



Social
Research
Centre

SIRA Regulatory Measurement of Customer Experience and Outcomes Study

Strategic summary



Prepared by the Social Research Centre for SIRA, August 2021

A subsidiary of:



Overview

SIRA commissioned the regulatory measurement of customer experience and outcomes study (the Study) to measure customer experience, health and social outcomes experienced by claimants across the compulsory third party (CTP) and workers compensation (WC) schemes. This strategic summary presents selected measures reflecting key domains of customer experience, trust, return to work/main activity, and health and social outcomes. It draws from the longitudinal surveys, focus groups and in-depth-interviews that were conducted as part of the Study, which are all reported separately in full.

The longitudinal surveys involved a baseline and two repeat surveys (3 months and 9 months post baseline). Surveys were conducted online and over the phone among claimants who had made a claim between 1 April 2019 and 31 March 2020. Qualitative research was also conducted with 74 claimants, through 20 in-depth interviews and 16 focus groups, targeting claimants who may have had greater challenges or diversity of experiences (for example, psychological distress, speaking languages other than English, geography), to complement the surveys.

	Survey fieldwork dates	CTP (n)	WC (n)
Baseline survey (referred to as <i>Baseline</i>)	15 Jun - 21 Jul 2020	893	885
3-month follow-up (referred to as <i>3-month</i>)	20 Oct - 22 Nov 2020	466	411
9-month follow-up (referred to as <i>9-month</i>)	9 Apr - 23 May 2021	355	297
Completed all 3 surveys (n)	Completed all 3 surveys	296	234

To maximise the chance of detecting statistical significance (and reduce the chance of reporting false positive findings), significance testing has been conducted on the *total sample* in each survey. This differs to the separate 3-month and 9-month follow-up reports where the focus was on changes among *the same respondents who completed all 3 surveys*.

Significance testing has been used to compare results across the Baseline, 3-month follow-up and 9-month follow-up. Significant differences are marked among the total respondents in each survey using these symbols.

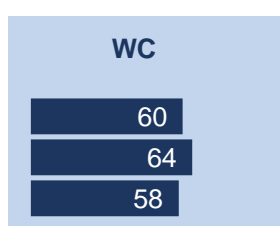
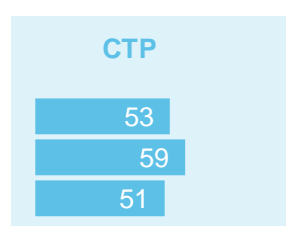
↑ or ↓ = significantly higher / lower than both other waves
 ↑**B** or ↓**B** = significantly higher / lower than just the Baseline
 ↑**3** or ↓**3** = significantly higher / lower than just the 3-month
 ↑**9** or ↓**9** = significantly higher / lower than just the 9-month

Topline results

Trust in schemes



Baseline
3-month
9-month



Just over half of claimants trusted the scheme to help them get back to work or usual activities. While trust increased initially, it decreased at the 9-month survey (to below or similar to Baseline).

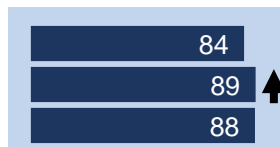
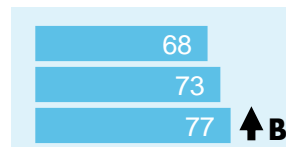
% 'agree' or 'strongly agree' that they trust the scheme to help get back to work or usual activities

Return to work/main activity

(established metric of scheme performance)



Baseline
3-month
9-month



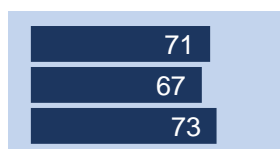
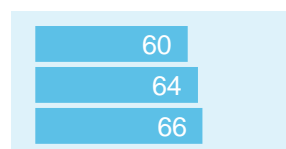
At the first survey, 68% to 84% of claimants had returned to work/main activity at any time since their injury. This increased over time (from Baseline) in both schemes.

% selected 'yes' that they had returned to work/main activity since injury

Extent to which life is back on track (overarching perception of recovery status)



Baseline
3-month
9-month



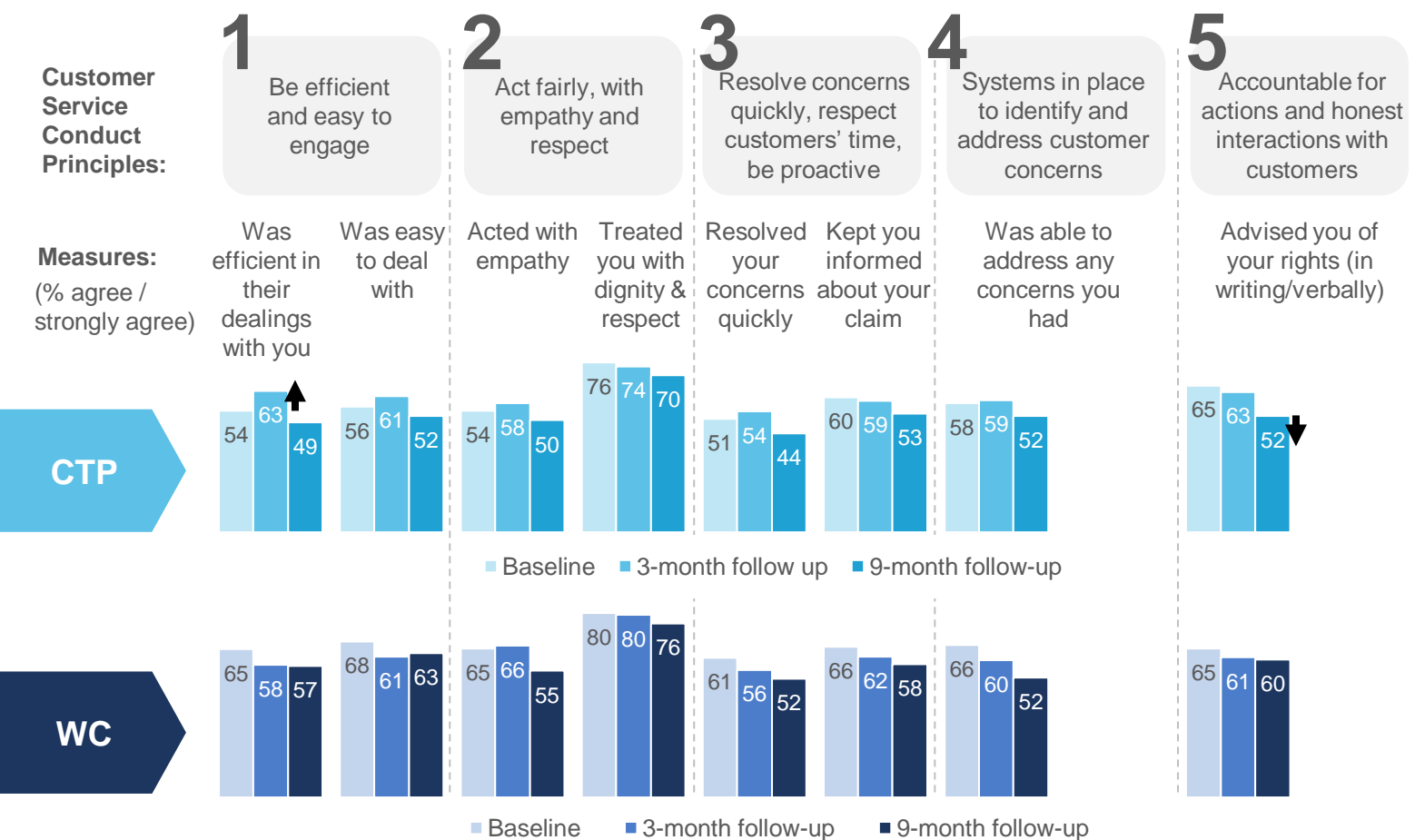
At the first survey, 60% to 71% reported their life being back on track (scoring this 6 or more out of 10). This increased by 9 months, but with a smaller change than return to work/main activity.

% rated life back on track as 6-10 out of 10

Customer experience

The Customer Service Conduct Principles are an important lens through which other measures can be understood. Across all surveys, both CTP and WC claimants agreed that their insurer treated them with dignity and respect (70%-80%), which is a good foundation for customer service. However, other results suggest that more specific aspects – such as efficiency, empathy, communications and resolving concerns – could improve. Sentiments expressed in the qualitative research included some claimants feeling their medical advice was not always considered seriously enough by their insurer and, in some cases, that they were being pressured to return to work before safe to do so.

The most positive experiences were generally at Baseline or 3 months, with ratings slightly declining between Baseline and 9 months across all measures for CTP and WC. Scores were slightly higher and more stable over time with WC. Claimants assessed as having a probable serious mental illness (derived using Kessler 6 Psychological Distress Scale) and longer claims (130+ days for CTP and 65+ days for WC) were less satisfied across all customer service measures.



Responses to the customer service conduct questions were combined to create an overall rating. Each respondent was rated as having a 'good', 'medium' or 'poor' overall customer experience. This was then used to analyse the other survey results.

Customer service rating (%):

	CTP			WC			
Baseline	59	18	23	68	17	15	Good
3-month	61	17	22	64	13	23	Medium
9-month	50	19	31	58	20	22	Poor

Claimants with an overall customer service score of 'good' were more likely to trust the scheme (CTP and WC), return to their main activity (CTP), and report their life being back on track (CTP and WC). Return to work was high among WC claimants regardless of customer service rating.

Trust in schemes (quantitative)

CTP

Just over half of CTP claimants trusted the scheme to help them get back to work/main activity (53% at Baseline, 59% at 3-month follow-up, and 51% at 9-month follow-up). However, there were also many claimants who did not trust the scheme (34%-43%). Trust deteriorated slightly between 3-month and 9-month follow-ups. This decrease occurred at CTP scheme level, and across all CTP subgroups.

Trust in scheme

Strongly agree Agree Neither agree nor disagree Disagree or Strongly disagree

Total respondents in each collection

Responded to all three surveys

Baseline	16	37	17	22	21	39	16	18
3-month	19	39	16	21	21	39	16	19
9-month	17	34	17	26	18	34	18	24

C1. To what extent do you agree or disagree that you trust the CTP scheme to help you get back to work/usual activities? (%)

CTP claimants were less likely to trust the scheme to help them get back to work or usual activities if assessed as having a probable serious mental illness (27% at 9 months, compared to 60% of those who were not). Claimants were also less likely to trust the scheme if they had a longer claim (130+ days) or reported a poor customer experience.

WC

Many injured workers trusted the WC scheme to help them get back to work (60% at Baseline, 63% at 3-month follow-up, and 58% at 9-month follow-up). Although this is a majority, it leaves around 4 in 10 not trusting the scheme consistently over time.

Trust in scheme

Strongly agree Agree Neither agree nor disagree Disagree or Strongly disagree

Total respondents in each collection

Responded to all three surveys

Baseline	21	39	21	15	23	36	15	20
3-month	22	41	17	17	24	39	15	18
9-month	19	39	16	20	18	41	14	20

C1. To what extent do you agree or disagree that you trust the WC scheme to help you get back to work? (% selected...)

WC claimants with probable serious mental illness were less likely to trust the scheme (34% at Baseline, compared to 65% among those without). Proportions remained similar over the 3-month and 9-month follow-ups but with base sizes too small to report. Other subgroups that were less likely to trust the scheme at Baseline include those with poor or medium customer experience scores (25% trusted, compared to 67% of those with 'good' scores) and those with longer claims (65+ days) (48% trusted, compared to 62% of those with shorter claims). Among insurer types, TMF scored higher for trust (67%) than SSI (61%) and NI (58%). Trust changed slightly over time – at 9 months, SSI (68%) increased and NI decreased (54%). TMF (69%) stayed consistent.

The most commonly reported ways to increase trust across both schemes, coded from survey verbatims, related to the following themes (percentages reflect Baseline and 9-month follow-up respectively).

- **Increasing benefits, treatments or services** (17%, 20% in CTP and 11%, 18% in WC);
- **Being helpful, compassionate, or understanding** (9%, 15% in CTP and 8%, 9% in WC);
- **Improving communication, contact or follow-up** (14%, 12% in CTP and 22%, 23% in WC);
- **Better consideration or assessment of injury** (12%, 12% in CTP and 11%, 10% in WC);

Experience and trust (qualitative)

The qualitative research supported the survey findings by reporting mixed levels of customer experience and trust in schemes and providing reasons why. Both CTP and WC claimants reported similar sentiments when it came to these aspects, so these have been addressed together here.

Overall, the following key factors significantly influenced claimants' experience and trust in the scheme:

- The severity and complexity of their injury and the degree to which they were able to adapt to a new lifestyle and manage their wellbeing.
- The support claimants received from case managers, rehabilitation consultants and treating doctors to develop realistic expectations and goals around their recovery and outcomes.
- The degree to which case managers, rehabilitation consultants and employers demonstrated a genuine belief in claimants' injuries and a willingness to support their recovery.
- Access to a clear and straightforward treatment plan and longer-term rehabilitation.
- Claimants' capacity to manage the procedural burdens of the process, particularly for those with psychological injuries or experiencing psychological distress.
- Claimants' capacity to discover information autonomously about the claims process to develop a better understanding of process and their rights and obligations.
- Access to networks of advocacy and support such as legal, industrial, medical and social supports.

Some claimants did not trust the scheme because they did not feel that their insurer trusted them. They often felt they were treated with suspicion and made to feel as if they were trying to take advantage of the system. This was seen to manifest at different points in the claims process, including:

- in independent investigations (not taking claimants' doctors advice)
- when the onus of proof was put on the claimant
- when claimants were deemed at fault (CTP) or involved in a contentious workplace issue (WC)
- as part of disagreement and complications surrounding pre-existing injuries, and
- through a lack of sensitivity around psychological injury.

As a result, many claimants from the qualitative research did not trust that the process was set up to meaningfully support their recovery and felt they needed to constantly prove the legitimacy of their injury and treatment needs. This was more prevalent among those reporting psychological injuries.

Claimants who spoke a language other than English often found it challenging to understand correspondence, did not always feel comfortable to follow-up and clarify issues with the insurer, and felt that they did not receive sufficient language support.



"All the small things, I'm happy with them. As soon as something big comes like surgery, fusing a spine, that's when I think... they're holding off or they're trying to push it or they're just trying to... push me aside and hope that I stop fighting? That's what I sort of feel like" (Male, CTP)

"That's been the biggest impediment to me recovering, has been the tasks that are given to me by the employer, the insurance company, the rehab provider that all make me delve back into what's happened." (Male, WC)

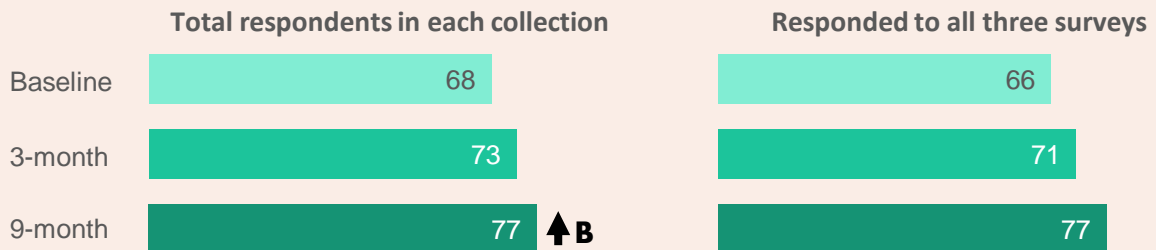
"Telling people you're on workers comp for depression anxiety and panic attacks is... it's really embarrassing." (WC, metro)

Health & Social Outcomes

CTP

The Return to Work (RTW) Rate is the proportion of claimants who reported that they had returned to work or their main activity at any time since their injury. At the 9-month follow-up, three quarters of CTP claimants (77%) had returned to work or their main activity, having increased steadily from the Baseline and 3-month surveys.

Return to main activity since injury



B1. Have you returned to your MAIN activity at the time of your accident at any time since your injury? (% yes)

CTP claimants with the highest RTW rates at 9 months included those with 'good' customer experience scores (83%, compared to 53% of those without), those with no probable serious mental illness (88%, compared to 48% of those with) and those with minimal injury severity (85%, compared to 70% of those with moderate or severe injuries).

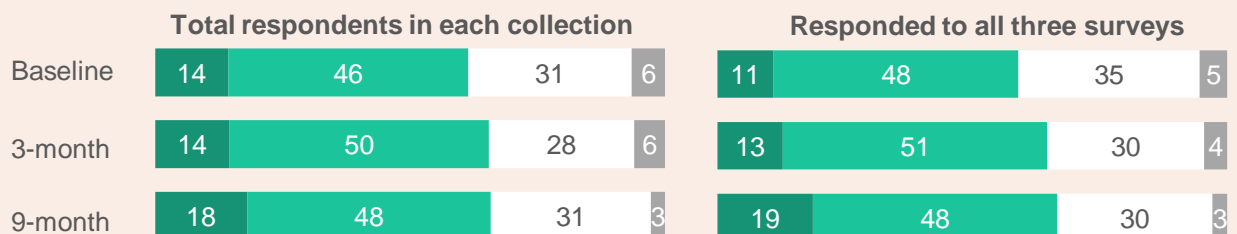
The greatest increases recorded over time within CTP were among:

- claimants with probable serious mental illness (35% Baseline to 48% 9-month follow-up), although these claimants still reported lower scores at 9 months than those without probable serious mental illness (88%), and
- those with 'good' customer experience scores (70% Baseline to 83% 9-month follow-up).

From the qualitative research, most CTP claimants had clear recovery goals. Returning to normal life activities such as household tasks, socialising and driving were often key measures of recovery (as well as other aspects of getting their life back on track), as was returning to work. For those with more severe or complex injuries, recovery was more often described as adapting to a 'new normal' and finding new day-to-day routines and/or interests, while also managing pain and mental health.

Extent to which life is back on track

10 (Completely back on track) 6 to 9 2 to 5 1 (not at all)



F4. ...how would you rate the extent to which you have been able to 'get your life back on track', on a scale of 1 to 10 where 1 means 'not at all', and 10 means 'completely back on track'? (% selected...)

CTP claimants reported mixed sentiments around their life being back on track, and this was consistent across the 3 surveys. Around a third rated this poorly (within the range of 1 to 5 out of 10); 37% at Baseline, and 34% at 3-month and 9-month follow-ups. This is most pronounced among people with probable serious mental illness; 86% at Baseline and 3 months, 79% at 9 months. Following this were CTP claimants with a 'poor' or 'medium' customer service score; 65% at Baseline, 67% at 3 months and 58% at 9 months.

Health & Social Outcomes

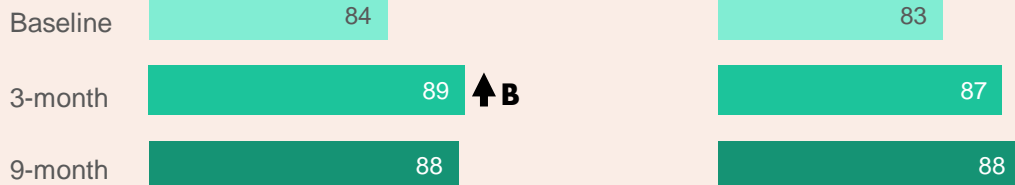
WC

Return to Work (RTW) Rates were high among WC claimants, with 88% returning to work within 9 months after the Baseline survey. At 9 months, RTW was higher among those without a probable serious mental illness (94%) than those with (62%). It's higher also among those with less than 65 days compensated (91%), than those with longer claims (73%).

Return to work since injury

Total respondents in each collection

Responded to all three surveys



B1. Have you returned to work at any time since your work-related injury? (% yes)

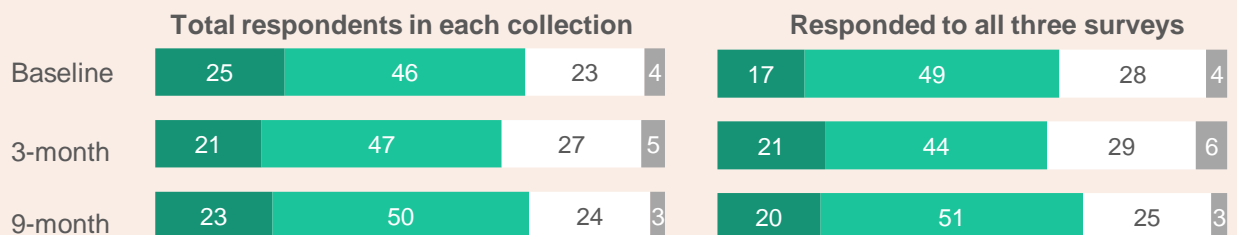
WC Claimants reported a strong desire to return to work but reported challenges – in all surveys and in the qualitative research. From the qualitative research the experiences reported include:

- lack of support from employers to provide appropriate duties
- lack of willingness from employers to meaningfully engage in return to work plan and process
- inability of insurers to provide oversight and influence the process
- return to work coordinators acting in the employers' best interests rather than supporting the claimant
- incidents of bullying and whistle-blowing resulting in complex and difficult return to work situations, and
- claimants often feeling a degree of anxiety returning to work, particularly those with psychological injuries.

Return to work experiences were most positive when employers were supportive and could provide appropriate duties and help claimants to reintegrate, and when the process was effectively coordinated between a return to work coordinator, the insurer and other parties, to best support claimants' individual needs.

Extent to which life is back on track

10 (Completely back on track) 6 to 9 2 to 5 1 (not at all)



F4. ...how would you rate the extent to which you have been able to 'get your life back on track', on a scale of 1 to 10 where 1 means 'not at all', and 10 means 'completely back on track'? (% selected...)

Reports of life being back on track varied. WC claimants with strong 9-month results included:

- those with **less** than 65 days compensated (80% compared to 42% among those with longer claims),
- those **without** probable serious mental illness (86% compared to 13% among those with), and
- those with **'good'** customer experience scores (74%, vs 31% compared to those with 'medium' or 'poor' scores).

Factors influencing claimant outcomes

COVID-19 had an impact on claimant outcomes, but the impact decreased over time. By 9 months, most claimants (65%-83%) felt it had no impact on their return to work/main activity, access to medical services and/or recovery. This was especially true for WC claimants – 4 in 5 of which claimed no impact from COVID-19 at 9 months.

The qualitative research showed that COVID-19 had both positive and negative impacts.

The positive impacts included:

- increased access to remote services alleviating mental effort, stress and travel for claimants, and
- appointment timings and obtaining prescriptions made more efficient.

The negative impacts included:

- limited ability to access face-to-face treatment and delays to major treatments
- limited workplace opportunities (and broader employment opportunities)
- new working requirements such as working from home, and
- increased social isolation for claimants recovering at home.

Impact of COVID-19

■ Positive impact (strong or slight) □ No impact ■ Slight negative ■ Strong negative

		CTP				WC			
Ability to return to work/main activity (%)	3-month	8	50	21	15	7	64	13	9
	9-month	7	65	15	10	4	81	9	3
Ability to access medical treatments or services (%)	3-month	8	52	23	15	7	59	26	5
	9-month	6	66	19	7	6	78	10	4
Recovery from injury/ illness (%)	3-month	9	54	20	14	6	67	18	5
	9-month	7	67	14	10	2	83	10	2

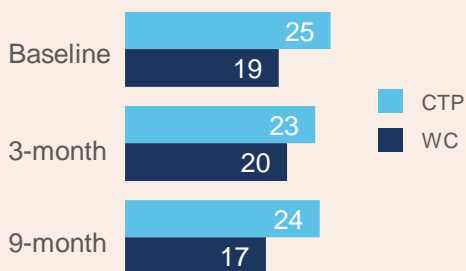
H1. Since you completed the first survey on <insert baseline survey date>, what impact has COVID-19 had on your...

Mental health was an issue across both schemes, and this is consistent over time. Around one in four CTP claimants and one in five WC claimants were assessed to have probable serious mental illness at the Baseline, 3-month and 9-month surveys. This highlights the need to proactively treat mental health needs early across both schemes. Among CTP claimants, those who spoke a language other than English at home were more likely to report probable serious mental illness than those who didn't (32% vs 20% at 9 months).

Claimants assessed as having probable serious mental illness were consistently less likely to score positively across results, including customer experience, trusting the scheme, return to work/main activity and life being back on track.

Probable serious mental illness (%)

Derived from the Kessler 6 Psychological Distress scale (K6)



K6. (Composite measure of 6 items, asked to claimants of all claim types including psychological and other claims)

In the qualitative research, some CTP and WC claimants reported increased distress during the claims process itself. This was particularly true for claimants reporting psychological injuries who sometimes felt their injuries were exacerbated. Factors at play included feelings of suspicion or blame from insurers, and the procedural burdens involved in the process. Setting clear, achievable goals and expectations around recovery was important for managing claimants' wellbeing. In addition, interactions with insurers were more helpful when:

- insurers accepted the injury was genuine, demonstrated a willingness to support recovery, and played a proactive role in returning to work
- insurers gave sufficient weight to medical advice and facilitated treatments, and
- communication was timely, proactive, empathetic and easy to understand.

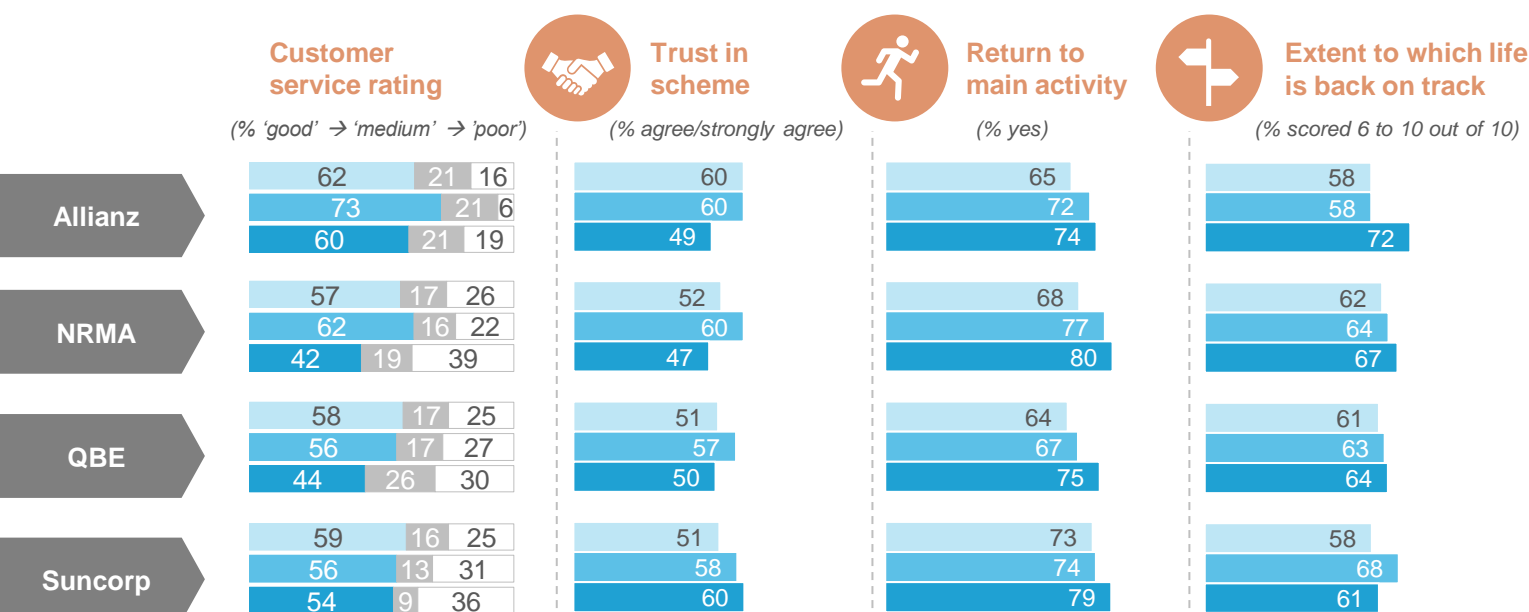
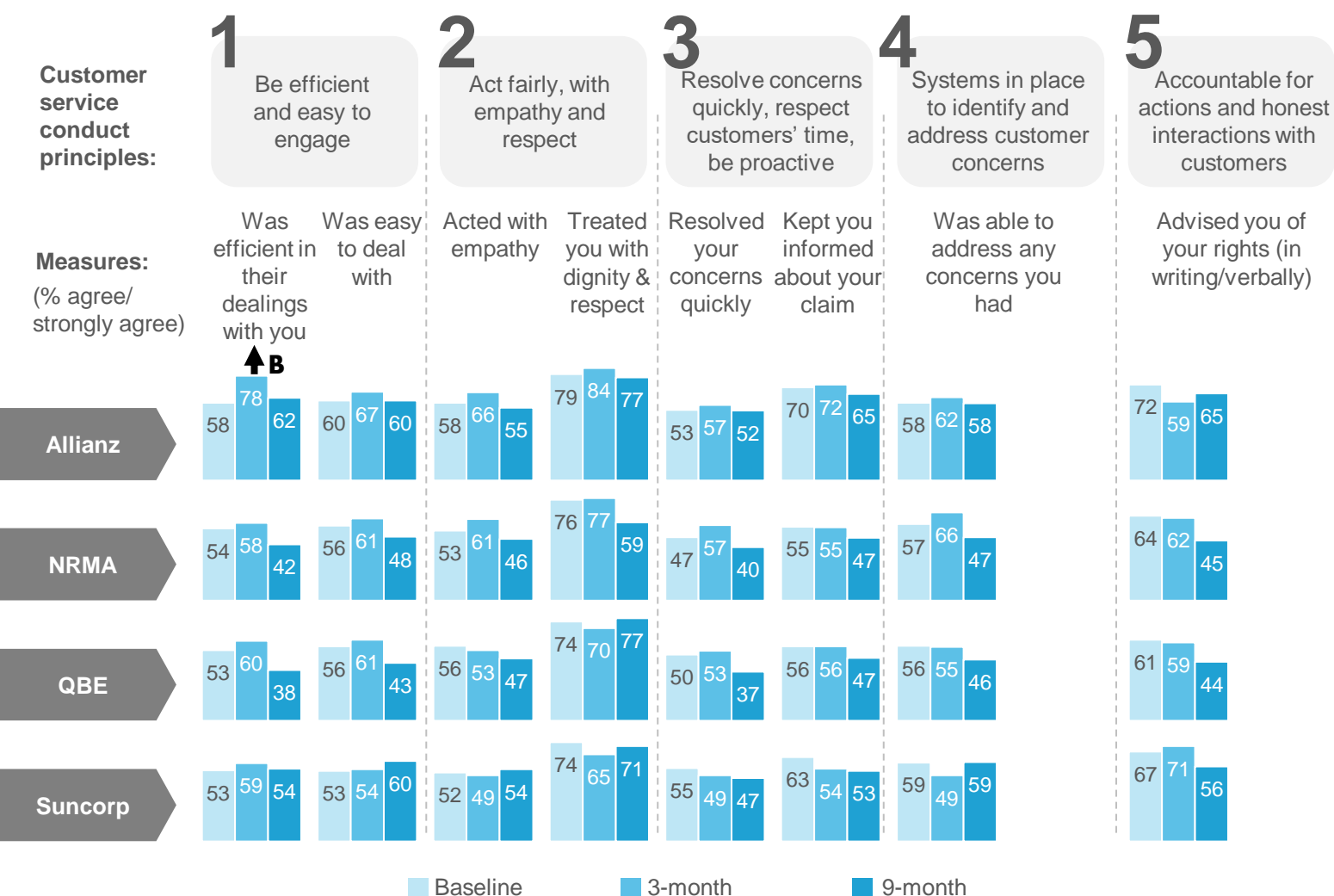
Conclusions

- Subgroups responded similarly (positively or negatively) to measures across the key domains of customer experience, trust, return to work/main activity, and health and social outcomes, suggesting that they are linked.
- The subgroups that reported consistently poorer experience and outcomes included those with assessed **probable serious mental illness**, those with **longer claims** (130+ days for CTP, 56+ days for WC); and claimants whose **injury assessments were not minor**. These cohorts also took longer to see improved results, with larger increases between Baseline and 9-month surveys. In the qualitative research, claimants who spoke a **language other than English** at home experienced greater difficulties than those who spoke English at home.
- Those with **poor customer service** ratings responded less positively to the trust and outcome measures, apart from return to work within WC, which had high levels regardless of the customer service rating.
- Return to work or usual activity rates are strong but need to be assessed in the context of other measures, such as 'trust' and 'life back on track', which highlight additional nuances and factors.
- The most commonly reported ways to increase trust across both CTP and WC, coded from survey verbatims, related to: increasing benefits, treatments or services; being helpful, compassionate, or understanding; improving communication, contact or follow-up; and better consideration or assessment of injury.
- Qualitative findings reinforced these sentiments. Claimants who did not trust their scheme cited feeling: that their recovery was not prioritised by their insurer; a sense of overwhelm in proving their injury and managing the process; their medical advice was not trusted by insurers; and, that necessary treatments were not granted.
- Suggestions to improve claimant experiences from the qualitative research include the following:
 - A more person-focused approach by insurers which prioritises claimants' recovery journey and wellbeing.
 - More consistency and quality of case management and workplace rehabilitation.
 - Greater discretion given to treating doctors and health providers in claims process and better integration.
 - Wholistic support options and systems to address psychological injury and distress.
 - Improved information sharing and explanation of claims process, more proactive insurer role to explain rights.
 - Improved mechanisms/systems for internal review and improvement for insurers (training and service quality).
 - Clearer avenues for support and advocacy services to empower claimants to maximise their outcomes.
 - Improved language support for those who speak a language other than English at home.
 - Support for claimants to set realistic expectations around their treatment and recovery.
- The research in this report communicates the voices, perceptions and opinions of claimants. This should be supplemented with findings from other research and/or data where appropriate.
- Refer to separate Baseline, 3-month and 9-month quantitative reports for analysis of all survey results.

Methodology

- People selected for the study were claimants in the CTP and WC schemes who had made a claim between 1 April 2019 and 31 March 2020. The sample was stratified by Scheme type, Insurer type, Insurer, Days in scheme for the CTP sample, and Days compensated for the WC sample.
- Cognitive testing was undertaken with new questions to ensure they were easy to understand and fit for purpose.
- On average, the Baseline, 3-month follow-up and 9-month follow-up surveys took respondents 28.7 minutes, 18.7 minutes and 21.3 minutes to complete, respectively.
- Data collection was conducted via a mixed-mode methodology including an online survey and Computer Assisted Telephone Interviewing. Respondents were able to complete the telephone interview in English and other languages. By the end of the fieldwork a total of 1,714 CTP interviews and 1,593 WC interviews were completed.
- To ensure data represented the target claimant population as closely as possible, a weight was calculated for each survey respondent. Weights were calculated separately for CTP and WC and updated for each follow-up survey.
- The research design included both quantitative and qualitative research. The qualitative research included in-depth interviews (n=20) and focus groups (n=54 over 16 focus groups).
- All research was undertaken in compliance with the International Standard of ISO 20252 Market, opinion and social research, the Research Society code of practice, and the Australian Privacy Principles.

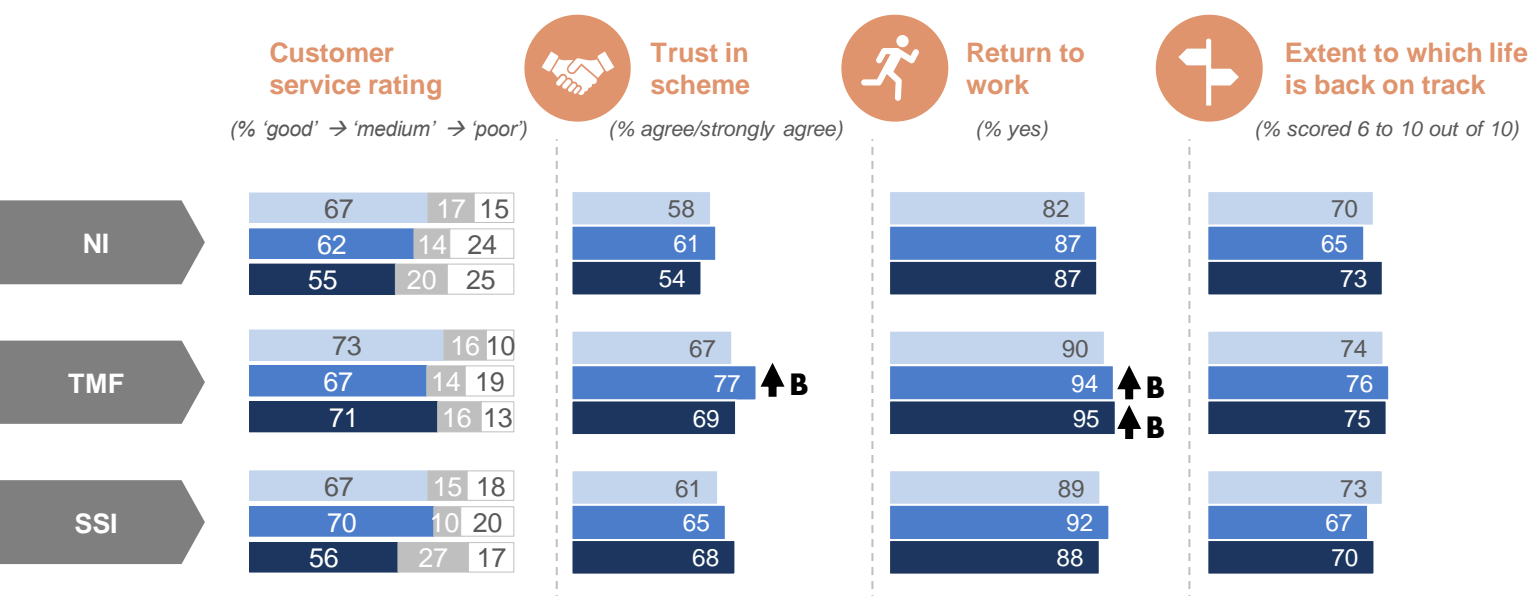
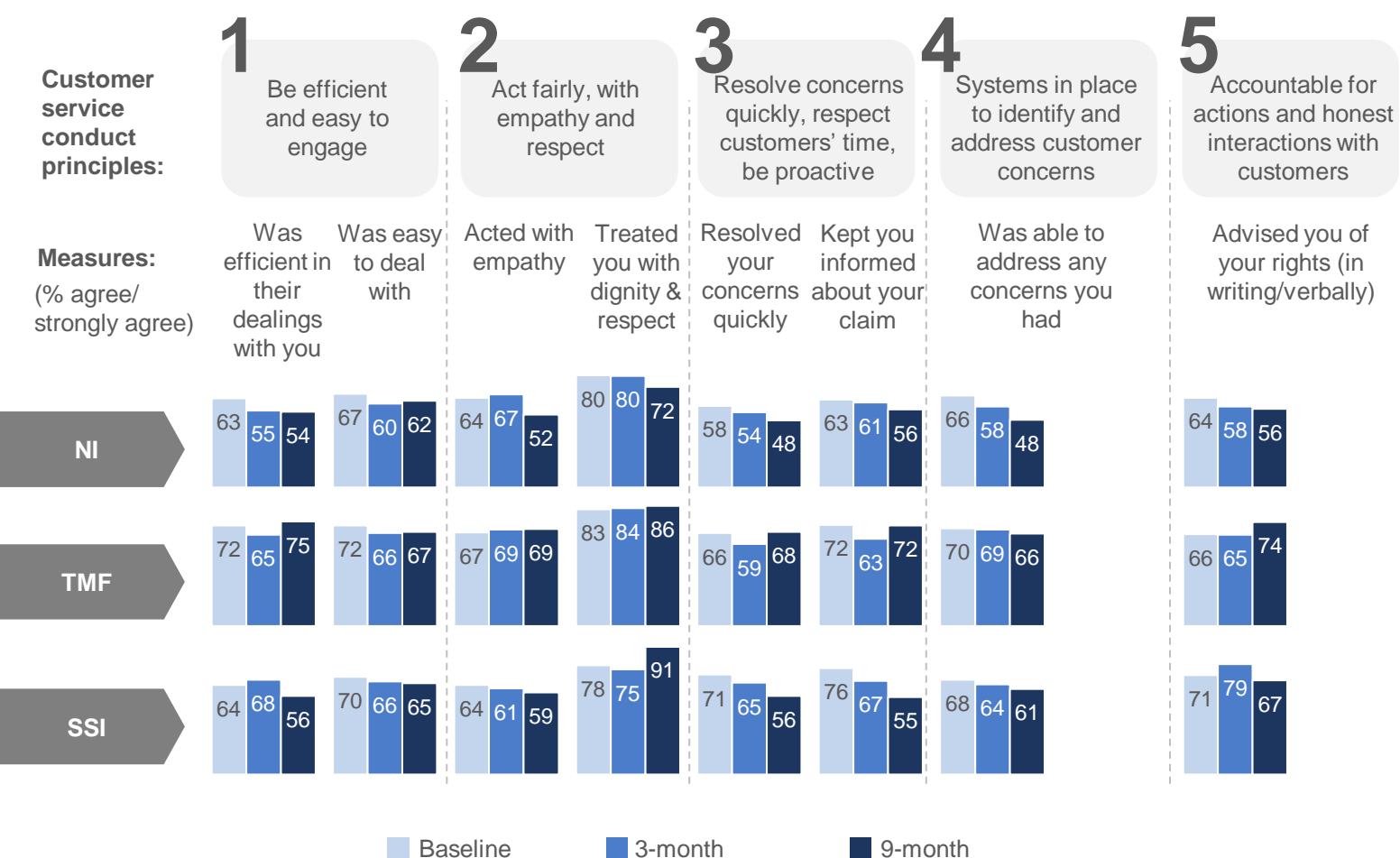
Appendix: CTP results by insurer



Base (customer service conduct principles and rating): n=166/54/37** (Allianz); n=297/76/49** (NRMA); n=224/61/36** (QBE); n=206/53/31** (Suncorp)
 Base (trust in schemes, life back on track): n=166/89/67* (Allianz); n=297/146/114 (NRMA); n=224/116/88* (QBE); n=206/115/86* (Suncorp)
 Base (return to main activity): n=152/82/62* (Allianz); n=260/124/100 (NRMA); n=201/105/79* (QBE); n=172/91/65* (Suncorp)
 (Baseline/3-month follow-up/9-month follow-up)

N.B. Data shown refers to the total sample in each survey and differs to that presented in the individual follow-up reports which reported those who responded to all three surveys (percentages will therefore vary slightly). The focus in the individual follow-up reports was on respondents to all three surveys while this Overall Strategic Summary Report focuses on the total sample in each survey to maximise the chance of detecting statistical significance (and reduce the chance of reporting false positive findings).

Appendix: WC results by insurer



Base (customer service conduct principles and rating): n=374/97*/59* (NI); n=404/116/89* (TMF); n=107/ 31**/15** (SSI)

Base (trust, RTW, life back on track): n=374/147/105 (NI); n=404/211/161 (TMF); n=107/53*/31** (SSI)

(Baseline/3-month follow-up/9-month follow-up)

N.B. Data shown refers to the total sample in each survey and differs to that presented in the individual follow-up reports which reported those who responded to all three surveys (percentages will therefore vary slightly). The focus in the individual follow-up reports was on respondents to all three surveys while this Overall Strategic Summary Report focuses on the total sample in each survey to maximise the chance of detecting statistical significance (and reduce the chance of reporting false positive findings).