.

ONLINE INTRODUCTION

Hello and welcome to the survey. This survey is being conducted by the Social Research Centre on behalf of the NSW government's State Insurance Regulatory Authority - also known as SIRA.

We are very interested to learn about the experiences you have had relating to your recovery from [IF WC: your work-related injury or illness IF CTP: your injury]. The findings from this research will be used by SIRA to improve the outcomes for people in the [IF WC: workers compensation IF CTP: CTP] scheme. The survey should take around **20 minutes** to complete.

You are able to stop the survey at any time and return to complete it later. When you re-start the survey, use the same link and it will take you to where you left.

Please read the information below on the nature of the survey research.

Your information will be used to monitor the performance of insurers and to improve the outcomes of people in the <CTP / workers' compensation> scheme. As part of the survey we will conduct an analysis of your claim information and your survey responses. This information will help to better understand the experience and recovery of people in the <CTP / workers' compensation> scheme. This information will be used only for the purpose of research and will not affect your payments or be disclosed to your insurer.

Your information will not be disclosed unless required by law. At the end of the research your information will be de-identified. Participation is voluntary and you are free to stop the survey at any time.

If you agree to take part in this survey, please click next to start.

Further information about the survey can be found [here](#).

For more information, please call the Social Research Centre on 1800 023 040 or email sirasurvey@srcentre.com.au or contact SIRA on <IF CTP: 1300 656 919 or email ctpassist@sira.nsw.gov.au IF WC: 13 10 50 or email contact@sira.nsw.gov.au>.

CATI INTRODUCTION

*(ALL)

WELCOME SCREEN. Good morning/afternoon/evening. My name is (...) calling on behalf of the New South Wales government. May I please speak with <claimant fname>?

*(TIME STAMP 1)

*(ALL)

INTRO Good morning/afternoon/evening. My name is (...) calling on behalf of the New South Wales government's State Insurance Regulatory Authority – also known as SIRA. I'm calling from the Social Research Centre to follow up a letter that SIRA recently sent about a study they are undertaking to get feedback on your claim experience.

(Note: If talking to someone other than the respondent, do not divulge the nature of the survey).

IF NECESSARY: SIRA oversees the motor accidents CTP (Compulsory Third Party) and Workers Compensation (WC) insurance schemes in NSW.

NOTE: REFER TO SIRA CTP CALL CENTRE NUMBER FOR VALIDATION IF REQUESTED – CTP: 1300 656 919; WC: 13 10 50) SIRA website: sira.nsw.gov.au

1. Respondent available (CONTINUE)
2. Respondent not available now (Arrange callback)
3. Wrong number / Person not known (TERM 2)
4. Denies <workers compensation / CTP> Claim (TERM 2)
5. LOTE – (eg., Mandarin / Cantonese / Vietnamese / Italian / Greek / Arabic / Turkish / Croatia / Serbian) (NO LANGUAGE FOLLOW UP) (GO TO <R-LOTE>)
6. LOTE – Other language identified (NO LANGUAGE FOLLOW UP) (TERM 2)
7. Respondent LOTE – Language not identified (make appointment) (RECORD)
- 8.
9. HARD REFUSAL – NOT THIS TIME (GO TO NR1)
10. SOFT REFUSAL – NOT THIS TIME (GO TO NR1)
11. Respondent away for duration of survey (TERM 2)
12. Wants a copy of letter before proceeding (GO TO COPYPAL)
13. Respondent deceased (TERM 3)
14. Household refusal (TERM 2)

*(INTRO=5, LOTE)

R-LOTE RECORD LANGUAGE

1. Mandarin (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
2. Cantonese (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
3. Vietnamese (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
4. Italian (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
5. Greek (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
6. Croatian (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
7. Arabic (incl. Lebanese) (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
8. Turkish (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)
9. Serbian (CODE AS LANGUAGE DIFFICULTY FOLLOW UP)

*(INTRO=1, SPEAKING TO NAMED RESPONDENT)

INTROB [REPEAT IF NECESSARY:] Good morning/afternoon/evening. My name is (...) calling on behalf of the New South Wales government's State Insurance Regulatory Authority - also known as SIRA. I'm calling from the Social Research Centre to follow up a letter that SIRA recently sent about a study they are undertaking to get feedback on your claim experience.

SIRA is very interested to learn about the experiences you have had relating to your recovery from [IF RTW: your work-related injury or illness IF CTP: your injury]. You should have recently received a letter from SIRA about the study. The findings from this research will be used by SIRA to improve the services they provide.

This interview should take approximately 20 minutes of your time but may vary depending on your answers. If there are any questions you don't want to answer, just let me know and we'll move on to the next question. Is now a good time for us to talk?

IF NECESSARY: if you need to stop at any time during the interview, we can arrange to complete the interview at another time

IF NECESSARY: SIRA regulates the motor accidents Compulsory Third Party (CTP), Workers Compensation and Home Building Compensation insurance schemes in NSW and is committed to insurance systems that deliver optimal customer service outcomes.

1. Continue

2. Wants a copy of the letter before proceeding (GO TO ALET)
3. Make appointment to recontact
4. Household refusal (GO TO RR1)
5. Respondent refusal (GO TO NR1)
6. QR LOTE – Vietnamese, Arabic, Cantonese, Mandarin, Turkish, Croatian, Greek, Serbian, Italian) identified (no language follow up) (GO TO <R-LOTE>)
7. QR LOTE – Other language identified (no language follow up) (TERM 1)
8. QR LOTE – Language not identified (no language follow up) (TERM 1)
9. Queried about how telephone number was obtained (DISPLAY ATELQ)
10. Respondent deceased

*(IF INTRO=8 OR 9 OR 10 OR INTROB=6, RESPONDENT REFUSAL)

NR1. No problem, can I just ask you three very quick questions?

1. Yes *PROGRAMMER NOTE: SKIP TO B1, B2
2. No (RR1)
3. (Don't know / not sure) (TERM3)
4. (Refused to answer this question) (TERM3)
5. (Refused to answer any more questions) (TERM3)

*(IF NR=2, REFUSED NON-RESPONSE QUESTIONS)

RR1. OK, that's fine, but could you just tell me the main reason you don't want to do the survey, because that's important information for us?

(DO NOT READ OUT)

1. No comment / just hung up
2. Too busy
3. Not interested
4. Too personal / intrusive
5. Don't trust surveys / government
6. Don't like subject matter
7. Don't believe surveys are confidential / privacy concerns
8. Silent (unlisted) number
9. Never do surveys
10. Survey is too long
11. Get too many calls for surveys / telemarketing
12. Objected to being called on mobile phone
13. Other (Please specify)
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(ALL)

PRESAFE. INTERVIEWER CHECK: ARE YOU CALLING A MOBILE?

1. Yes
2. No (GO TO INTRO3)

*(PRESAFE=1, CALLING A MOBILE)

SAFE1. May I just check whether or not it is safe for you to take the call at the moment. If not I am happy to call you back when it is more convenient for you.

1. Safe to take call (GO TO INTRO3)
2. Not safe to take call (GO TO MOB_APPT1)
3. Respondent refusal (GO TO INTRO3)

*(IF SAFE1=2, NOT SAFE TO TAKE CALL)

MOB_APPT. Do you want me to call you back on this number or would you prefer I call back on another number?

1. This number (ARRANGE CALL BACK)
2. Alternative number (RECORD ALTERNATE NUMBER AND ARRANGE CALL BACK)
3. Refusal (GO TO RR1)

*(ALL)

INTRO3. The interview should take about 20 minutes. Before we begin, I will explain the nature of the survey research to you:

Your information will be used to monitor the performance of insurers and to improve the outcomes of people in the <CTP / workers' compensation> scheme. This information will be used only for the purpose of research and will not affect your payments or be disclosed to your insurer.

Your information will not be disclosed unless required by law. At the end the research your information will be de-identified. Any information you provide is completely confidential. Participation is voluntary and you are free to stop the interview at any time.

IF NECESSARY: If you have any concerns, you may contact the SRC hotline number on 1800 023 040.

Do you agree to take part in this survey?

1. Yes, Continue
2. No, Refused (TERM 2)

*(ALL)

MON This call may be monitored and recorded for training and quality purposes. If you don't wish this to happen please let me know?

1. Monitor and recording
2. Do not monitor/record

*(IF INTRO=12 OR INTROB=2, RESPONDENT WANTS TO RECEIVE A COPY OF THE LETTER)
COPYPAL. Would you like us to mail or e-mail you a copy of the letter? Alternatively, you can view the letter online at <URL>

1. Mail (Record name and verify address details from sample / collect address details) (GO TO <PALNAME1>)
2. E-mail (Collect name and email address / check e-mail address) (GO TO <PALNAME1>)
3. Will view the letter online

*(IF COPYPAL=1, 2)

*PROGRAMMER NOTE: INSERT TITLE, FNAM AND SNAME FROM SAMPLE
PALNAME1. Firstly, I have your name down as: <TITLE FNAME SNAME>
Is this correct?

1. Yes (GO TO PALADDRESS)
2. No (Display and edit name, one field at a time where necessary including TITLE, FNAME and SNAME)

*(IF COPYPAL=1, MAILOUT)

*PROGRAMMER NOTE: INSERT ADDR, SUBURB, STATE, PCODE FROM SAMPLE

PALADDRESS. The address I have is: <ADDR, SUBURB, STATE, PCODE>
Is this correct?

1. Yes
2. No – DISPLAY AND EDIT ADDRESS ONE FIELD AT A TIME WHERE NECESSARY

*(IF COPYPAL=2, EMAIL)

PALEMAIL. What is your email address?

[INTERVIEWER NOTE: READ BACK EMAIL ADDRESS BEFORE PROCEEDNG]

1. RECORD EMAIL ADDRESS
2. (REFUSED)

*(IF COPYPAL=1, 2)

PALLET2. You should receive that within the next week. Can I arrange a good time next week to call you back?

1. Arrange Callback (GO TO END)

SECTION A SCREENING

*(TIME STAMP 2)

*(ALL)

A1 To find out if you are eligible to participate in this study, I need to ask you please answer a few questions about your injury.

Did you personally have ANY dealings directly with <INSURANCE ORGANISATION NAME> <IF INSURERTYPE = 3 (SELF INSURED) INSERT: workers compensation> about your claim in the 12 months from April 2019 to March 2020?

1. Yes
2. No
98. (Don't know) / Not sure (GO TO TERM1)
99. (Refused) / Prefer not to say (GO TO TERM1)

*(A1=2, DIDN'T PERSONALLY DEAL WITH INSURANCE ORGANISATION)

A2. Who handled the dealings with <INSURANCE ORGANISATION NAME> <IF INSURERTYPE = 3 (SELF INSURED) INSERT: workers compensation>?

(MULTIPLE RESPONSE)

(READ OUT) Please select all that apply

1. Family member / Friend
2. Employer
3. Solicitor / Lawyer
4. Someone else (Please specify)
5. (Don't know) / Not sure *(EXCLUSIVE)
6. (Refused) / Prefer not to say *(EXCLUSIVE)

(The TAC)

*(MARKET (SCHEME TYPE) =CTP, CTP CLAIMANTS)

A3 What would you say was your MAIN activity at the time of your injury? Were you ...?
(READ OUT) (INTERVIEWER NOTE: IF 'SOMETHING ELSE', PROBE TO CODEFRAME)

(INTERVIEWER NOTE: REFERRING TO WORK STATUS NOT NUMBER OF HOURS WORKED)

(SINGLE RESPONSE)

1. Working full time
 2. Working part time
 3. Working casually
 4. Retired
 5. Performing home duties / caring for children
 6. Looking for work
 7. A carer for another person
 8. A student
 9. Doing voluntary/community work; or
 10. Something else (specify)
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(A3=1 TO 3, WORKING AT THE TIME OF ACCIDENT)

A3b. At the time of your accident were you working for an employer or working in your own business?

1. Working for an EMPLOYER
 2. Working in your OWN BUSINESS
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

(Safe Work Australia National Return to Work Survey)

*(MARKET (SCHEME TYPE)=WC OR A3 < 4, WC CLAIMANTS AND CTP CLAIMANTS WORKING AT TIME OF THE ACCIDENT)

*PROGRAMMER NOTE: IF SAMPLETYPE =WC, INSERT <DaysComp> FROM SAMPLE

*PROGRAMMER NOTE: IF SAMPLETYPE =CTP, INSERT <DaysInsure> FROM SAMPLE

A4. As a result of your injury did you take...?

INTERVIEWER NOTE: Please note: Time off could include a reduction in hours to assist with recovery or time to attend medical appointments.

INTERVIEWER NOTE: SAMPLE RECORD INDICATES RESPONDENT WAS COMPENSATED FOR <DaysComp> DAYS

INTERVIEWER NOTE: SAMPLE RECORD INDICATES RESPONDENT WAS INSURED FOR <DaysInsure> DAYS

(READ OUT)

1. Less than a day off work in total
 2. A **day or more** off work
 3. You retired, without first taking a day or more off work
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

(SIRA)

*(ALL)

A5. Before today, have you heard of SIRA?

1. Yes

- 2. No
- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

*(IF A4=2, TOOK A DAY OR MORE OFF WORK AS RESULT OF INJURY)

OUTTEXT. We're going to be **talking asking** about your <work-related injury or illness / injury> today. Sometimes people have more than one compensation claim. If this is the case for you, then it is important for you to remember that today, we will only be **talking asking** about your **most recent claim** and that <work-related injury or illness / injury>.

*PROGRAMMER NOTE: IF MARKET (SCHEME TYPE)=WC USE 'WORK-RELATED INJURY OR ILLNESS' IF MARKET (SCHEME TYPE)=CTP USE 'INJURY'

Please click next to continue

SECTION B RETURN TO WORK OUTCOMES

*(TIME STAMP 3)

*(A3≠4, ASK ALL EXCEPT THOSE RETIRED AT TIME OF ACCIDENT)

INTROB2 We are now going to ask you a few questions about work and any leave you may have taken as a result of your <work-related injury or illness / injury>.

Some of these questions may not necessarily apply in your situation, but it is important that we ask them of everyone.

*PROGRAMMER NOTE: IF MARKET (SCHEME TYPE)=WC USE 'WORK-RELATED INJURY OR ILLNESS' IF MARKET (SCHEME TYPE)=CTP USE 'INJURY'

Please click next to continue

(Safe Work Australia National Return to Work Survey)

*(A3≠4, ASK ALL EXCEPT THOSE RETIRED AT TIME OF ACCIDENT)

B1 Have you returned to <work / your MAIN activity at the time of your accident> at any time since your <work-related injury or illness / injury>?

*PROGRAMMER NOTE: IF MARKET (SCHEME TYPE)=WC OR A3 ≤ 3 USE 'WORK'. IF MARKET (SCHEME TYPE) ≠ WC AND A3 ≥ 4 USE 'YOUR MAIN ACTIVITY AT THE TIME OF YOUR INJURY'

IF MARKET (SCHEME TYPE)=WC USE 'WORK-RELATED INJURY OR ILLNESS' IF MARKET (SCHEME TYPE)=CTP USE 'INJURY'

- 1. Yes
- 2. No
- 5. Not applicable - retired
- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

(Safe Work Australia National Return to Work Survey)*(ALL)

*(A3≠4, ASK ALL EXCEPT THOSE RETIRED AT TIME OF ACCIDENT)

B2 Are you currently working in a paid job?

If you are not working any hours due to COVID-19 but still employed, please select 'yes'.

1. Yes
 2. No
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(B2=1, CURRENTLY WORKING)

B2B. In the last three months, have any of the following happened to you as a result of COVID-19?

- a) Had your hours of work reduced
- b) Your hourly rate of pay reduced
- c) Required to take paid leave
- d) Required to take unpaid leave
- e) Received JobKeeper payments

1. Yes
 2. No
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

(Safe Work Australia National Return to Work Survey)

*(B2=2, NOT CURRENTLY WORKING)

B3 Which of the following BEST describes your current MAIN activity. Are you...

(READ OUT)

2. Unemployed
3. Engaged in home duties or a carer
4. A student
5. Retired
6. Engaged in volunteer work
7. Unable to work

98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(PROGRAMMER NOTE: CALCULATE BDUM1. MAIN ACTIVITY)

BDUM1 MAIN ACTIVITY (HIDDEN QUESTION FOR WC)

1. CURRENTLY WORKING AND RTW AT ANY TIME (B2=1) AND (B1=1)
2. NOT WORKING OR HAVEN'T RETURNED TO WORK SINCE INJURY (((B2=2) AND (B3= 2 OR 3 OR 4 OR 6 OR 7 OR 98 OR 99))) OR (B2=1 AND B1=2)
3. RETIRED (B2=2 AND B3=5)
4. DON'T KNOW/CAN'T SAY (B2=98)
5. REFUSED (B2=99)

(Safe Work Australia National Return to Work Survey)

*(ASK IF B2=2 AND B3≠ 5. NOT CURRENTLY WORKING AND NOT RETIRED)

B4. Just to double check, what is the main reason you are not currently working?

INTERVIEWER NOTE: IF RESPONSE IS INJURY OR ILLNESS, REAFFIRM IF ANYTHING OTHER THAN INJURY OR ILLNESS / INJURY.

(DO NOT READ OUT)

1. <IF WC: Work-related injury or illness IF CTP 'Motor accident injury>

2. Have a new injury or illness
3. Old injury or illness got worse/aggravated
4. Decided to retire/I retired
5. Decided to resign
6. Decided to study
7. Dismissed by employer
8. Was made redundant / Retrenched
9. No suitable job available / Employer unable to find a suitable job for me
10. Other (Please specify)
11. (Don't know / Can't say)
12. (REFUSED)

*(ASK IF B4=4 TO 10 OR B3=5. NOT WORKING NOT RELATED TO INJURY, OR RETIRED)

B4B. You indicated that the main reason you are not working is because you <insert response from B4 or 'retired' if B3=5>. Is this a result of the COVID-19 pandemic, or is it because of some other reason?

(DO NOT READ OUT)

1. It is a result of the COVID-19 pandemic
2. It is because of some other reason
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(PROGRAMMER NOTE: CALCULATE BDUM2. MAIN ACTIVITY)

BDUM2 WORK STATUS (HIDDEN QUESTION)

1. Currently working AND RTW at any time IF BDUM1=1
2. Not currently working (may be currently retired), previously IF BDUM1≠1 AND B1=1
3. Not currently working (may be currently retired), never tried to IF BDUM1≠1 AND B1≠1

(Safe Work Australia National Return to Work Survey)

*(IF BDUM2=1 OR 2 AND A3≠4/5,7/10: HAS RTW AT SOME STAGE)

B5 When you FIRST went back to work, was this with the same employer as at the time of your <IF WC: work-related injury or illness IF CTP: injury>?

1. Yes, same employer
2. No, changed employer
3. (Don't know / Can't say)
4. (REFUSED)

(Safe Work Australia National Return to Work Survey)

*(IF BDUM2=1 OR 2 AND A3≠4/5,7/10: HAS RTW AT SOME STAGE)

B6 When you FIRST went back to work, were the hours you returned to the same, more or less than what you were doing at the time of your <IF WC: work-related injury or illness IF CTP: injury>?

1. Same
2. More
3. Less
4. (Don't know / Can't say)
6. (Refused)

(Safe Work Australia National Return to Work Survey)

*(IF BDUM2=1 OR 2 AND A3≠4/5,7/10: HAS RTW AT SOME STAGE)

B7 When you FIRST went back to work, were the duties you returned to the same, slightly different or completely different to what you were doing at the time of your <IF WC: work-related injury or illness IF CTP: injury>.

INTERVIEWER NOTE: 'slightly different' includes 'restricted', or 'alternate' duties

1. Same duties
2. Slightly different (modified / light duties)
3. Completely different duties

98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

SECTION C TRUST AND CONFIDENCE; AND CUSTOMER EXPERIENCE

*(TIME STAMP 4)

(New Zealand Accident Compensation Corporation)

*(ALL)

C1 Now thinking about your experience in the <workers compensation / CTP> scheme. To what extent do you agree or disagree that you trust the <workers compensation / CTP> scheme to help you get back to <work / work or your usual activities>?

*PROGRAMMER NOTE:

IF MARKET (SCHEME TYPE)=WC USE "WORKERS COMPENSATION" IF MARKET (SCHEME TYPE)=CTP USE "CTP"

IF MARKET (SCHEME TYPE)=WC USE "WORK" IF MARKET (SCHEME TYPE)=CTP USE "WORK OR YOUR USUAL ACTIVITIES"

(READ OUT)

(RESPONSE FRAME)

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

6. (Not applicable)
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

(New Zealand Accident Compensation Corporation)

*(IF C1=1, 2 OR 3, LEVEL OF TRUST LOW)

C2 If <<workers compensation / CTP>> could make one change to increase your trust, what would it be?

*PROGRAMMER NOTE: IF MARKET (SCHEME TYPE)=WC USE "WORKERS COMPENSATION" IF MARKET (SCHEME TYPE)=CTP USE "CTP"

1. RECORD VERBATIM

98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

(New Zealand Accident Compensation Corporation)

*(IF C1= 4 OR 5, LEVEL OF TRUST HIGH)

C3 What is the main reason that you trust the <workers compensation / CTP> scheme?

*PROGRAMMER NOTE: IF MARKET (SCHEME TYPE)=WC USE "WORKERS COMPENSATION" IF MARKET (SCHEME TYPE)=CTP USE "CTP"

1. RECORD VERBATIM
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

(SIRA)

*(ALL)
C4

Please now think about the service that you received from <INSURANCE ORGANISATION NAME> <IF INSURERTYPE = 3 (SELF INSURED) INSERT: workers compensation> in the 12 months from April 2019 to March 2020. To what extent do you agree or disagree that <INSURANCE ORGANISATION NAME> <IF INSURERTYPE = 3 (SELF INSURED) INSERT: workers compensation>...?

(STATEMENTS) (RANDOMISE)

- a) Was efficient in their dealings with you
- b) Was easy to deal with
- c) Acted with empathy
- d) Resolved your concerns quickly
- e) Treated you with dignity and respect (DO NOT ASK AS THIS IS COVERED IN PERCEIVED JUSTICE – TO BE AUTOFILLED)
- f) Kept you informed about your claim
- g) Was able to address any concerns you had
- h) Advised you of your rights, be that in writing or verbally

(READ OUT)

(RESPONSE FRAME)

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree
6. (Not applicable)
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

SECTION D PERCEIVED JUSTICE SCALE

*(TIME STAMP 4)

(Perceived Justice of the Compensation Process)

*(ALL)
D1PRE

The next questions ask about your experience with obtaining compensation for your <work-related injury or illness / injury> and about your experiences with <INSURANCE ORGANISATION NAME> <IF INSURERTYPE = 3 (SELF INSURED) INSERT: workers compensation>.

*PROGRAMMER NOTE: IF MARKET (SCHEME TYPE)=WC USE 'WORK-RELATED INJURY OR ILLNESS' IF MARKET (SCHEME TYPE)=CTP USE 'INJURY'

There are no right or wrong answers; I am / we are interested only in your opinion.

*(ALL)

D1

I will read you / Below are a number of statements. For each statement, please tell me / indicate the extent to which you agree or disagree. Some of these statements may not be relevant to you, but we need to ask them of everyone.

*(ROTATE EACH SECTION AND STATEMENTS WITHIN EACH SECTION) (one statement per screen)

INTERVIEWER NOTE: If QR has had dealings with more than one person, direct QR to think about their dealings in general

IF NECESSARY: Please note: Compensation refers to financial benefits a claimant is entitled to receive once their claim has been accepted. Types of benefits include income replacement payments, reimbursement for medical and hospital treatment and permanent impairment entitlements

*(PROGRAMMER NOTE: DISPLAY STATEMENT AFTER INTERVIEWER NOTES)

*(PROGRAMMER NOTE: AFTER THE SECOND SECTION OF STATEMENTS IN THE ROTATION IS READ INSERT TEXT FOR CATI: We have some more statements to ask you, please bear with me.)

(STATEMENTS)

PROGRAMMER: DO NOT DISPLAY: **Distributive Justice**

- a) Overall, your compensation benefits have been fair and acceptable
- b) Considering the nature of your injury, the AMOUNT OF COMPENSATION you have been receiving has been fair and acceptable
- c) Considering the nature of your injury, the LENGTH OF TIME that you have been receiving compensation benefits has been fair and acceptable
- d) Considering your previous level of pay, the AMOUNT OF COMPENSATION has been fair and acceptable

PROGRAMMER: DO NOT DISPLAY: **Procedural Justice**

- a) You have been able to express your views and feelings when the insurer has made decisions about your compensation benefits
- b) You have had influence over your compensation benefits
- c) The way that the insurer has been making decisions has not been prejudiced or biased against you
- d) The insurer has been collecting accurate information to make decisions
- e) The way that the insurer has been making decisions has been honest
- f) The way that the insurer has been making decisions has been fair to you

PROGRAMMER: DO NOT DISPLAY: **Informational Justice**

- a) The person from the insurer has provided you with the information you needed
- b) The person from the insurer has carefully and completely explained the way decisions are made
- c) The person from the insurer has communicated details at the appropriate times

Interpersonal Justice

- a) The person from the insurer has treated you in a polite manner
- b) The person from the insurer has treated you with dignity and respect

*(PROGRAMMER NOTE: AUTPOPULATE C4E WITH RESPONSE FROM INTERPERSONAL JUSTICE ITEM B)

(READ OUT)

(RESPONSE FRAME)

1. Strongly disagree
 2. Disagree
 3. Neither agree nor disagree
 4. Agree
 5. Strongly agree
 6. (Not applicable)
-
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

SECTION E HEALTH OUTCOMES

*(TIME STAMP 5)

*(ALL)

PREE1 We would now like to ask you a few questions about your recovery. Please let me know if there is anything that you are uncomfortable answering and I will move on to the next question. You can refuse to answer any question you don't feel comfortable answering. Please also know that nothing you tell us will affect your payments.

(Safe Work Australia National Return to Work Survey)

*(ALL)

E1 Thinking about your recovery, do you **believe** your recovery will be, or already is....., (READ OUT)

1. A complete recovery
 2. Nearly complete recovery
 3. Partial recovery
 4. You will not recover at all
-
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

*(E1=1 TO 3, RECOVERY EXPECTED)

E1B Thinking about your recovery, what impact do you **believe** the COVID-19 situation will have on the speed of your recovery? (READ OUT)

1. It will slow my recovery
 2. It will have no impact on my recovery
 3. It will speed up my recovery
-
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

(Safe Work Australia National Return to Work Survey and the Transport Accident Commission)

*(E1=1 TO 3, RECOVERY EXPECTED)

E2 Which of the following statements best describes how long you think it will take for that level of recovery to occur? If in doubt your best estimate is fine.

(READ OUT)

1. You / I have already recovered as much as possible
2. It will be in the next few months or so

3. It will be within a year, or
 4. It will take longer than a year
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

(The Transport Accident Commission)

*(E1=1 TO 3, RECOVERY EXPECTED)

E3 In your opinion, who will be (or is) the MOST responsible for your recovery?

*(PROGRAMMER NOTE: OPEN TEXT QUESTION FOR ONLINE RESPONDENTS, DON'T DISPLAY CODES 1 TO 16)

(DO NOT READ)

1. Myself
 2. GP
 3. Specialist
 4. Physiotherapist
 5. Psychologist/psychiatrist
 6. Other health professional in hospital (specify)
 7. Other health professional private/in the community (specify)
 8. Workplace rehabilitation provider
 9. Employer
 10. SIRA
 11. Government
 12. <Insurance organisation name> <IF INSURERTYPE = 3 (SELF INSURED)
INSERT: workers compensation>
 13. Spouse/partner
 14. Other family member/relative/friend
 15. No-one
 16. Other (Please specify)
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

(The Transport Accident Commission)

*(E2=2 TO 4 OR 98, BELIEVES FURTHER RECOVERY IS POSSIBLE)

E4 And what do you think could be done to help you improve your recovery?

(PROBE FULLY)

1. Response given (specify main reasons)
 2. Nothing
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

(Safe Work Australia National Return to Work Survey)

*(ALL)

E5 To what extent do you agree or disagree that you were able to easily access the medical treatment or services that you needed for your injury <IF WC: or illness>? Would you say...

(READ OUT)

(RESPONSE FRAME)

1. Strongly disagree
 2. Disagree
 3. Neither agree nor disagree
 4. Agree
 5. Strongly agree
 6. (Not applicable)
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

*(ALL)
E5B

What impact has the COVID-19 situation had on your ability to access the medical treatment or services that you need for your injury <IF WC: or illness>?

1. Made it much more difficult
 2. Made it slightly more difficult
 3. It has had no impact
 4. Made it slightly easier
 5. Made it much easier
 6. (Not applicable)
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

(Safe Work Australia National Return to Work Survey – variation of)

*(ALL)
E6

Thinking about all the healthcare providers you have seen, to what extent do you feel they helped with your recovery? Would you say they have...

(READ OUT)

(RESPONSE FRAME)

1. Not helped at all
 2. Helped a little
 3. Helped a fair amount
 4. Helped a great deal
 5. (Not applicable)
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

(Pre-Accident SF-12 Global)

*(ALL)
E7

BEFORE YOUR INJURY how would you describe your overall health? Would you say your overall health was...

(READ OUT)

1. Poor
 2. Fair
 3. Good
 4. Very good
 5. Excellent
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

*(ALL)

E8INTRO The next five questions are about different areas of your health. For each of these questions please select the one option that best describes your health today.

(PROGRAMMER NOTE: RANDOMISE E6A TO E6E)

(EQ-5D)

*(ALL)

E8a In terms of MOBILITY, which of the following options best describes your health TODAY?
Would you say...

(READ OUT)

1. You / I have no problems in walking about
 2. You / I have slight problems in walking about
 3. You / I have moderate problems in walking about
 4. You / I have severe problems in walking about
 5. You are / I am unable to walk about
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(ALL)

E8b In terms of SELF-CARE, which of the following options best describes your health TODAY? Would you say...

(READ OUT)

1. You / I have no problems washing or dressing yourself / myself
 2. You / I have slight problems washing or dressing yourself / myself
 3. You / I have moderate problems washing or dressing yourself / myself
 4. You / I have severe problems washing or dressing yourself / myself
 5. You are / I am unable to wash or dress yourself / myself
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(ALL)

E8c In terms of your USUAL ACTIVITIES, which of the following options best describes your health TODAY? Would you say...

(READ OUT)

1. You / I have no problems doing your / my usual activities
 2. You / I have slight problems doing your / my usual activities
 3. You / I have moderate problems doing your / my usual activities
 4. You / I have severe problems doing your / my usual activities
 5. You are / I am unable to do your / my usual activities
98. (Don't know) / Not sure
99. (Refused) / Prefer not to say

*(ALL)

E8d In terms of PAIN AND DISCOMFORT, which of the following options best describes your health TODAY? Would you say...

(READ OUT)

1. You / I have no pain or discomfort

2. You / I have slight pain or discomfort
 3. You / I have moderate pain or discomfort
 4. You / I have severe pain or discomfort
 5. You / I have extreme pain or discomfort
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

*(ALL)
E8e

In terms of ANXIETY AND DEPRESSION, which of the following options best describes your health TODAY? Would you say...

(READ OUT)

1. You are / I am not anxious or depressed
 2. You are / I am slightly anxious or depressed
 3. You are / I am moderately anxious or depressed
 4. You are / I am severely anxious or depressed
 5. You are / I am extremely anxious or depressed
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

(SF-12 Global)

*(ALL)
E9

In general, how would describe your overall health TODAY? Would you say...

(READ OUT)

1. Poor
 2. Fair
 3. Good
 4. Very good
 5. Excellent
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

(Kessler 6)

*(ALL)

E10INTRO The next questions ask about how you have been feeling IN THE LAST 4 WEEKS, that is, since about this time last month. Again, if you're uncomfortable with any question, just let me know and I'll skip past it / just click on the 'next' button to move on to the next question.

IF NECESSARY: These questions are specifically about your mental health and wellbeing. Remember, all your answers are kept completely confidential. If you'd prefer not to answer any question, just tell me and I'll move on to the next question.

*(ALL)
E10

In the last four weeks, about how often did you feel...

(STATEMENTS)

- a) Nervous
- b) Hopeless
- c) Restless or fidgety
- d) So depressed that nothing could cheer you up
- e) That everything was an effort
- f) Worthless

Would you say...

(READ OUT)

(RESPONSE FRAME)

1. All of the time
 2. Most of the time
 3. Some of the time
 4. A little of the time
 5. None of the time
-
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

*(PROGRAMMER NOTE: CREATE DUMMY VARIABLE 'FLAG1' FROM R1)

FLAG1. "Potential call escalation flag"

1. "Flagged" (IF E10d=1 OR 2 OR E10f=1 OR 2 – FELT DEPRESSED OR WORTHLESS MOST OR ALL OF THE TIME)
2. "Not flagged" (IF E10d≠1 OR 2 AND E10f≠1 OR 2 – NOT FELT DEPRESSED AND NOT FELT WORTHLESS MOST OR ALL OF THE TIME)

(Bespoke)

*(IF FLAG1=1, HAD NEGATIVE FEELINGS)

E11. Have you seen a doctor or other health professional about these feelings in the past four weeks?

1. Yes
 2. No
-
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

SECTION F HEALTH AND SOCIAL CARE / SUPPORT

*(TIME STAMP 6)

*(ALL)

FINTRO We are also interested in the impact that your injury has had on your **ability to do certain things or perform certain activities** IN THE LAST WEEK. If you did not have the opportunity to perform a particular activity in the past week, please make your best estimate as to which response would be the most accurate.

Please keep in mind that we are conducting this survey with people who have had a variety of injuries, **so please bear with me if so some of these questions feel like they are not relevant to you / so some of these questions may feel like they are not relevant to you, however it's important that we ask them of everyone.**

*(ALL)

F1 In the last week, how often has your injury resulted in you being unable to do the following?

(STATEMENTS)

- a) Unable to do simple actions such as standing, reaching, sitting, or walking
- b) Unable to do activities that require physical co-ordination such as getting dressed, eating, making dinner or cooking
- c) Unable to do activities that require concentration such as reading, watching TV, driving

- d) Unable to participate in your normal household activities (things you would normally do at home with, or for, your family)
- e) Unable to participate in your normal social activities with your friends, family or neighbours
- f) Unable to participate in other regular activities, such as your work or study

Would you say...

(READ OUT)

(RESPONSE FRAME)

- 1. All of the time
- 2. Most of the time
- 3. Some of the time
- 4. A little of the time
- 5. None of the time

- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

*(ALL)
F3

To what extent are you satisfied or dissatisfied with the FREQUENCY of your social contact in the past week? Would you say, overall, you are...

(READ OUT)

- 1. Completely dissatisfied
- 2. Mostly dissatisfied
- 3. Neither satisfied nor dissatisfied
- 4. Mostly satisfied
- 5. Completely satisfied

- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

(The Transport Accident Commission)

*(ALL)
F4

Thinking about your own circumstances right now, that is today, how would you rate the extent to which you have been able to 'get your life back on track', on a scale of 1 to 10 where 1 means 'not at all', and 10 means 'completely back on track'?

- 1. 1 -- Not at all
- 2. 2
- 3. 3
- 4. 4
- 5. 5
- 6. 6
- 7. 7
- 8. 8
- 9. 9
- 10. 10 - Completely back on track

- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

*(ALL)
F5

Thinking about the survey you have answered today, is there anything you would like to add about your experience of <workers compensation or CTP>, SIRA or the survey itself?

- 1. Response given (SPECIFY)

- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

FUTURE RESEARCH

*(TIME STAMP 7)

*(ALL)

G1 Thank you (...NAME...). The Information you have provided will be really valuable. When combined with information from other respondents, it will help SIRA to better understand claimants' experiences with the [IF WC: workers compensation IF CTP: CTP] scheme.

This interview is part of an ongoing study and we would really like to **call you back contact you again** in **3 months** time to follow up on how you are going.

The follow up interviews are shorter than this one – as many of the questions we needed to ask you today were about your situation prior to the accident.

Are you happy for us to contact you in approximately **3 months**? You can choose not to participate at that time.

(RESPONSE FRAME)

- 1. Yes
- 2. No

- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

*(ALL)

G2 The researchers from the Social Research Centre conducting the study may also wish to conduct additional research related to today's survey. This may take place over the phone or in person (as a depth interview or in a focus-group) for around 60 minutes.

A researcher would contact you with more specific information closer to the time to help inform you of what will be required. You may change your mind at any time. Can we contact you for this?

- 1. Yes
- 2. No

- 98. (Don't know) / Not sure
- 99. (Refused) / Prefer not to say

*(G1=1 OR G2=1, WILL PARTICIPATE IN FOLLOW-UP RESEARCH)

G3 Would you prefer to be contacted by phone or email?

- 1. Prefer to be contacted by phone
- 2. Prefer to be contacted by email
- 3. No preference
- 98. (Unsure)
- 99. (Prefer not to say)

*(G1=1 OR G2=1, WILL PARTICIPATE IN FOLLOW-UP RESEARCH)

G4 Thanks for that, can you please confirm your details so that we may re-contact you some time in the future?

*(PROGRAMMER: AUTOFILL THESE DETAILS FROM THE SAMPLE, ALLOW FIELDS TO BE EDITABLE)
(INTERVIEWERS: UPDATE AND ADD DETAILS WHERE APPLICABLE)

**Indicates mandatory fields ('Best contact number' is mandatory if G3=1 OR 3, 'Email' is mandatory if G3 = 2 OR 3)*

3. First name*:
 4. Last name*:
 5. Address line1:
 6. Address line 2:
 7. Best contact number:
 8. Alternative contact number:
 9. Email:
-
98. (Don't know) / Not sure
 99. (Refused) / Prefer not to say

CLOSE

*(TIME STAMP 9)

*(ALL)
END1

Thank you for your responses.

IF FLAG = 1, HAD NEGATIVE FEELINGS: We know that some of the questions in this survey can be sensitive for people – if you would like to talk with someone about any issues you might be facing, please know that you can contact

IF FLAG ≠ 1: Everyone's experiences are different, if the questions in this survey have raised anything that you would like support for, please know that you can contact:

Beyond Blue on 1300 22 46 36
Lifeline on 13 11 14

This research is carried out in compliance with the Privacy Act and the Australian Privacy Principles, and the information you have provided will only be used for research purposes. Our Privacy Policy is available via our website, www.srcentre.com.au.

Just in case you missed it, my name is <SAY NAME> from the Social Research Centre and this survey is conducted on behalf of the State Insurance Regulatory Authority.

This survey is conducted by the Social Research Centre on behalf of the State Insurance Regulatory Authority.

If you have any queries or concerns about the survey, I have a number I can give you? please use the numbers below.

(DO NOT READ OUT UNLESS REQUESTED)

SRC GENERAL 1800 023 040
SIRA: <1300 656 919 / 13 10 50>

*PROGRAMMER NOTE: IF MARKET (SCHEME TYPE)=WC DISPLAY '13 10 50', IF MARKET (SCHEME TYPE)=CTP DISPLAY '1300 656 919'

TERMINATION SCRIPTS

TERM 1

Thank you for your interest but we need to know whether or not you have had direct dealings with your insurer.

TERM 2

Thank you for your time.

TERM 3

Thank you for your time. We are sorry for your loss and will advise SIRA so they can update their records and you are not phoned again.

INTERVIEWER NOTE: A CALL ALERT MUST BE COMPLETED