Transforming learning systems so everyone can succeed

SIRA Funded Program Evaluation

Final Report

29 August 2025

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Acronyms

Acronym	Full Term / Meaning
ACER	Australian Council for Educational Research
BTP	Base Tariff Premium
C2W	Connect2Work
COC	Certificate of Capacity
CTP	Compulsory Third Party (Green Slip / Insurance Scheme)
DEIS	Date of Entry Into Insurer's System
ER	Employer
ERA	Education or Retraining Assistance
FT/E	Full-Time Equivalent
FU	Follow Up
FY	Financial Year
icare	Insurance & Care NSW
INS	Insurer
IW	Injured Worker
JCPP	JobCover Placement Program
JC6	JobCover Placement Program (6-month version)
MAIA	Motor Accident Injuries Act 2017
MAOF	Motor Accidents Operational Fund
NI	Nominal Insurer
Non-Psych	Non-Psychological Injury (typically physical)
NTD	Nominated Treating Doctor
PIAWE	Pre-Injury Average Weekly Earnings
Psych	Psychological Injury
RAWA	Recover at Work Assist
RPL	Recognition of Prior Learning
RTW	Return to Work
Self	Self-Insurer
SICG	State Insurance and Care Governance Act 2015
SIRA	State Insurance Regulatory Authority

Acronym	Full Term / Meaning
SSI	Self and Specialised Insurer
TMF	Treasury Managed Fund
TOOCs	Type of Occurrence Classification System
TPW	Training Program Work
VR	Vocational Rehabilitation
VRE	Vocational Retraining and Education
WC	Workers Compensation
WCD	Work Capacity Decision
WCOF	Workers Compensation Operational Fund
WHS	Work Health and Safety
WKR	Worker
WRP	Workplace Rehabilitation Provider
WT	Work Trial

Executive Summary

The State Insurance Regulatory Authority (SIRA) is the independent regulator of the workers compensation, compulsory third party, and home building compensation insurance schemes in NSW.

The personal injury compensation system comprises two primary schemes, each with distinct legislative foundations and operational structures. The **Workers Compensation (WC)** scheme supports workers who sustain injuries or illnesses in the course of their employment, providing compensation, treatment, and return to work (RTW) assistance. The **Compulsory Third Party (CTP)** scheme covers people injured in motor vehicle accidents.

In 2021–22, 100,763 WC claims were lodged in NSW. While most injured people (83%) returned to work within 13 weeks, around 17% - approximately 17,000 people - did not. The 13-week RTW rate has declined from 82% in July 2021 to 79% as of April 2025, according to the latest data[1].

This decline highlights an increasing number of workers experiencing delayed recovery and underscores the growing importance of RTW measures. Additionally, *'Reversing the trend: Improving return to work outcomes in NSW'*[2] highlighted the need for more effective, targeted interventions to improve recovery and work participation.

The primary driver for the **SIRA funded programs** is to improve recovery through work and address the ongoing downward trend in RTW outcomes across the NSW WC scheme and CTP schemes. The current suite of programs is summarised in Section 1 of this report. The funding for the SIRA funded programs is paid directly via the WC Operational Fund and the Motor Accidents Operational Fund[3].

This independent desk-based evaluation was commissioned to provide an objective, evidence-based assessment of the program's efficacy and whether the programs meet their intent: identifying what is working well, where improvements are needed and how the programs can be further enhanced to better support recovery through work and help reverse the downward RTW trend.

Key Findings

The SIRA funded programs support a smaller, higher-need cohort at greater risk of delayed recovery and/or long-term detachment from work. Their outcomes should be interpreted in the context of this more complex population, which requires tailored, sustained support.

1. **Programs broadly align with policy intent but need an overarching logic to maximise impact**

   The fundamental design of SIRA funded programs reflects sound policy intent and broadly aligns with national and international best practice. However, delivery on the ground remains uneven, characterised by low awareness, delayed referrals, administrative complexity, and fragmented coordination, which can undermine their utilisation, effectiveness, and efficiency.

   While early intervention remains essential, it requires careful balancing with the needs of this specific cohort. Approximately 80% of injured persons return to work within 13 weeks, with higher RTW rates for physical injuries compared to psychological injuries. Using risk-based referral approaches, SIRA funded programs focus on a smaller subgroup who often

[1] Open data analytics tool - Return to work Rates
[2] Successful recovery at work strategies - SIRA
[3] The Workers Compensation and the Motor Accident Operational Fund is comprised of contributions made by insurers (in accordance with Section 35 (1)(a1) of the WIMWC Act.) and levies generated on CTP insurance premiums collected by CTP insurers (Section 10.17 of the Motor Accident Injuries Act 2017)

have complex needs and require additional support. Premature intervention can inadvertently cause delays, increase costs, lead to over-servicing, and impact self-agency.

Moreover, structural barriers may limit program access for certain cohorts. At times, programs are applied as default or 'band-aid' solutions rather than being utilised strategically to support sustained, durable return-to-work outcomes.

2. **Utilisation is strong in some programs and mixed in others, with administrative barriers limiting uptake**

   Overall uptake is strong but uneven across programs and schemes. While there is representation across a range of demographics, industries and occupations, participants are predominantly mid-late career males working in high-injury industries and occupations, with demographic and injury patterns closely mirroring the broader WC claimant profile. Stakeholders reflect positively on the fundamentals and potential of the programs to improve RTW outcomes – particularly the JobCover Placement Program (JCPP) – albeit noting that operational and administrative barriers are limiting their utilisation.

3. **Programs are most effective when tailored and well-timed but RTW outcomes vary**

   Program effectiveness varies, with many demonstrating strong outcomes overall, as well as for specific cohorts. JCPP delivers the strongest RTW outcomes across schemes and cohorts. Training and Work Trial programs also play a valuable role in recovery from psychological injury and job readiness. Effectiveness appears to be highest when programs are tailored, timely, and well-coordinated. It appears that industry and occupational contexts can influence success, while administrative burden and limited promotion can hamper impact.

4. **Administrative burden hampers efficiency**

   Administrative complexity reduces efficiency, with fragmented processes, inconsistent documentation, and duplicative requirements hindering timely and consistent delivery. These barriers can create confusion and frustration, delay engagement, and increase delivery costs. While some administrative rigour is necessary for accountability, the current burden risks diverting effort away from participant-focused support.

5. **Poor data quality limits visibility of outcomes and impact**

   Poor data quality and information gaps constrain program monitoring, evaluation, and continuous improvement. Limited consistency in data collection, incomplete reporting, and variable quality of information restrict visibility of both short- and long-term outcomes. These gaps can reduce confidence in assessing program impact, limit opportunities to compare across programs, and weaken the evidence base for future decision-making. Improved data standards, consistent outcome measures, and better reporting processes would strengthen accountability and support more strategic use of SIRA funded programs.

Recommendations for program enhancement

SIRA funded programs are grounded in sound policy intent and offer valuable support to injured persons with diverse recovery needs. However, findings from this desk-based evaluation suggest that the system has become increasingly complex, with overlapping programs, unclear pathways, and burdensome administrative requirements.

Significant data integrity issues and persistent gaps in tracking limit visibility of program reach, performance, and cost-effectiveness - hindering both operational decision-making and strategic oversight. Without improved data systems, it will remain difficult to monitor outcomes or refine programs based on evidence.

A more consistent and sequenced system-wide approach is needed to realise program intent. This would build on strong foundations to deliver risk-based, multidisciplinary support through clearly structured RTW pathways, streamlined processes, and improved data and tracking to monitor progress and outcomes.

Rather than introducing new initiatives, now is the time to take stock - to consolidate what is working, simplify what has become unwieldy, and embed a clearer logic for how each individual program collectively contributes to durable return-to-work outcomes.

The following recommendations are designed to strengthen coherence, improve usability, and support more strategic and integrated use of existing programs.

1. Embed a sequenced pathway framework for SIRA funded programs across the WC and CTP schemes

Reconfigure the suite of SIRA funded programs into a coherent, internally integrated framework aligned with best-practice claims management. Programs should be mapped to key phases of recovery - such as assessment, activation, placement, and post-placement support - with clear guidance on sequencing and timing.

2. Align programs to a shared theory of change

Develop logic models for each program to clarify how they each contribute to recovery, confidence-building, and a durable RTW outcome. This would ensure stronger alignment with legislative intent and provide clearer rationale for use across different cohorts, including those with additional needs and requirements.

3. Streamline administrative requirements

Simplify referral, eligibility, and reimbursement processes by reducing duplication and clarifying requirements. Aligning and consolidating guidance materials, forms, and eligibility criteria across programs would improve consistency and reduce administrative burden. A clearer, more streamlined system would make it easier for Workplace Rehabilitation Providers, insurers, and employers to navigate and comply with program requirements.

4. Consolidate and rebrand overlapping programs

Merge programs with similar purposes (e.g. JCPP and JobCover6; Work Trial and Connect2Work) and adopt plain-English naming conventions. This would reduce confusion, support clearer communication, and improve uptake - especially among employers with limited administrative capacity.

5. Refocus the training program around targeted, flexible skill development

Revise the Training Program to better reflect evolving workforce needs and training standards. While recognising the important role that Recognition of Prior Learning (RPL) can play, develop targeted funding arrangements for different categories of training based on SIRA's priorities (e.g. full qualifications, short-form training, micro credentials, and Statements of Attainment[4]). In a post-COVID world of work that places digital literacy at a premium, a clearer framework encompassing preparatory short courses, industry licences, and modular VET to higher education pathways would improve alignment with participant needs and job market demand.

[4] Training program guidance material state that courses selected should: be provided by a registered training organisation or higher education provider; result in formal qualifications recognised by the Australian Quality Training Framework or provide an industry-recognised licence or certificate; be the best match to the worker's circumstances.

6. Strengthen early activation and readiness supports

Expand early-stage supports for vocational re-engagement, including structured psychosocial readiness interventions and mental health supports. Partnering with rehabilitation services to provide integrated mental and physical recovery pathways would ensure programs are suitable for a broader cohort of claimants, including those with psychological injuries or complex barriers to work. Once the programs are reset, providing rehabilitation providers with clearer guidance and supports to make targeted, appropriate program recommendations could improve engagement, increase completion rates, and support stronger long-term return-to-work outcomes.

7. Create a centralised resource for SIRA funded programs

Establish a centralised online resource to connect stakeholders – such as Workplace Rehabilitation Providers and employers – involved in SIRA funded programs. Greater visibility and streamlined communication between these groups would enable earlier activation, broaden placement opportunities, and strengthen readiness supports, contributing to more timely and sustainable return-to-work outcomes.

8. Improve stakeholder education and employer engagement

Review and enhance all communications and guidance materials to better support program understanding and administration, particularly for employers and treating practitioners. Clearer, more accessible resources would improve confidence and engagement - especially for small businesses and new program participants - and reduce the current reliance on Workplace Rehabilitation Providers to drive participation.

9. Modernise data and monitoring infrastructure

Build shared data systems to support accurate coding, monitoring of long-term RTW outcomes and consistent program evaluation across schemes. While acknowledging the unique characteristics of each program, this could include standardised metrics and feedback loops to support continuous improvement and accountability.

These recommendations provide a clear path to simplify the system, strengthen alignment with best practice, and improve outcomes for all stakeholders. By clarifying program purpose, reducing administrative burden, and modernising data infrastructure, SIRA can continue to build on the foundations laid by these programs. Most importantly, a more coherent and accessible system, with modernised data and monitoring infrastructure, will better support injured persons to recover, re-engage, and return to work - delivering on the core purpose of the WC and CTP schemes.

1. Introduction

The State Insurance Regulatory Authority (SIRA) is the independent regulator of the workers compensation, compulsory third party and home building compensation insurance schemes in NSW. SIRA's regulatory functions and objectives are set out in the State Insurance and Care Governance Act 2015 (SICG Act)[5].

The NSW personal injury compensation system comprises two primary schemes, each with distinct legislative foundations and operational structures.

- The **Workers Compensation (WC)** scheme supports workers who sustain injuries or illnesses in the course of their employment, providing compensation, treatment, and return to work (RTW) assistance.
- The **Compulsory Third Party (CTP)** scheme covers people injured in motor vehicle accidents.

While both schemes aim to promote recovery and participation following injury, they operate under different legislation, funding models, and administrative arrangements.

SIRA plays a regulatory role across both schemes and funds a suite of return-to-work and vocational support programs tailored to each context. The funding for the SIRA funded programs is paid directly via the WC Operational Fund and the Motor Accidents Operational Fund[6].

Section 53 of the Workplace Injury Management and Workers Compensation Act1998 (1998 Act) and Section 3.41 of the Motor Accident Injuries Act 2017 (MAIA) entrusts SIRA to institute, administer and/or coordinate vocational rehabilitation and recovery through work support programs, for people with a work related or motor accident related injury.

Together, these provisions ensure vocational programs are well designed, effectively delivered and align with best practice injury management. The SIRA funded programs have been evaluated to confirm their efficacy and identify opportunities for ongoing enhancements.

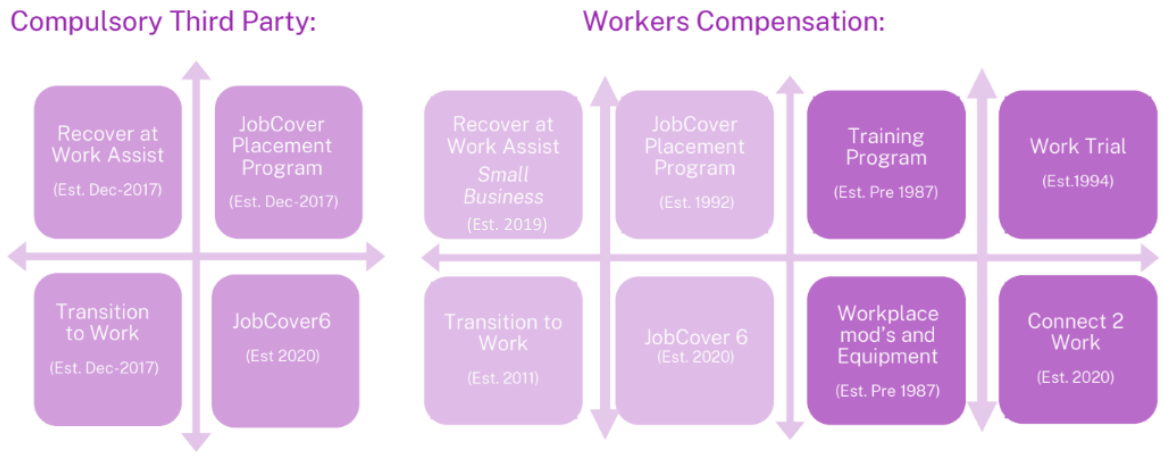


Figure 1.1: Overview of SIRA programs

[5] State Insurance and Care Governance Act 2015 No 19 - NSW Legislation

[6] The Workers Compensation and the Motor Accident Operational Fund is comprised of contributions made by insurers (in accordance with Section 35 (1)(a1) of the WIMWC Act.) and levies generated on CTP insurance premiums collected by CTP insurers (Section 10.17 of the Motor Accident Injuries Act 2017)

Workers Compensation (WC)

SIRA regulates insurers responsible for workers compensation claims management in NSW. All insurers have an obligation to manage claims for workers with injuries and coordinate and manage all aspects of injury management to achieve optimum results in terms of a timely, safe and sustained return to work.

There are four types of insurers in NSW as well as Claims Service Providers:

- **The Nominal Insurer (NI)** - NI was established under section 154A of the Workers Compensation Act 1987. Insurance and care (icare) NSW acts for the NI and provides workers compensation insurance to NSW employers and engages Claims Service Providers to manage workers compensation claims on its behalf.
- **The Treasury Managed Fund (TMF)** - The government self-insurance scheme, administered by the Self Insurance Corporation (SICorp), delegates its functions in operating the Treasury Managed Fund (TMF) to icare, and icare engages Claims Service Providers (CSP) to manage workers compensation claims for the TMF.
- **Self-insurers** - Self-insurers are employers licenced by SIRA to manage their own workers compensation liabilities and claims. Self-insurers may contract Third Party Administrators (TPAs) to manage workers compensation claims on their behalf.
- **Specialised Insurers** - Specialised Insurers are licensed by SIRA to provide workers compensation insurance and manage workers compensation claims for employers in a defined industry in NSW.
- **Claims Service Providers -** CSPs are entities that are engaged by icare for the NI and TMF or Self-insurers to manage workers compensation claims on their behalf including decision making on liability, support for workers with injuries and the payment of compensation.

As represented in Figure 1.2, the employer, insurer case manager, doctor, Workplace Rehabilitation Providers (WRPs) (if required) and an allied health practitioner (if required) are all potentially working with the injured person at various points of their claims process.

WRPs play a central role in supporting injured people to return to work. They are engaged to assess worker capacity, identify suitable work, and coordinate interventions that address physical, psychological, and workplace barriers. The WRP assesses whether the injured person can job seek independently or would benefit from additional program support. They are often the primary drivers of SIRA funded programs, responsible for recommending appropriate supports, preparing applications, and liaising with insurers, employers, and treating practitioners.

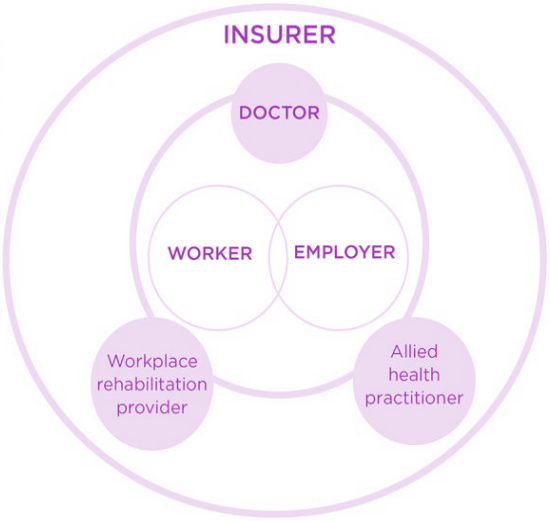


Figure 1.2: SIRA representation of support team
Source: Workers compensation guide - SIRA

Depending on the intent of the program, **employers** can have a critical role in the RTW process, particularly in offering suitable work, supporting modified work arrangements, and hosting Work Trials or offering job placements.

Compulsory Third Party (CTP)

Similarly, section 3.41 of the Motor Accident Injuries Act 2017, provides for the institution, administration, or coordination of vocational and RTW support schemes for people injured on our roads. Unlike the WC system, where injuries occur in the course of employment and an employer is usually involved, CTP claimants are injured on the road and may be self-employed or may have no connection to a workplace. As a result, CTP programs often require different design considerations - particularly around employer engagement, eligibility for wage subsidies, and RTW pathways.

1.1. Overall RTW trends

Under NSW legislation[7], a RTW program is defined as '…the formal policy that outlines general procedures for handling work related injury or illness. It represents an employer's commitment to the health, safety and recovery of workers following an incident'[8]. This statutory RTW program is the employer's responsibility and is distinct from SIRA funded programs, which are additional supports offered beyond the employer's legislative obligations.

In 2021–22, 100,763 workers compensation claims were lodged in NSW. While most injured people (83%) returned to work within 13 weeks, around 17% - approximately 17,000 people - did not (Figure 1.3). The 13-week RTW rate has declined from 82% in July 2021 to 79% as of April 2025, according to the latest data[9]. This decline highlights an increasing number of workers experiencing delayed recovery and underscores the growing importance of RTW measures. Additionally, the *'Reversing the trend: Improving return to work outcomes in NSW'*[10] paper, highlighted the need for more effective, targeted interventions to improve recovery and work participation.

RTW rates at 13 weeks differ by industry, occupation, age, and injury type, with about 4 in 10 people with a psychological injury back at work by this point. **Although psychological injuries represent just 7% of new claims, they account for 26% of workers not back at work after 13 weeks.** Data also indicate that delayed recovery is more common among workers in physically demanding occupations and industries, as well as among older age groups.

[7] Under Section 49 of the 1998 Act, employers must take all reasonable steps to support an injured person's recovery at work, including offering suitable work and participating in injury management planning. Section 52 requires employers to develop and implement a formal return to work program that outlines procedures for managing workplace injuries, in line with SIRA's guidelines.

[8] Return to work programs - SIRA

[9] Open data analytics tool - Return to work Rates

[10] Successful recovery at work strategies - SIRA

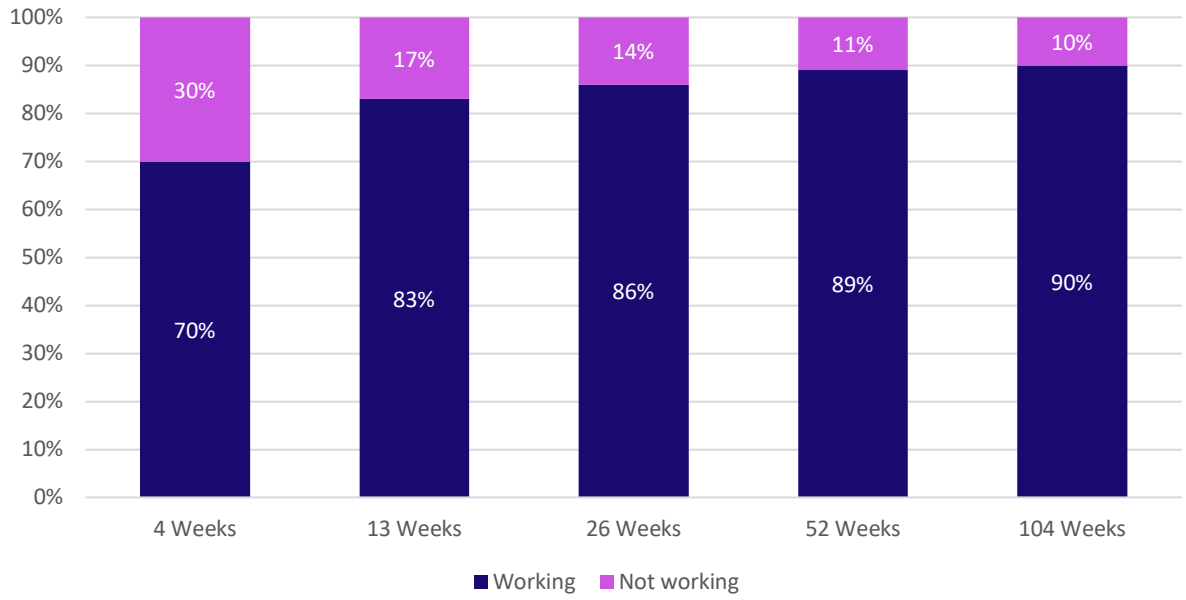


Figure 1.3: SIRA system level data – RTW rates (Jun 22)
Source: Open data analytics tool - System-Overview

1.2. SIRA funded programs

The primary driver for the SIRA funded programs is to improve recovery through work and address the ongoing downward trend in RTW outcomes across the NSW WC scheme and CTP schemes. The programs are scheme-level supports providing vocational and workplace-based interventions, with many long-standing and others introduced more recently to address emerging needs from changing work environments.

While overall RTW rates in the scheme are generally positive, **participants in SIRA funded programs represent a distinct subgroup**. These individuals are typically those who have not returned to work within expected timeframes and require additional, targeted support to overcome barriers to recovery and re-engagement. As such, program outcomes should be interpreted in the context of a more complex cohort with higher risk of long-term detachment.

Targeting this group, SIRA's current suite of vocational programs incorporate:

- **incentives** for a new employer to employ an injured person
- **financial assistance** for small pre-injury employers
- **funding** for training, equipment, and workplace modifications
- **work experience** with a host employer
- **covering costs** to address immediate barriers to job seeking and return to work

An overview of each program is included in Table 1.1.

Table 1.1: Overview of SIRA programs

Program	Description
Jobcover6 (JC6)	Provides incentive payments of up to $10,400 over 6 months to help secure employment with a new employer.
JobCover Placement Program (JCPP)	Provides incentives of up to $27,400 over 12 months to help secure employment with a new employer.
Training	Covers costs associated with completing a training course, certificate or other study. Enables a worker to develop new skills and qualifications.
Recover at Work Assist (RAW)	Provides an assistance payment of up to $400 per week for up to 6 weeks to help a pre-injury employers offer suitable work and support their worker to return to work after an injury. Available within the first 26 weeks after injury. This program is available under both CTP and WC, however restricted to small businesses with 19 of fewer employees under the WC Scheme.
Equipment/ Modifications	Used to purchase essential equipment or make workplace modifications tailored to a worker's needs - both to support recovery at work and to mitigate the risk of aggravating the existing injury.
Transition to work (T2W)	'Tier 1' provides up to $200 to help a worker prepare for job seeking and 'Tier 2' up to $5,000 to address barriers to accepting an offer of employment with a new employer.
Work Trial	A voluntary short-term work arrangement of 15 hours/week or more (up to 12 weeks) with a host-employer. Enables a worker to stay active and continue their recovery in a work setting.
Connect2work (C2W)	A host employer receives $200 per week for a voluntary short-term work arrangement of 15 hours/week or more to a maximum of 12 weeks

1.3. The evaluation

The purpose of the evaluation is to assess if the SIRA funded programs are aligned with their intended goals and whether they are efficient and effective in facilitating RTW outcomes.

SIRA has committed to independently evaluating its funded programs in the context of changing work environments – including post-COVID work contexts – as well as declining RTW rates[11] and increasing psychological injury claims. This is the first comprehensive evaluation of the current suite of SIRA funded programs across the personal injury schemes.

[11] As noted in the 2023 Law and Justice Committee review, a key objective of the WC scheme is to support effective return to work. Similarly, in the CTP scheme, a core goal is to "optimise recovery from injury" and promote return to work and other meaningful activities.

Specifically, the evaluation was commissioned to provide an objective, independent evidence-based assessment of the program's efficacy and whether the programs meet their intent:

- identifying what is working well
- where improvements are needed
- how the programs can be further enhanced to better support recovery through work and help reverse the downward RTW trend.

The scope of the evaluation is outlined in Table 1.2.

Table 1.2: Scope of evaluation

Dimension	Description	Evaluation questions
Utilisation	Evaluate whether the SIRA funded programs are meeting their intended objectives and goals, both individually and as a suite of programs under each system – WC and CTP.	Do they achieve their designed intent? Are they utilised by the right people at the right time?
Effectiveness	Assess the effectiveness of each of the SIRA funded programs to effectively support RTW outcomes.	Do they facilitate optimal RTW outcomes across the WC and CTP schemes?
Efficiency	Assess the efficiency of the SIRA funded programs, including resource utilisation, cost-effectiveness, and the ability to deliver the program in a timely manner inclusive of its administration processes.	Are they individually and as a suite, cost effective? Do they provide cost effective, quick and easy support for an injured person to: 1. recover at work and/or 2. build work capacity 3. learn new skills in order to transition back to work and/or 4. Short-term mitigation risk of re-injury?
Gap analysis	Identify any gaps within the current suite of SIRA funded programs in CTP and WC schemes	What are the main barriers to access or participation in the current suite of programs that limit their effectiveness or coverage? Are there groups who are underrepresented and/or not adequately supported by the current programs?
Opportunities and innovations	Identify enhancement **opportunities and innovations**: to best suit the changing work environment, the increase in psychological injury claims and support improved RTW outcomes.	Do the existing programs effectively address the injuries becoming more prevalent in the post-COVID work environment, where remote and hybrid work models are common? How can the programs be tailored to address the changing nature of work and increased incidence of psychological injury in the personal injury schemes?

The Australian Council *for* Educational Research (ACER)'s methodology was designed to assess the effectiveness and efficiency of the various programs and their impact on RTW outcomes for injured people in NSW. The methodology was implemented in six parts:

1. **Development of Evaluation Framework** - The evaluation began with a co-design phase to build an Evaluation Framework. ACER collaborated with SIRA to confirm the scope, objectives, and key performance indicators for the project. ACER also met regularly with the SIRA team throughout the evaluation to discuss program design, data access, and emerging insights.
2. **Literature review** - A literature review was conducted in parallel with data analysis to identify best-practice features of comparable programs in other jurisdictions, helping to inform final recommendations (Appendix C).
3. **Quantitative analysis -** Quantitative data was accessed via SIRA's Snowflake platform and analysed using SPSS. Analysis included descriptive statistics, subgroup comparisons, cross-tabulations, performance metrics (e.g. claim duration, outcome measures), and data visualisations. This helped identify trends and variations across cohorts and programs.
4. **Qualitative analysis -** Qualitative data was analysed thematically using NVivo. Secondary data sources included interviews and forum feedback from injured persons, employers, insurers, and Workplace Rehabilitation Providers. Thematic analysis explored barriers to return to work, program accessibility, gaps in delivery, and opportunities for innovation.
5. **Triangulation and integration** - Findings from both data streams were triangulated with each other and with the literature review to ensure consistency, deepen insights, and strengthen validity.
6. **Reporting phase** - The final phase involved integrating all findings into a comprehensive evaluation report, including system-wide observations and program-specific insights.

2. Evaluation framework

An Evaluation Framework was co-designed with SIRA to provide a clear structure for evaluating program effectiveness and efficiency. Outlined in Table 2.1, the framework provides a structured approach to understanding each program's goals, measuring outcomes, and identifying areas for improvement.

By examining **utilisation** (how the program is accessed and used in practice), **effectiveness** (the achievement of program goals), and **efficiency** (how well the program utilises resources to achieve those outcomes), the framework has aimed to build a comprehensive and balanced evaluation of program impact.

Table 2.1: Evaluation questions

Dimension	Description	Evaluation questions
Utilisation	Who is accessing the program, and is this aligned with its intent?	• Which demographic groups are over- or under-represented? • Which cohorts (e.g. by age, injury type, occupation, region) most commonly participate? • Are priority cohorts (e.g. mature-age, psych injury, those with limited transferable skills) more likely to access the program? • Are there regional, occupational, or industry-based access gaps? • Does uptake vary by insurer type?
Effectiveness	Which participants achieve successful return to work, and how durable are those outcomes?	• How do final Work Status Codes differ across participant profiles? • Do outcomes differ by injury type? • How closely do Certificate of Capacity outcomes align with employment outcomes? • Are outcomes influenced by when participants enter the program? • Do employer types affect the likelihood of ongoing employment? • In relation to JCPP, which groups reach later instalments (e.g. 3rd) indicating sustained employment?
Efficiency	Is the program delivering outcomes in a timely and cost-effective manner?	• What is the average cost per claim, and how does it vary across cohorts? • How long do claims take to progress through key stages (e.g. injury → placement → payments)? • Do timeframes differ by participant characteristics (e.g. age, injury type, insurer, region)? • Do efficiency and outcomes vary by insurer type? • Which participant or claim characteristics are associated with low-cost, high-outcome profiles?

2.1. Evidence-based evaluation criteria

To evaluate program performance objectively, the evaluation drew on international evidence to establish clear, evidence-based criteria.

Insight 1: Effective RTW models require early, tailored, and integrated support pathways

International evidence consistently shows that **timely, risk-based intervention** - often within the first weeks post-injury - is critical for preventing long-term detachment from work. The most successful models combine **sequenced, person-centred supports** with **multidisciplinary coordination** across health, employment, and insurance systems. When supports are delivered in an integrated and tailored way, outcomes improve for both physical and psychological injury claims.

Insight 2: Psychosocial and labour market readiness must be actively supported - not assumed

Individuals with psychological injuries, long claim durations, or disrupted career trajectories benefit from **dedicated support streams** that integrate mental health recovery with vocational planning. Confidence-building, coaching, and staged re-entry strategies are critical, especially where digital or self-management skills are lacking. This is becoming particularly important in post-COVID work environments, where flexible, remote, and hybrid work is common.

Insight 3: System effectiveness depends on coordination, data, and real-time responsiveness

Successful international models demonstrate the value of **system-wide architecture** that aligns funding, case management, and program delivery. Embedded **real-time monitoring and feedback loops** enable adaptive management and ensure services remain responsive to claimant needs. Without this infrastructure, even well-designed programs may be underutilised or applied too late to influence outcomes.

In summary, high-performing programs share a set of common features including:

- **early employer engagement with incentives** like wage subsidies and onboarding support
- **skill-building initiatives** such as retraining and job matching aligned with labour market needs
- **structured, sequenced supports** help guide recovery
- **tailored, person-centred approaches** improve equity and engagement, especially for long-term or job-detached claimants
- **early, risk-based intervention** to reduce long-term detachment
- **integrated coordination** across medical, rehabilitation, and employment services
- **dedicated psychosocial support** for complex needs
- **post-placement coaching** to address emerging workplace challenges and support sustained employment
- **outcome tracking and monitoring** of short, medium and long-term outcomes and impact.

Further detail is included in Appendix C to this report.

2.2. Data sources

To support this evaluation, SIRA provided ACER with:

- **Secondary quantitative data –** Program data spanned financial years 2017–2022 for WC and calendar years 2018–2022 for CTP. For the WC dataset, a point-in-time extract was drawn from SIRA's administrative records in November 2022.
- **Secondary qualitative data –** In-depth interviews with injured persons and employers were conducted for each program, with all interviews completed by mid-September 2024.
- **Qualitative stakeholder feedback** – Insights from insurers and WRPs were captured through online and face-to-face forums. A thematic summary report was finalised by 30 June 2024.
- **Existing literature review** – A previously commissioned review of vocational rehabilitation to provide contextual understanding.
- **Comparative data** – The *Safe Work Australia Workers Compensation Comparative Performance Monitoring Report*.

ACER undertook a mapping of the available data to ensure both SIRA and ACER have a shared understanding of the secondary data's readiness and suitability for analysis and facilitate joint planning for the next steps.

2.3. Data framework

A structured data framework was developed to evaluate program utilisation, effectiveness, and efficiency based on the available secondary data. Noting the data limitations for each program dataset, this framework sought to build consistent analysis across programs and schemes, allowing for exploration of key patterns, gaps, and variation in outcomes.

For **program utilisation**, variables included demographic attributes (e.g., age, gender, postcode), industry and occupation classifications (i.e. the Australian and New Zealand Standard Classification of Occupations and the Australian and New Zealand Standard Industrial Classification), and geographic identifiers (Local Government Area) to map utilisation patterns.

While administrative statistics on utilisation offer a high-level view of program reach and cost, they do not capture how programs are experienced and implemented by those using them. To address this, qualitative insights were gathered from WRPs and insurers (Nominal, Self and Specialised, and TMF) - and a small sample of program participants and employers - which can help explain the patterns of uptake observed in the administrative data.

Program effectiveness was primarily measured using RTW status[12], with Work Status Codes (WSC) grouped into meaningful categories. As a proxy for RTW outcomes, this report distinguishes between:

- Working (WSC 01-04) (Working same employer – full work capacity, Working same employer – current work capacity. Working different employer – full work capacity and Working different employer – current work capacity

[12] Consistent with the approach taken in SIRA (2019). SIRA Discussion paper – measuring return to work (RTW) December 2019

- Not working (WSC 06, 08-09, 10, 13) (Not working – no current work capacity, Not working – has current capacity, Not Working – not entitled to benefits, Not working – retired (weekly benefits ceased due to retirement limitation) and Not Working – Worker deceased[13].

These groupings were cross-tabulated with demographic, injury, and program variables to assess variation. Stakeholder perceptions of effectiveness, drawn from insurer workshop data, were also integrated.

To assess **program efficiency**, variables included injury date, date of first payment, and any subsequent instalments, allowing calculation of duration between timestamps. Derived indicators included the number of months between date of injury and first payment, and unit costs per participant. Where data quality permitted, program cost data were cross-referenced with RTW outcomes to assess variation in efficiency across injury types.

Mapped against the evaluations three focus areas, Figure 2.1 provides an overview of the administrative data available for the evaluation, organised into five broad categories: demographics, claims, work status, duration, and unit costs.

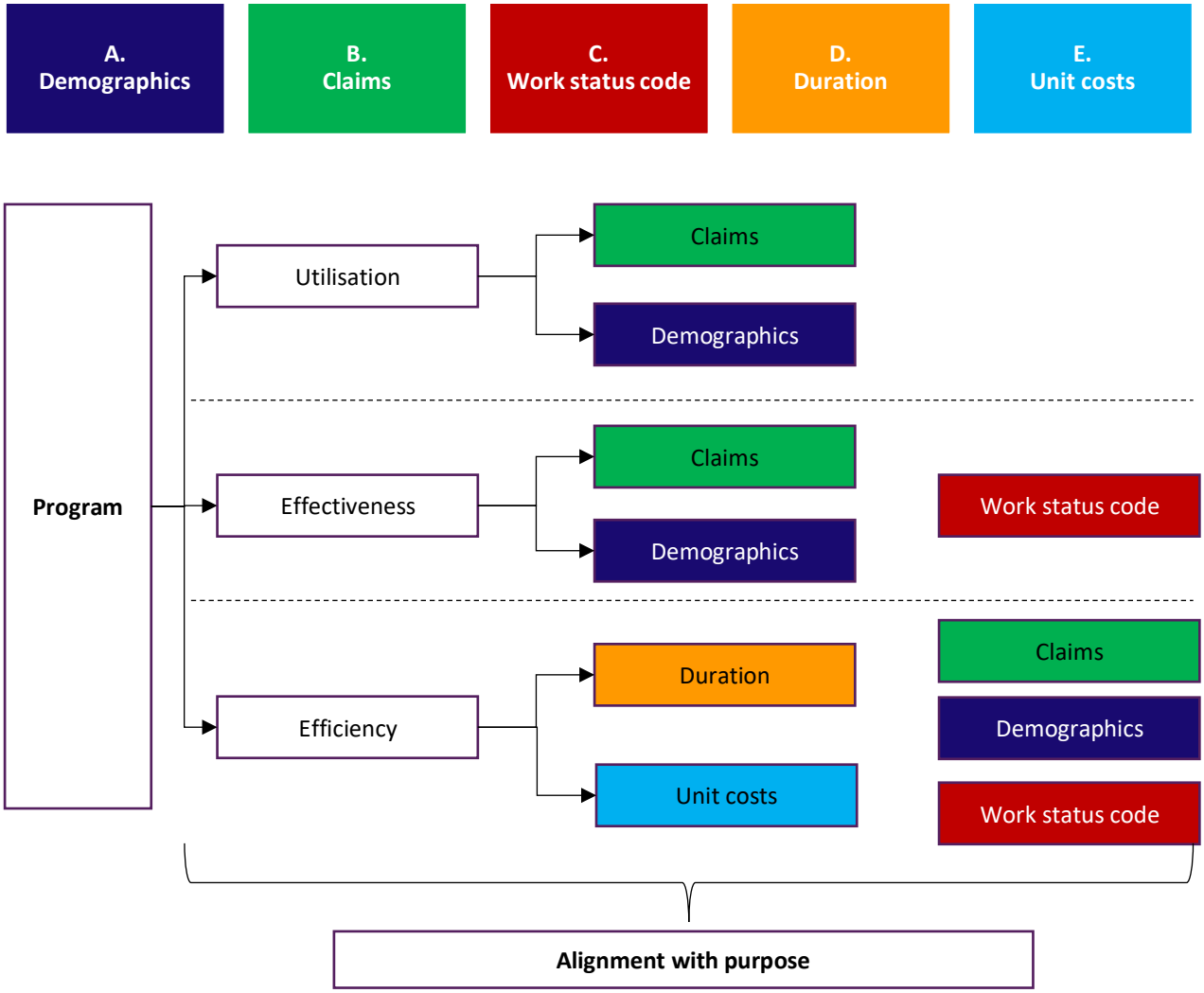


Figure 2.1: Data Framework

[13] These refer to the WC WSC codes; the CTP scheme uses a different but comparable set of codes.

Table 2.2 shows that data coverage varied across programs and schemes, with WC programs generally offering richer and more consistent data than those in the CTP scheme. Core demographic variables such as age, gender, and location were available across all programs, though industry data was limited to one-digit codes. Work status codes and key dates (e.g. date of injury, first payment) were available for most WC programs, supporting analysis of RTW patterns and timing.

Table 2.2: Overview of administrative data available to the evaluation

Group	Ref	Variable	WC						CTP
			JCPP	Training	WT /C2W	R@W	T2W	Equip	
A. Demographics	1	Age	✓	✓	✓	✓	✓	✓	✓
	2	Gender	✓	✓	✓	✓	✓	✓	✓
	3	Language	✓	✓	✓	✓	✓	✓	✓
	4	Location	✓	✓	✓	✓	✓	✓	✓
	5	Occupation	✓	✓	✓	✓	✓	✓	✓
	6	Industry	✓	1 digit	1 digit	1 digit	1 digit	1 digit	
B. Claims	1	Insurer	✓	✓	✓	✓	✓	✓	✓
	2	Claim status	✓	✓	✓	✓	✓	✓	✓
	3	Payments/ Instalments	✓	✓	✓	✓	✓	✓	✓
	4	Nature of injury (Psych flag)	✓[14]	✓	✓	✓	✓	✓	✓
	5	Base Tarriff Premium	✓						
	6	Work capacity decision	✓						
	7	Work capacity transition outcome	✓						
	8	Certificate of capacity outcome	✓						✓
C. Work Status	1	Work status code	✓	✓	✓	✓	✓	✓	✓
D. Duration	1	Date of injury	✓	✓	✓	✓	✓	✓	✓
	2	Date of entry	✓	✓	FY only	✓	✓	✓	✓
	3	Service provision	✓	✓	✓		✓	✓	✓
	4	(First) payment	✓	✓		✓	✓	✓	✓
E. Unit costs	1	Cost per participant	✓	✓	✓				

[14] The JCPP 'Psych flag' was included in a later data release; however, its addition altered the program numbers - likely due to duplication - which could not be confirmed because of data privacy restrictions.

2.4. Data limitations

The findings presented in this report are based on the best available data. Key limitations include:

- **Data currency** – The available program data covers financial years 2017–2022 for WC and calendar years 2018–2022 for CTP. While this provides a substantial historical view, the absence of more recent data limits the evaluation's ability to comment on current program delivery, uptake, or outcomes.
- **Data were collected prior to the evaluation's commencement –** The available administrative and survey data made available to the evaluation do not necessarily align with the specific questions or analytical needs of the evaluation. This limits the evaluation's capacity to fully assess program coverage, quality, and impact with precision.
- **Data integrity issues and inaccurate coding** – A number of issues were identified in relation to the strucutral integrity of the administratieve datasets (e.g. negative payments, merged classification codes) that affect accuracy and analysis[15]. Some RTW outcomes and payment codes appear to have been inconsistently applied, likely due to insurer data entry errors. All footnoted disclaimers should be considered when viewing and interpreting program-level analysis[16].
- **Incomplete data –** Several datasets lacked granular detail. This included – but was not limited to - data that needed to be redacted for privacy reasons. Consistent with findings across other workers compensation systems, there is a lack of data on medium- to longer-term RTW outcomes across all programs. It is acknowledged that the scale of the NSW workers compensation scheme - the largest in Australia - limits the feasibility of undertaking individual long-term post-claim follow-up. Nevertheless, this limited ACER's capacity to fully evaluate each program's utilisation, effectiveness, efficiency[17].
- **Work Status Codes as a proxy RTW measure** - Program outcomes are based on a point-in-time snapshot (November 2022 for WC programs; April 2025 for CTP programs) to allow comparison across programs with different start dates and stages of maturity. While this avoids skew from inconsistent timelines, the data is not directly comparable to scheme-level RTW rates, which track fixed cohorts over time. RTW metrics are measured only up to 104 weeks from DEIS or DOI, which prevents direct comparisons for participants who complete programs after the 104-week reference point.

[15] For example, WT/C2W and Training program data include negative payments in the datasets that have been excluded from total counts of utilisation and spend calculations. In other datasets, occupational data is combined ANZSCO and ASCO codes into a single variable without distinction. Occupational coding has transitioned over time from ASCO to ANZSCO, and most recently to OSCA in November 2024 (though the latter did not affect this dataset). Each change in classification has added complexity, as older claims remain coded under previous systems, making consistent comparison and analysis across time periods more challenging. The CTP dataset includes only claims lodged between CY2017–2023 and excludes program payments for earlier claims, even if payments occurred during this period. Only first payments are captured for 142 participants, while the Payments tab (969 records) reflects multiple instalments per program.

[16] For example, in the JCPP dataset, a number of RTW outcomes are coded as Work Status Codes 01-02, which denote a return to work with the pre-injury employer. This is likely due to insurer coding errors, as the JCPP is specifically intended to support employment opportunities with a different employer. The correct codes in this context should be Work Status Codes 03-04, which reflect a RTW with a new employer. Notwithstanding the coding issue, it is important to note that a return to work remains a positive outcome. Additionally, in the T2W dataset Tier 1 payments are recorded under VTP002 and Tier 2 payments are recorded under VTP001. These codes do not correspond logically to the Tier numbers, and this may have caused confusion among insurers, leading to reduced data quality.

[17] For example, key details of the training program - such as course names, duration, content, and delivery methods - are not captured, limiting the ability to assess the program's scope, quality, and relevance.

Note regarding data quality:

For the reasons listed, readers should interpret findings from the administrative data with caution, particularly where low sample sizes, inconsistent reporting, or missing data may affect reliability.

These limitations highlight the need for improved data capture and integration to support more robust monitoring and evaluation in future.

Where such issues affect data quality or interpretability, the affected variables have been excluded from the analysis.

3. Key findings

This section presents the evaluation findings on the alignment, utilisation, effectiveness, and efficiency of SIRA funded programs. Each sub-section highlights key themes emerging from the available quantitative and qualitative data, as well as the key learnings from contemporary research literature. While these results provide insight into program implementation and the outcomes being achieved, they should be interpreted in light of the known data limitations outlined in Section 2.

3.1. Programs broadly align with policy intent but need an overarching logic to maximise impact

SIRA funded programs are generally well aligned with their legislative and strategic intent. However, the available data suggest that implementation on the ground can diverge from this intent due to administrative and procedural complexity, delayed referrals, as well as limited awareness of the available programs and how they interrelate to each other. In practice, the programs are sometimes used reactively as stop-gap, default, or band-aid options rather than as proactive, sequenced and strategic supports.

While early intervention remains essential, it requires careful balancing with the needs of this specific cohort. Approximately 80% of injured persons return to work within 13 weeks, with higher RTW rates for physical injuries compared to psychological injuries. Using risk-based referral approaches, SIRA funded programs focus on a smaller subgroup who often have complex needs and require additional support. Premature intervention can inadvertently cause delays, miscommunication, increase costs, lead to over-servicing, and impact self-agency.

Established prior to 1987, the Training program maintains a clear conceptual link to its purpose of facilitating vocational transitions. It has the widest reach of any program in the suite, reflecting its flexibility and broad applicability. However, utilisation appears to be concentrated on training completed via Recognition of Prior Learning (RPL) in particular industries and age groups, and training is often accessed late in the claim cycle. This timing can limit its effectiveness, particularly if worker readiness or labour market relevance has not been adequately assessed. Stronger alignment between training content, timing, and job opportunities would enhance program impact. Clearer guidance, earlier referral, and better integration with other supports would help ensure the program consistently delivers on its intent to equip injured people for sustainable employment.

Work Trials and Connect2Work can provide safe, low-risk entry points for injured people to rebuild capacity, confidence, and a sense of purpose through real-world placements. Participants reported improved physical capacity through exposure to a structured work environment and manageable tasks. Access is strong among regional and manual sectors, but stakeholder coordination remains a challenge. Participants reported fragmented communication and frequent case manager turnover, undermining program continuity and post-placement progression. Participants suggested considering not only short-term suitability but also long-term career potential based on the nature of injury.

The Equipment and modifications program is closely aligned with its practical, enabling purpose. Stakeholders reported that the program plays a vital role in facilitating return to work - particularly for workers with physical injuries - by ensuring that workplace environments are safe and fit for purpose. Utilisation data show steady and moderate uptake across both new and existing

employers, and the range of supports provided (e.g. chairs, tools, car modifications, and minor site adjustments) demonstrates the program's responsiveness to diverse needs.

In the Equipment and modifications programs, 15% of participants accessed the program after more than four years, demonstrating that equipment or modifications are a relevant intervention for long-term claims. **This spread of duration groups suggests the program serves a broad mix of needs**-from early-stage support through to accommodations that enable sustained or delayed re-entry to work. The findings highlight the importance of maintaining flexible access points to workplace modification support across the full claims timeline. The data also suggest that those requiring workplace modifications later in the system may face more persistent or complex barriers to employment, highlighting the importance of long-term support strategies alongside early interventions.

This diversity in the program suite represents an opportunity to better understand their sequencing and impact. There appears to be a lack of coordinated, program-wide systems, processes, and resources to match individuals to the most appropriate supports based on claim stage, injury type, or individual needs. Stakeholders have consistently emphasised the need for clearer pathways, stronger guidance across insurers and Work Rehabilitation Providers (WRPs), and tools to sequence programs effectively. Without these mechanisms, programs risk inconsistent application and reduce their effectiveness, efficiency and potential to impact system-wide outcomes.

The findings from the available quantitative data are supported by qualitative insights from stakeholders, including WRPs, employers, insurers, and program participants (Table 3.1). These insights emphasise the importance of a clear program logic and raising awareness, noting that programs are most effective when participants and WRPs understand when and how to use them. The insights also demonstrate the need to design and integrate interventions based on individual needs, with appropriately tailored training and support. Participants reported positive impacts on mental health and recovery when programs were well-matched to their circumstances, and stressed the importance of matching and finding the right role fit to support confidence-building and their return to work.

Building on these insights and solid foundation in place, there is an opportunity to strengthen alignment between SIRA funded programs and their strategic intent. By embedding coordinated, sequenced, and tailored interventions, the programs can be applied more consistently and proactively, better targeting individuals' needs and maximising impact on durable return-to-work outcomes.

Table 3.1: Alignment – Qualitative insights

a. Strengthening program logic and awareness to support alignment

- "We need a roadmap - programs don't work if no one knows when to use them." (SSI)
- "Programs are great in theory, but they come too late to be effective." (WRP)

b. Designing and integrating based on individual need

- "Training and self-employment suggested too often. A band-aid solution often ineffective." (SSI)
- "Training is our go-to when there's no internal role to move into. But the problem is a lot of these workers have spent their whole lives in one job - their identity is wrapped up in it." (TMF)
- "Where I think [JCPP] could be improved, it needs to be coupled with the right training…I think if you add in retraining as well, appropriate to the role, that would be even better" (JCPP participant, WC)

c. Supporting mental health and recovery to enhance program outcomes

- "These programs give people hope and a way forward." (WRP)
- "The JCPP was really good, obviously being injured the way I was, I was a highly active person, my mental health took a bit of tumble… it put me back to work and allowed me to do things I was capable of doing" (JCPP participant, WC)
- "I could trial out different tasks to see what I was capable of doing. It was good for my mental health, even though I knew I wasn't going to get a permanent position" (JCPP participant, WC)
- "In the end, it didn't help me to secure a job. But it was a benefit for my personal growth" (Training participant, WC)
- "It saved my life while I had lots of pain… I was trying my best to return to work" (JCPP participant, CTP)

d. Finding the right fit to maximise alignment with policy intent

- "Well, [the job] was still in the area of finance, which is my background, business administration and accounting, so it was a very good fit. It was a much lower level, which was also a good fit because I wasn't in a place to handle anything else at the time" (JCPP participant, WC)
- "It's really hard to go and face that, try and get a new job where you are expected to perform. It's a lot easier to have someone go 'look she's on a… program, we're going to help, she needs this support'… I don't think I could've got a job without it" (JCPP participant, WC)

3.2. Utilisation is strong in some programs but mixed in others, with administrative barriers limiting uptake

Between 2017 and 2022, more than 10,000 people accessed vocational programs under the WC scheme. Program uptake across the SIRA funded vocational program suite varies, reflecting differences in program design, target cohorts, and sector engagement. Some programs demonstrate strong participation, while others show mixed levels of engagement, highlighting variation in accessibility, relevance, and promotion.

The most used in that period were the Training Program (5,823 participants) and JCPP (1,046 participants). While fewer in number, participants in programs such as RAW and C2W reflect the relatively recent introductions of the programs. Data on the CTP scheme – while an underestimate of the total count of participants – indicate that utilisation is markedly lower across the four CTP programs.

Participation is highest among mid-career males – many employed as labourers in high-injury industries, including construction, manufacturing, and transport in their pre-injury roles. However, the programs reach a broad cross-section of demographics, industries, and occupations.

Participant characteristics broadly align with the broader WC scheme profile, as reflected across the following variables:

- **Age:** Most participants are aged between 30 and 59, reflecting a predominance of mid-career workers. While some programs show a peak in the 50–59 age group, others show higher representation in the 40–49 bracket.
- **Gender:** Males make up the majority of participants across most programs, though the gender split varies significantly by program. Some programs are closer to gender parity, while others have a much higher proportion of male participants.
- **Nature of Injury:** Non-psychological injuries are more common across all programs, particularly musculoskeletal conditions involving joints and soft tissue. Psychological injuries account for a smaller but notable share of cases, with slightly higher representation in some programs and a general increase in prevalence with age.
- **Industry:** Participants are concentrated in high-injury industries such as Construction, Manufacturing, and Health Care & Social Assistance, which appears consistent with the broader scheme profile.
- **Occupation:** Male-dominated occupations such as Labourers and Technicians and Trades Workers are consistently among the most represented occupational groups across programs. Machinery Operators, Professionals, and Community and Personal Service Workers also feature prominently, albeit with some variation across programs.
- **Geographic Location:** Participants are drawn from both metropolitan and regional NSW, with concentrations in areas such as Greater Sydney, Newcastle, the Hunter Valley, and Western Sydney. These locations include key regional centres and outer metropolitan areas, suggesting strong utilisation in smaller regional communities outside the Greater Sydney region.

Participants entered the program via different routes, including insurer referrals, online discovery, physiotherapists, and/or personal networks. Likewise, some sourced jobs independently while others were matched by advisors or case managers. For instance, one participant in the qualitative data collection was informed about JCPP by the insurer after two years of their claim being active,

while another found it through a Google search and subsequently approached her case manager for assistance.

The available data suggest that utilisation can be constrained by a range of administrative factors. For example, administrative complexity, fragmented processes, and inconsistent guidance can limit awareness and access for both injured persons and employers. Additionally, timing of program availability, referrals and other structural factors may inadvertently restrict access for priority groups, particularly those with complex or ongoing injuries.

Employer engagement remains a critical factor influencing uptake. Programs that require active participation from employers, such as JCPP, demonstrate higher utilisation when employers are well-informed, supported, and incentivised. Conversely, limited employer engagement acts as a barrier to participation and can reduce program impact.

Perceptions of program relevance also vary across schemes and sectors, shaping participation and engagement. Some programs are highly valued by participants and employers alike, while others are seen as less relevant to specific injury types, industries, or stages of claim. This variation underscores the importance of clear communication, targeted promotion, and alignment between program objectives and participant needs.

While program structures remain well-aligned with their underlying goals, utilisation across the CTP cohort remains low. This is partly due to the relatively small pool of eligible claimants and partly due to varying levels of familiarity with the programs among CTP case managers and providers. Uptake has also been influenced by the relatively recent introduction of these programs into the CTP scheme in December 2017.

The majority of participants in the CTP programs come from physically demanding or hands-on roles. **Labourers make up the largest group at 23%, followed by Technicians and Trades Workers (18%) and Professionals (15%).** This suggests that a significant proportion of program participants come from industries where physical tasks, manual labour, or frontline activity may expose workers to greater injury risk during transport-related incidents. Within this smaller cohort, only a proportion are classified as ‘earners’ - many injured road users may have been unemployed or outside working age at the time of the accident and are therefore considered ‘non-earners’. However, CTP programs remain accessible to individuals who were unemployed at the time of injury, as well as to injured children who later reach working age.

Table 3.2: Utilisation - Qualitative insights

a. Employer awareness	b. Perceived risks and incentives
• "Most [employers] don't even know the programs exist." (NI) • "Micro employers have low knowledge, rely on rehab and have no hope for the worker if rehab fails." (NI) • "Programs [are] seen as 'non-traditional' route, reducing uptake." (SSI) • "It would be good to educate employers about it cause not many know about it" (JCPP participant, WC) • "JobCover has best outcomes, easy to sell." (NI)	• "They worry about liability or doing it wrong. Even when it's the perfect solution, we get pushback." (SSI) • "$400 isn't going to sway a small business when they're down a person and worried about the risk." (WRP) • "Employers are hesitant in taking on workers comp complaints because they see it as a liability. It is an incentive to do that" (JCPP participant, WC) • "Having an employer that understood my few disabilities, to even consider this. Having SIRA pay the wages back…that was a big consideration at the time" (JCPP participant, CTP)
c. Administrative/process barriers	**d. Participant experiences in the JCPP**
• "Too much paperwork - people give up before they get started." (WRP) • "A bit more communication would've been ideal… I was getting phone calls from three different people" (Work Trial participant, WC) • "Going through [the insurer] in the first place was hard, I had a very difficult claims manager… just very slow in doing her part of things" (JCPP participant, CTP) • "WRP makes an error or misses a form, and that's it - employer loses interest, and the opportunity's gone." (NI)	• "The emails that I received were easy to understand, they were easy for the boss to understand… mine went smoothly" (JCPP participant, WC) • "They come in quietly to ask me to make sure that there was no hiccups…they were very supportive" (JCPP participant, WC) • "Once I completed my qualifications… I got the job because I had the qualifications" (Training participant, WC) • "Paperwork was easy… The boss would prepare an invoice and send it off, and it was paid promptly" (JCPP participant, CTP)

A consistent barrier across all stakeholder groups was employer buy-in, awareness and reluctance. Many employers, particularly small businesses, are unaware of available supports or hesitant due to concerns about paperwork, liability, or upfront costs. Programs requiring employers to pay wages before reimbursement, such as JCPP, were particularly impacted by this hesitation.

Survey data collected from the Nominal Insurer (NI) underscores the importance of targeted and sustained promotion, highlighting the key reasons why SIRA funded programs are underutilised (Figure 3.1). When ranked by NI, **insufficient promotion emerges as the most frequently cited barrier,** consistently appearing as the top-ranked factor limiting program uptake.

While overall uptake demonstrates that SIRA funded programs reach a wide and diverse range of demographics, utilisation is not uniform across programs. Participation is influenced by demographic characteristics, industries, occupations, program design, employer engagement, structural barriers, and perceptions of relevance. Addressing these factors through targeted promotion, streamlined processes, and enhanced employer engagement could improve overall program utilisation and ensure supports reach those individuals who would benefit most.

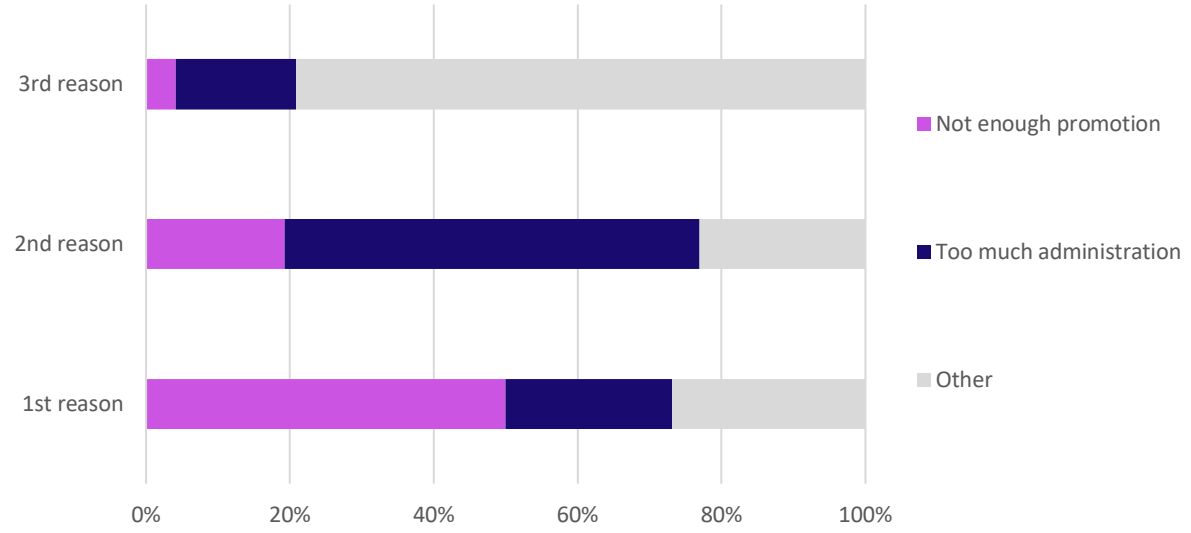


Figure 3.1: Main reasons that the SIRA funded programs are underutilised
Ranked by NI

3.3. Programs are most effective when tailored and well timed, but RTW outcomes vary

The SIRA funded program suite targets individuals at various stages of their claim, with many programs not designed to deliver immediate, short-term RTW outcomes. For example, the Equipment and Modifications program is designed to help sustain existing or new employment and prevent re-injury. Typically, participants of this program are already at work or planning to return to work. The programs' effectiveness is best evaluated through employment sustainability and reduction in re-injury risk rather than return to work rates.

Similarly, programs such as Work Trials and Connect2Work are designed to build skills and capacity without an expectation of ongoing paid employment. For these programs, effectiveness is better measured by increases in work capacity (hours/duties) and work readiness rather than an immediate return to work.

At present, the SIRA funded program quantitative data is not sufficiently sophisticated to fully evaluate the effectiveness of certain programs, particularly those where outcomes are more nuanced or longer-term. **This highlights the recommendation for modernising program data and monitoring infrastructure,** ensuring the better capture of intended outcomes, track performance, and support evidence-based enhancements.

As program objectives vary, work status codes – the proxy measure used to understand RTW outcomes - are not an exact measure of effectiveness. They overlook outcomes such as durable employment, prevention of re-injury, skill development, and increased capacity. Based on the available quantitative data, work status outcomes vary considerably across programs and participant characteristics. The strongest results tend to correlate with programs that are tailored, timely, well-coordinated, involve employer engagement, and are aligned to participant characteristics, industry, and injury type.

Of the SIRA funded programs suited to measurement via 'working' work status codes, Recover at Work (RAW) for small business produced the strongest RTW outcomes, with 88% of participants recording a working status. RAW provides financial assistance to pre-injury employers with 19 or fewer employees over a 6-week period to support the injured worker's return to work. Program eligibility requires that it be accessed within the first six months of claim, reinforcing a central finding from both the evaluation and the literature review: **earlier intervention is associated with a higher proportion of participants remaining in work, while longer delays showed a marked drop in working status.**

The next highest outcomes were provided by the Job Cover Placement Program (JCPP) at 71%. The JCPP offers financial incentives to new employers who provide paid employment to injured persons. The majority of JCPP participants commenced after 52 weeks on claim. This suggests that the RTW result is relatively strong, given that WC RTW rates show very little movement after the 26th week on claim. Quantitative data for the JCPP programs show that most participants (over 60%) received their first payment within two years of injury. The largest single group (29%) began receiving support between one and two years after injury, followed by 18% within two to three years. Participants who entered JCPP more than three years after injury represented a much smaller proportion overall. Only 10% of participants started the program three or more years after their injury, and among these, fewer than half were working at the time of their first instalment. This again reinforces a key finding of this evaluation: **earlier intervention is associated with a higher proportion of participants remaining in work, while longer delays show a marked drop in working status.**

The only other SIRA funded program which directly aligns to this metric is the Transition to Work (TTW) Tier 2, which provides financial assistance to remove any immediate or short-term barriers to commencing paid employment (available only where there is a confirmed job offer). Given this requirement, it was initially anticipated that the TTW Tier 2 program would achieve a high 'working' work status rate. However, **the TTW program recorded a relatively low 'working' work status rate of 44%, which may reflect the absence of built-in milestones, follow-up, or active employer engagement.** Importantly, employer engagement was identified as a key driver of successful vocational program outcomes, consistent with findings from the literature review. Qualitative insights also highlighted administrative burden and limited promotion as factors reducing program impact.

In the case of TTW, Tier 1 payments are designed to enable job-seeking as an early-stage support. The available data suggest that while Tier 1 is used regularly, reimbursements are not always claimed due to the modest $200 cap. The program, in its current form, cannot be measured for effectiveness, as the data does not capture if Tier 1 payments directly result in sustained job search activity or improved RTW outcomes. These limitations may help explain why the program records the lowest RTW outcomes of all SIRA funded programs, with only 40% of participants working after use. Introducing a program logic and clearer use criteria, supported by improved data and monitoring systems could help strengthen TTW Tier 1's intent as a practical RTW enabler, rather than a general fallback.

Following the analysis of work status outcomes by program, it was found that the 'Nature of Injury' type produced particularly significant findings. The quantitative data analysis indicates people with a psychological injury achieved better outcomes through participation in the SIRA funded programs compared to those with non-psychological injuries. For example:

- **Job Cover Placement:** 81% of participants with a psychological injury were working, compared to 69% with a non-psychological injury.

- **Transition to Work program:** 69% of participants with a psychological injury were working, compared to 39% with a non-psychological injury.
- **Training program:** 54% of participants with a psychological injury were working, compared to 46% with a non-psychological injury.

This finding is the inverse of the broader WC Scheme trend, where on average 9 out of 10 people with a non-psychological (physical) injury return to work by 13 weeks, but only 4 out of 10 people with a psychological injury return to work. Participation in these SIRA funded programs appears to support markedly better RTW outcomes for people with psychological injuries compared to the broader WC scheme profile.

The qualitative evidence reinforces this impact, with participants and other stakeholders noting that the SIRA funded programs help to build self-esteem, confidence and readiness for work, which may help explain the stronger return to work outcomes observed.

This evidence helps explain the evaluation report's recommendation on **expanding early-stage supports for vocational re-engagement including structural psychosocial readiness interventions and broader mental health supports**. Both the empirical data and the literature support these as the areas where the greatest impact can be achieved.

Beyond tracking work status codes as a measure of effectiveness, participants of the Training program reported improved computer literacy, greater job-readiness, and a sense of personal growth. For some, the training laid foundations for career shifts, including into less physically demanding roles; outcomes not immediately visible in the quantitative data.

While program data highlights the importance of tailoring, timing, and alignment to participant needs in driving stronger outcomes, the qualitative perspectives provide a deeper understanding of how these factors play out in practice. Participants and providers pointed to **the critical role of early timing and early engagement, building capacity and transferable skills, and the provision of follow-up and transition support**. The insights presented in Table 3.4 highlight the variability in experiences, underscoring that program effectiveness depends not only on design but also on implementation, context, and individual circumstances.

Table 3.3: Overview of SIRA funded programs – Quantitative data

Program	Est.	Number of participants[18]	Spend ($) $'000	% commencing by reference point[19]	% working at reference point[20]
Workers Compensation (WC)					
Training	pre- 1987	5,822	~$10,300k	69% post 1 year	48%
Equipment & Workplace modifications	pre- 1987	1,511	$1,058k	58% post 1 year	62%
JobCover Placement Program JobCover6	1992 2020	1,046[21]	~$17,400k	91% post 1 year	71%
Work Trials Connect 2 Work	1994 2020	522[22]	$269k	~75% post 1 year[23]	53%
Transition to Work	2012	535	$688k	82% post 1 year	44%
Recover at Work Assist[24]	2019	234	$534k	93% pre 180 days	88%
Compulsory Third Party (CTP)					
JobCover Placement Program JobCover6	2017 2020	96	-	--	80%
Recover at Work Assist[25]	2017	65	-	--	68%
Transition to Work	2017	36	-	--	59%

Notes:

- Program data spanned financial years 2017–2022 for WC and calendar years 2018–2022 for CTP. For the WC dataset, a point-in-time extract was drawn from SIRA's administrative records in November 2022.
- SIRA administers the programs above the insurer's threshold limits. SIRA administered programs are not captured in the insurer claims data repository therefore all programs are underrepresented in both utilisation and spend and should only be used as a guide.
- The percentage of workers working post program commencement may appear low. However, it is a very positive result when compared to the job detached cohort, where RTW rates show very little improvement beyond the 52 reference-week.

[18] Within insurer's threshold
[19] From date entered into the insurance system (DEIS)
[20] Based on work status code at 2022 for WC programs.
[21] The WC JCPP total primarily reflects the NI's JCPP, as SIRA administers JCPPs for the other insurers due to the program exceeding their thresholds. This results in a higher overall number.
[22] Work Trials are under-represented in the available datasets, particularly when there is no associated payment and the insurer does not record the host employer's ABN
[23] Estimated based on DOI
[24] For small business – offered in the first 6 months
[25] For small business – offered in the first 6 months

Table 3.4: Effectiveness- Qualitative insights

a. Timing and early engagement

- "We miss the window - by the time the program is approved, the worker's disengaged." (NI)
- "If I knew about this program early. I might apply for it early. So, I don't have to suffer the body pain" (JCPP participant, CTP)
- "Workers that utilise programs tend to remain in employment." (NI)

b. Building capacity and transferable skills

- "Identity tied to lifelong careers makes it hard to use programs." (TMF)
- "Short vocational courses like forklift or admin certs help workers feel purposeful and prepared." (WRP)
- "Volunteer and government placements build capacity before re-entering paid work." (WRP)
- "I was pretty lucky. I've heard many other stories… I was pretty determined to try come out the other end and get myself set up in a career where I am using my head, rather than my physical brawn" (Training participant, WC)

c. Follow-up and transition support

- [Did the JCPP improve your job prospects?] "No not really… in terms of me now having to go get another job, I'm back to square one, if not worse" (JCPP participant, WC)
- "It was a fixed-term contact, and then that created other opportunities… now I am with Services Australia full time" (JCPP participant, WC)
- "The outcome was I had to leave the job because of the injury I had to take a lesser role" (Work Trial participant, WC)
- "Some ongoing support, once you get a job… I have not been contacted by anyone" (JCPP participant, WC)

CTP-specific insights from Insurers

Insurer perspectives on the CTP Scheme included a range of suggestions, such as:

- Creating claimant-focused promotional resources, supported by WRPs, to help injured individuals actively market themselves to employers.
- Recognising WRPs' key role in engaging employers - particularly in programs like JCPP where their existing WC experience enhances outcomes.
- Addressing WRP knowledge gaps and administrative inconsistencies, especially in programs like TTW, where false expectations about eligibility have required case-by-case clarification.

Insurers also emphasised that eligibility criteria linked to receipt of weekly payments works well under current scheme legislation, though flexibility through guidance material was supported for claims outside standard rules. Key considerations include:

- Potential expansion of vocational support to self-employment or small business establishment.
- Possible transfer of programs like Connect2Work and Work Trials from WC to CTP to help fill current program gaps, especially given labour market shortages.
- Moving from fixed dollar incentives to percentage-based models or aligning payments to Pre-Injury Average Weekly Earnings (PAWE).
- Considering indexation of incentive payments to reflect cost-of-living increases.
- Temporarily increasing funding pools to stimulate uptake (particularly effective when supported by employer word of mouth).

Streamlining processes through: combining application and reimbursement forms; reviewing program lengths to ensure incentives remain meaningful; and revising the CTP and (*WC Assist*) [26]call scripts to more clearly promote SIRA funded programs.

[26] In NSW, Workers Compensation (WC) Assist and CTP Assist are free, government funded support services run by the State Insurance Regulatory Authority (SIRA). WC Assist helps people with an injury, employers and other stakeholders understand their choices, rights and responsibilities under the NSW workers compensation system. It provides guidance on claims, entitlements, return to work and dispute resolution pathways. They also make outbound calls to injured people at risk of delayed recovery to emphasise the health benefits of good work. CTP Assist offers similar support but for people injured in motor accidents under the NSW Compulsory Third Party (CTP) insurance scheme. It is a service that helps injured

3.4. Administrative burden hampers efficiency

The available data indicate that administrative burden and complexity is hampering efficiency across SIRA funded programs. Stakeholders reported that excessive paperwork, miscommunication, slow approval processes, and inconsistent program administration create barriers to operational efficiency. Variability across insurers and case managers can further complicate navigation, with inconsistent interpretation of program rules slowing referrals, confusing eligibility, and making programs challenging to implement efficiently.

NI reported that employers can be hesitant to participate when clear RTW goals are not established early, or when transitions between stages (e.g. from work trial to paid employment) are poorly managed. Administrative complexity and confusion over eligibility (e.g. whether equipment can be approved after a worker has returned to work) can also discourage participation. Programs like Recover at Work Assist were seen as too limited in duration and value - $400 over six weeks was seen as insufficient to incentivise uptake or support small businesses adequately. WRPs described delays of 21 days or more for approvals, resulting in missed opportunities and disengaged employers.

As they have continued to grow and evolve over time, program-level processes and guidance material have become increasingly complex, fragmented and duplicative. Multiple forms, overlapping eligibility criteria, and separate systems for similar programs can create unnecessary duplication and confusion. Even when reimbursements, such as those for JCPP, are processed through separate departments to avoid claim cost issues, the division of responsibilities can result in oversight challenges, including limited tracking of incentive durations or payments over time.

To further support the ongoing development of the programs, stakeholders recommended digitising forms, establishing a centralised application portal, and providing resources for WRPs, treating practitioners, insurers, and employers. Additional suggestions included real-time application tracking, clearer eligibility guidance, and bundling similar programs into unified pathways to reduce bottlenecks and delays.

Table 3.5: Efficiency - Qualitative insights

a. Administrative burden and delays	b. Misunderstanding process and purpose
• "Too much paperwork - people give up before they get started." (WRP) • “Chicken and egg: worker needs capacity, but NTD [Nominated Treating Doctor] won't sign off until job offer.” (NI) • “WRPs need more support to use programs well - otherwise we have to micromanage them." (SSI)	• “They think it's just extending the claim, or they don't understand that this isn't claim cost, it's program funding.” (WRP) • “WRPs discuss options with workers before determining eligibility, derailing RTW process.” (SSI)

road users navigate the claims process to understand their rights, entitlements & obligations. They make outbound support calls to injured people during their claim journey and inform them of their options regarding any disputes with insurers.

3.5. Poor data quality limits visibility of outcomes and impact

Evaluative efforts are constrained by data gaps and limited tracking. Many programs, particularly the training program, lack data on progress and completions, making it difficult to assess outcomes and cost-effectiveness. The absence of durable RTW tracking limits the ability to evaluate program effectiveness, drive improvement, and maintain accountability. Practical solutions, such as scheduled post-program check-ins or targeted participant self-reporting, could improve oversight, though any additional data collection must be balanced against existing administrative burden.

Evaluative efforts are constrained by data gaps, data integrity issues, and limited tracking, which restrict visibility of program utilisation, outcomes, and cost-effectiveness. Data quality issues such as inaccurate coding, inconsistent application of payment and outcome codes, and incomplete datasets reduce confidence in program-level analysis. As noted throughout the report, work status codes as a proxy for return to work provides only a partial view, limiting comparability with scheme-level outcomes and limiting evaluation of medium- to long-term impact and outcomes. Improving data standards and outcome measures is critical to ensuring program performance can be assessed with accuracy, consistency, and transparency.

4. Recommendations

The SIRA funded programs are grounded in sound policy intent and offers valuable support to injured persons with diverse recovery needs. However, findings from this evaluation suggest that the system has become increasingly complex, with overlapping programs, unclear pathways, and burdensome administrative requirements.

Significant data integrity issues and persistent gaps in tracking limit visibility of program reach, performance, and cost-effectiveness - hindering both operational decision-making and strategic oversight. Without improved data systems, it will remain difficult to monitor outcomes or refine programs based on evidence.

A more consistent and sequenced system-wide approach is needed to realise program intent. This would build on strong foundations to deliver risk-based, multidisciplinary support through clearly structured RTW pathways, streamlined processes, and improved data and tracking to monitor progress and outcomes.

Rather than introducing new initiatives, now is the time to take stock - to consolidate what is working, simplify what has become unwieldy, and embed a clearer logic for how each individual program collectively contributes to durable return-to-work outcomes.

The following recommendations are designed to strengthen coherence, improve usability, and support more strategic and integrated use of existing programs.

1. **Embed a sequenced pathway framework for SIRA funded programs across the WC and CTP schemes**

Reconfigure the suite of SIRA funded programs into a coherent, internally integrated framework aligned with best-practice claims management. Programs should be mapped to key phases of recovery - such as assessment, activation, placement, and post-placement support - with clear guidance on sequencing and timing.

2. **Align programs to a shared theory of change**

Develop logic models for each program to clarify how they each contribute to recovery, confidence-building, and a durable RTW outcome. This would ensure stronger alignment with legislative intent and provide clearer rationale for use across different cohorts, including those with additional needs and requirements.

3. **Streamline administrative requirements**

Simplify referral, eligibility, and reimbursement processes by reducing duplication and clarifying requirements. Aligning and consolidating guidance materials, forms, and eligibility criteria across programs would improve consistency and reduce administrative burden. A clearer, more streamlined system would make it easier for Workplace Rehabilitation Providers, insurers, and employers to navigate and comply with program requirements.

4. **Consolidate and rebrand overlapping programs**

Merge programs with similar purposes (e.g. JCPP and JC6; Work Trial and C2W) and adopt plain-English naming conventions. This would reduce confusion, support clearer communication, and improve uptake - especially among employers with limited administrative capacity.

5. **Refocus the training program around targeted, flexible skill development**

Revise the Training Program to better reflect evolving workforce needs and training standards. While recognising the important role that Recognition of Prior Learning (RPL) can play, develop targeted funding arrangements for different categories of training based on SIRA's priorities (e.g. full qualifications, short-form training, micro credentials, and Statements of Attainment[27]). In a post-COVID world of work that places digital literacy at a premium, a clearer framework encompassing preparatory short courses, industry licences, and modular VET to higher education pathways would improve alignment with participant needs and job market demand.

6. Strengthen early activation and readiness supports

Expand early-stage supports for vocational re-engagement, including structured psychosocial readiness interventions and mental health supports. Partnering with rehabilitation services to provide integrated mental and physical recovery pathways would ensure programs are suitable for a broader cohort of claimants, including those with psychological injuries or complex barriers to work. Once the programs are reset, providing rehabilitation providers with clearer guidance and supports to make targeted, appropriate program recommendations could improve engagement, increase completion rates, and support stronger long-term return-to-work outcomes.

7. Create a centralised resource for SIRA funded programs

Establish a centralised online resource to connect stakeholders – such as Workplace Rehabilitation Providers and employers – involved in SIRA funded programs. Greater visibility and streamlined communication between these groups would enable earlier activation, broaden placement opportunities, and strengthen readiness supports, contributing to more timely and sustainable return-to-work outcomes.

8. Improve stakeholder education and employer engagement

Review and enhance all communications and guidance materials to better support program understanding and administration, particularly for employers and treating practitioners. Clearer, more accessible resources would improve confidence and engagement - especially for small businesses and new program participants - and reduce the current reliance on WRPs to drive participation.

9. Modernise data and monitoring infrastructure

Build shared data systems to support accurate coding, monitoring of long-term RTW outcomes and consistent program evaluation across schemes. While acknowledging the unique characteristics of each program, this could include standardised metrics and feedback loops to support continuous improvement and accountability.

These recommendations provide a clear path to simplify the system, strengthen alignment with best practice, and improve outcomes for all stakeholders. By clarifying program purpose, reducing administrative burden, and modernising data infrastructure, SIRA can continue to build on the foundations laid by these programs. Most importantly, a more coherent and accessible system, with modernised data and monitoring infrastructure, will better support injured persons to recover, re-engage, and return to work - delivering on the core purpose of the WC and CTP schemes.

[27] Training program guidance material state that courses selected should: be provided by a registered training organisation or higher education provider; result in formal qualifications recognised by the Australian Quality Training Framework or provide an industry-recognised licence or certificate; be the best match to the worker's circumstances.

Appendix

Appendix A: Mapping program designs against best practice

Taken together, the SIRA funded programs seek to address key barriers to return to work. Their overall design aligns well with best practice principles identified in the research literature, which emphasise early engagement, graded activation, and coordinated pathways to sustainable employment.

However, **these intentions are not always realised in practice**. As summarised in Table A1, program alignment was assessed against nine best practice criteria identified in the literature review. While employer engagement - particularly through the JCPP - is a clear strength, most other domains demonstrate only partial alignment or show notable gaps. It is also important to acknowledge that programs have varying intents - while some prioritise employer engagement and direct job placement, others focus on early-stage support like skill development or barrier reduction.

Key areas for improvement include the limited use of early, risk-based interventions, fragmented multidisciplinary coordination, minimal integration of psychosocial and mental health supports, and an overall absence of post-placement monitoring or feedback.

Table A1: Evaluation against features of best practice

Best Practice Criteria	Alignment	Evaluation Note
1. **Employer Engagement and Incentives** Successful programs engage employers early and provide practical supports to reduce uncertainty and encourage workplace re-entry.	Examples of full alignment	High uptake; clear employer incentives; 71% of JCPP participants, 88% of RAW participants returned to work.
2. **Skill-Building and Labour Market Transition** Access to retraining and job matching aligned with labour market needs improves long-term employment outcomes.	Examples of partial alignment	Training currently has an emphasis on RPL; outcomes weaker for some cohorts.
3. **Sequenced, Progressive Supports** Structured pathways guide individuals step-by-step through graded supports.	Examples of partial alignment	Programs appear to lack clear transitions in/out
4. **Tailored, Person-Centred Support** Adapting services to individual circumstances enhances effectiveness and equity, especially for complex or long-term cases.	Examples of partial alignment	Supports exist but are not well integrated into a sequenced recovery pathway.

Best Practice Criteria	Alignment	Evaluation Note
5. **Early and Risk-Based Intervention** Timely, risk-informed engagement soon after injury reduces the likelihood of prolonged work absence.	Opportunities to strengthen alignment	Late referrals common; limited early triage or trauma-informed pathways.
6. **Integrated, Multidisciplinary Coordination** Coordinated collaboration across health, rehabilitation, and employment services ensures continuity and reduces duplication.	Opportunities to strengthen alignment	Coordination between insurers, WRPs, employers and treating practitioners is inconsistent.
7. **Psychosocial and Mental Health Support** Incorporating mental health and psychosocial supports is essential for addressing complex recovery needs.	Opportunities to strengthen alignment	Supports are not systematically embedded, and readiness for work is not always addressed. While WRPs focus on work readiness, their interventions depend on treating professionals providing a Certificate of Capacity.
8. **Real-Time Monitoring, Evaluation and Feedback Loops** Data-driven feedback enables continuous program adjustment and targeted resource allocation.	Opportunities to strengthen alignment	Minimal structured follow-up; employer coaching and retention support lacking.
9. **Post-Placement Support** Ongoing support after job placement promotes retention, addresses emerging issues, and prevents setbacks.	Opportunities to strengthen alignment	No system-wide tracking or feedback loops exist for adaptive improvement. WRPs commonly monitor shorter programs but have limited involvement in longer programs like JCPP and extended training.

Appendix B: Mapping identified gaps to recommendations

Table B1 maps key gaps in program design and delivery against targeted recommendations. It highlights the need for earlier, risk-based interventions and stronger psychosocial supports, clearer sequencing and multidisciplinary coordination, and post-placement follow-up. Administrative burden, fragmented program design, and inconsistent employer engagement are also identified as limiting effectiveness.

Table B1: Mapping gaps to recommendations

Gap identified against features of best practice	Focus of recommendations
1. Limited use of early, risk-based intervention	Embed early triage into programs where appropriate, and strengthen early-stage psychosocial and mental health readiness supports.
2. Fragmented multidisciplinary coordination	Use sequencing to clarify roles and transitions, and expand early supports to foster stronger collaboration with rehabilitation providers.
3. Minimal integration of psychosocial and mental health supports	Support structured psychosocial readiness and integrate mental health supports directly into program delivery.
4. Lack of post-placement support and feedback loops	Build capacity for ongoing post-placement tracking, feedback, and sustained participant support.
5. Reactive deployment and ad hoc use	Embed strategic use of programs by clarifying intended function, sequencing, and appropriate application across cohorts.
6. Administrative burden	Simplify referral, eligibility, and reimbursement processes, reducing duplication and improving usability across the program suite.
7. Lack of clarity around funded activities and learner outcomes in Training program	Expand funding flexibility and align training options with evolving workforce needs and labour market demand.
8. Inconsistent employer engagement outside JCPP	Strengthen guidance and communications, with a focus on supporting small businesses and less experienced employers.
9. Lack of real-time monitoring and continuous improvement	Establish standardised metrics, shared data systems, and adaptive learning mechanisms to support ongoing evaluation and improvement.

Appendix C: Literature review

Introduction

This literature review synthesises current national and international evidence on the features, structures, and implementation of effective vocational rehabilitation (VR) and return-to-work (RTW) program models.

The methodology involved a thorough search of relevant literature, including:

- Funded research reports and grey literature provided by SIRA.
- Literature reviews (both international and Australian) on vocational rehabilitation, identified through ACER's Cunningham library, with a preference for synthesis reports.
- International and national examples of vocational programs focused on supporting work participation for people with an injury.

The review excluded literature related to vocational services provided by individual rehabilitation providers, as these are specific to their practices and not broadly applicable across jurisdictions. Instead, the focus was on comparable programs aimed at work participation across different regions and industries.

The review was guided by the following research questions:

- What are the key features of successful vocational rehabilitation programs?
- What indicators of success are commonly used in evaluating vocational rehabilitation programs, and how do they relate to program effectiveness and efficiency?
- What are the most effective strategies for supporting return-to-work (RTW) outcomes, particularly in the context of post-COVID work environments, including remote and hybrid work models?
- How do vocational rehabilitation programs address emerging and/or less common injury types, including psychological injuries, and what best practices can be adapted for SIRA's programs?
- What lessons can be drawn from international and national vocational rehabilitation programs in terms of innovation and program design that can enhance SIRA's programs, especially considering the changing nature of work post-COVID?

This process allowed ACER to consolidate existing knowledge and offer a comprehensive understanding of how SIRA's programs can evolve to better meet the needs of injured people in a rapidly changing world of work.

Core features of effective models

Across jurisdictions and studies, effective programs consistently demonstrate a core set of features that effectively contribute to improved RTW outcomes and system efficiency. These features are not discrete or siloed elements but interdependent and sequenced components of a broader system. Their impact is maximised when embedded within end-to-end recovery processes, aligned across stakeholders, and tailored to the diverse needs of injured people.

The international evidence base highlights the following as key features of effective models:

a. **Employer engagement and incentives**

   Effective models tend to involve and incentivise employers early and offer practical tools - such as wage subsidies, onboarding support, and modified duties advice - to reduce uncertainty and perceived risk.

b. **Skill-building and labour market transition**

   Access to retraining, upskilling, or job matching strengthens long-term outcomes, particularly for workers unable to return to their pre-injury role. These supports are most effective when aligned with evidence of labour market opportunities and skills needs.

c. **Sequenced, progressive supports**

   Structured pathways are established for each step in the RTW process. These pathways enable graded/tiered activation and support transitions over time.

d. **Tailored, person-centred support**

   Programs that adapt to individual needs - based on ongoing health/injury status, employment background, digital access/literacy, language, and personal goals/aspirations - tend to be more effective, engaging and equitable. This is especially important for long-duration and job-detached claimants.

e. **Early and risk-based intervention**

   Early intervention - particularly within the first few weeks/months post-injury - is a common feature of effective systems and models. Timely engagement reduces the risk of long-term detachment, especially when guided by psychosocial risk screening or other stratification and support tools.

f. **Integrated, multidisciplinary coordination**

   Alignment between medical care, rehabilitation, vocational services, and insurers improves continuity and reduces duplication. Effective systems foster active collaboration across a range of multi-disciplinary settings.

g. **Psychosocial and mental health support**

   Addressing psychosocial barriers is critical for claimants with psychological injuries and/or complex recovery needs. Effective models incorporate stigma reduction, mental health literacy, and supported communication pathways.

h. Real-time monitoring, evaluation and feedback loops

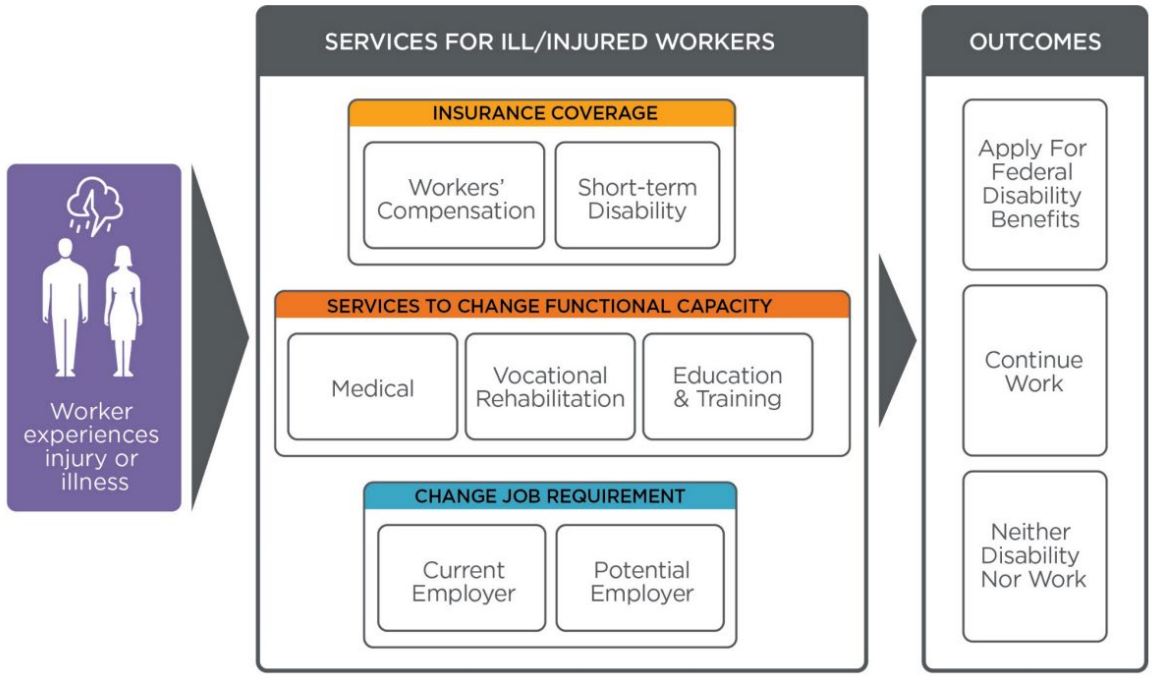
Data-driven systems can adjust pathways, target resources efficiently, and monitor what works for whom. Real-time insights also enable responsive commissioning and continuous improvement.

i. Post-placement support

Ongoing support after job placement can help address early workplace or health issues, improves job retention, and supports sustained employment. Effective programs offer coaching, problem-solving assistance, and timely interventions to prevent re-injury or disengagement.

In their 2020 report for the US Department of Labor, *'Synthesis of Stay-at-Work/Return-to-Work (SAW/RTW) Programs, Models, Efforts, and Definitions',* Epstein et al. offer a stylised map of SAW/RTW pathways.

Exhibit 2-1: A Stylized Map of the SAW/RTW Concept



Indicators

Evaluating the effectiveness of programs requires the collection and use of clear, reliable, and policy-relevant indicators. While program goals vary across jurisdictions, successful systems consistently monitor a core set of outcome and process metrics to assess performance, ensure accountability, and support continuous improvement.

a. Time to sustained return to work

One of the most widely used indicators is the time taken to achieve a *sustained* or *durable* return to work. This measure captures not only job re-entry, but durability, and is particularly important for identifying program impact on long-term work capacity rather than short-term placements.

b. Reduction in income support or claim duration

Program success is also reflected in reductions in the duration of wage replacement or income support claims. Shortened claim periods can signal more efficient recovery, improved service coordination, or effective early intervention.

c. Worker and employer satisfaction

Satisfaction measures - while sometimes underemphasised - can be important for capturing the quality and relevance of services delivered. High levels of satisfaction among workers and employers are often associated with better engagement, higher trust in the system, and fewer disputes. This feedback also helps to identify service delivery gaps that may not appear in administrative data.

d. Equity of access and outcomes

An equitable system ensures that individuals from all demographic and occupational groups can access appropriate supports and achieve comparable outcomes. Monitoring equity - across gender, age, location, language background, or employment type - is essential to identify structural barriers and to guide targeted improvements.

e. Cost-effectiveness and return on investment

Efficiency metrics, such as cost per successful outcome or overall return on investment, are critical for policy-level decision-making. Effective programs demonstrate that the investment have a range of financial and non-financial benefits - either through reduced long-term claims or avoided healthcare costs.

f. Real-time monitoring and adaptive management

Beyond static performance reporting, leading systems increasingly invest in *real-time data monitoring* and feedback loops. This enables adaptive program management, allowing providers to respond promptly to emerging issues, correct course mid-delivery, and refine interventions for improved impact.

Adapting to Post-COVID Work Environments

The COVID-19 pandemic significantly accelerated shifts in the nature of work, with lasting implications for how RTW programs are designed and delivered. Remote and hybrid work arrangements, increased use of online support and telehealth, and changing expectations around flexibility and digital skills have transformed the landscape of employment. In response, contemporary models must evolve to remain relevant, inclusive, and effective.

a. Remote and hybrid work options

Remote work, once a niche arrangement, is now a standard feature across many industries. RTW programs must reflect this shift by supporting injured or displaced workers to access and succeed in remote roles. For example, this includes offering ergonomic home assessments to prevent re-injury, trialling remote work placements, and providing support for digital onboarding and remote workplace integration.

b. Online and telehealth integration

The rapid uptake of online and telehealth support during the pandemic created new access pathways for psychological and physical rehabilitation. For many claimants - especially those in rural areas or managing mental health conditions – telehealth can offer a more accessible model of care. Integrating telehealth into services not only expands reach but also supports early engagement and continuity of care, both critical predictors of return-to-work success.

c. Digital and self-management skills

Remote and flexible work models require workers to demonstrate a higher level of autonomy, time management, and digital fluency. Programs must now embed digital literacy and self-management training within work readiness supports. This is particularly important for participants who have been job-detached or who previously worked in roles with minimal requirement for digital skills.

d. Flexible and modular training pathways

Traditional retraining models that require long-term study are increasingly being replaced by flexible, stackable micro-credentials. These shorter training modules are more responsive to individual circumstances and labour market needs, helping to re-engage workers without the burden of lengthy commitments.

Addressing Psychological Injury and Complex Needs

Psychological injury claims have increased significantly in recent years and present unique challenges to RTW programs. Unlike physical injuries, psychological claims often involve invisible and fluctuating symptoms, complex causality, and a greater risk of prolonged work detachment.

a. Dedicated Program Streams

Systems have introduced specialised program streams for psychological injury claims. These often begin with tailored intake processes that screen for psychosocial risk, clarify support preferences, and ensure psychological safety from the outset. Dedicated streams may also include structured peer support groups, which can reduce stigma and foster a sense of shared understanding. Confidence-building interventions - such as graduated exposure to work tasks, communication skills training, or supported volunteering - are also included to help rebuild self-efficacy and identity.

b. Health–Vocational Integration

Psychological recovery and vocational re-engagement must not occur in silos. Instead, effective models embed program participation into broader mental health treatment pathways. This may involve co-location of services, joint care planning between treating practitioners and providers, and use of shared goals.

c. Coaching and Mentoring

Structured coaching interventions are emerging as a valuable tool for supporting recovery and readiness in psychological injury cases. Coaching provides a structured, strengths-based relationship that focuses on self-regulation, motivation, and future planning - complementing traditional therapy by targeting work-related functioning. Mentoring or guided navigation can also help claimants build a bridge between clinical care and workplace re-entry, particularly when paired with goal-setting and practical problem-solving supports.

Australian and international Models

A comparative scan of Australian and international systems reveals a range of practices that demonstrate how different jurisdictions respond to the shared challenges of returning injured people to sustainable employment. While no single model is universally applicable, these examples offer insights for improving systems and programs in the Australian context.

a. South Australia (ReturnToWorkSA)

ReturnToWorkSA administers the state's workers' compensation and return-to-work scheme. It provides income and medical support to injured workers and oversees claims management through contracted agents. Employer incentives, such as the Re-employment Incentive Scheme for Employers (RISE), are available in cases where workers cannot return to their original workplace.

Source: Re-employment incentive scheme for employers (RISE)

b. Canada (WorkBC and Workers' Compensation Boards)

In Canada, workers' compensation boards are responsible for income support and vocational rehabilitation following a workplace injury. In British Columbia, WorkSafeBC and WorkBC operate in parallel, with WorkSafeBC managing claims and rehabilitation, and WorkBC providing employment services and retraining programs.

Source: Return to work - WorkSafeBC

c. Netherlands (UWV – Employee Insurance Agency)

The Employee Insurance Agency (UWV) delivers social security and return-to-work services in the Netherlands. It acts as a central point for income replacement, rehabilitation, and employment services. Service delivery includes digital platforms that enable claimants to submit claims and access information online.

Source: UWV

d. Germany (DGUV – German Social Accident Insurance)

DGUV is the umbrella association for Germany's statutory accident insurance institutions. It provides coverage for work-related injuries and illnesses and funds medical treatment, rehabilitation, retraining, and reintegration measures. The system is structured to combine health and vocational services under a single insurance framework.

Source: DGUV: Occupational and social rehabilitation

Bibliography

Berg, R. C., Underland, V., & Vist, G. E. (2022). Effectiveness of work-related interventions for return to work in people on sick leave: A systematic review and meta-analysis. *Systematic Reviews, 11*, Article 192. https://doi.org/10.1186/s13643-022-02055-7

Cullen, K. L., Irvin, E., Collie, A., Clay, F., Gensby, U., Jennings, P. A., & Amick, B. C. (2018). Effectiveness of workplace interventions in return-to-work for musculoskeletal, pain-related and mental health conditions: An update of the evidence and messages for practitioners. *Journal of Occupational Rehabilitation, 28*(1), 1–15. https://doi.org/10.1007/s10926-016-9690-x

Epstein, Z., Wood, M., Grosz, M., Prenovitz, S., & Nichols, A. (2020). *Synthesis of Stay-at-Work/Return-to-Work (SAW/RTW) programs, models, efforts, and definitions.* U.S. Department of Labor, Chief Evaluation Office. Abt Associates. https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/SAW-RTW_Deliverable-2-1_SynthesisofPrograms_FINAL_508c.pdf

Franche, R. L., Cullen, K., Clarke, J., Irvin, E., Sinclair, S., & Frank, J. (2005). Workplace-based return-to-work interventions: A systematic review of the quantitative literature. *Journal of Occupational Rehabilitation, 15*(4), 607–631. https://doi.org/10.1007/s10926-005-8038-8

Institute for Work & Health. (2004). Workplace-based return-to-work interventions: Summary of a systematic review. https://www.iwh.on.ca/summaries/sharing-best-evidence/workplace-based-return-to-work-interventions

MacEachen, E., Clarke, J., Franche, R. L., & Irvin, E. (2006). Systematic review of the qualitative literature on return to work after injury. *Scandinavian Journal of Work, Environment & Health, 32*(4), 257–269. https://pubmed.ncbi.nlm.nih.gov/16932823/

MacEachen, E., Kosny, A., Ferrier, S., & Chambers, L. (2010). The “toxic dose” of system problems: Why some injured workers don’t return to work as expected. *Journal of Occupational Rehabilitation, 20*(3), 349–366. https://doi.org/10.1007/s10926-010-9229-5

Monash University Accident Research Centre. (2017). Effectiveness of workplace interventions in return-to-work for musculoskeletal, pain-related and mental health conditions: An update of the evidence and messages for practitioners. https://research.monash.edu/en/publications/effectiveness-of-workplace-interventions-in-return-to-work-for-mu

Nichols, A., Geyer, J., Grosz, M., Epstein, Z., & Wood, M. (2020). Synthesis of evidence about Stay-at-Work/Return-to-Work (SAW/RTW) and related programs. U.S. Department of Labor, Chief Evaluation Office. Abt Associates. https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/SAW-RTW_Deliverable-2-2_SynthesisofEvidence_508c.pdf

Organisation for Economic Co-operation and Development (OECD). (2015). *Fit mind, fit job: From evidence to practice in mental health and work.* https://doi.org/10.1787/9789264228283-en

Safe Work Australia. (2019). National return to work strategy 2020–2030. https://www.safeworkaustralia.gov.au/system/files/documents/1909/national_return_to_work_strategy_2020-2030.pdf

State Insurance Regulatory Authority (SIRA). (2023). *Reversing the trend: Improving return to work outcomes in NSW.* https://www.sira.nsw.gov.au/resources-library/research-library/completed-research/reversing-the-trend-improving-return-to-work-outcomes-in-nsw

Torres, N. (2024, July 15). Empowering recovery: Best practices for return-to-work programs in workers' compensation. *WorkersCompensation.com.* Retrieved from https://www.workerscompensation.com/expert-analysis/empowering-recovery-best-practices-for-return-to-work-programs-in-workers-compensation/workerscompensation.com

Venning, A., Oswald, T. K., Stevenson, J., Tepper, N., Azadi, L., Lawn, S., & Redpath, P. (2021). Determining what constitutes an effective psychosocial 'return to work' intervention: A systematic review and narrative synthesis. *BMC Public Health, 21*(1), Article 2164. https://pubmed.ncbi.nlm.nih.gov/34823501/

Waddell, G., & Burton, A. K. (2006). *Is work good for your health and well-being?* The Stationery Office. https://www.gov.uk/government/publications/is-work-good-for-your-health-and-well-being

Waddell, G., Burton, A. K., & Kendall, N. A. S. (2008). *Vocational rehabilitation: What works, for whom, and when?* The Stationery Office. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/209474/hwwb-vocational-rehabilitation.pdf

World Health Organization (WHO). (2019). *Guidelines on mental health at work.* https://iris.who.int/bitstream/handle/10665/363156/9789240057760-eng.pdf