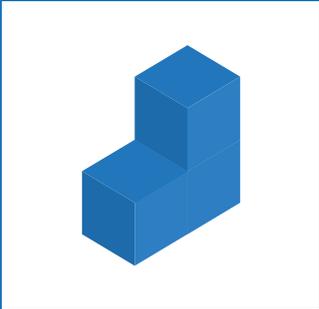**TAKING ACTION**

A Best Practice Framework for the
Management of Psychological Claims

ACTION AREA 7

| Engaging Employers in
Stay at Work (SAW) / Return to Work (RTW)

super *friend* ®

ABOUT SUPERFRIEND

PROMOTING WORKPLACE MENTAL HEALTH & WELLBEING

SuperFriend focuses on creating positive, healthy and safe working environments where every employee can be well and thrive. Our goal is to reduce the incidence of suicide and the impact of mental illness on individuals and their workplaces.

We focus on sharing information and developing programs and resources that offer insight into workplace mental health and wellbeing. SuperFriend collaborates with 'all profit to member' superannuation funds and associated organisations, group life insurers and the mental health sector to create targeted initiatives in the workplace.

By improving people's understanding of mental health and mental illness, SuperFriend helps to foster healthy and supportive workplaces.

For more information about SuperFriend visit www.superfriend.com.au

ACKNOWLEDGEMENTS

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CONTENTS

TAKING ACTION FRAMEWORK

FINDING BEST PRACTICE

In 2012, SuperFriend's Insurance Reference Group proposed a project that would enhance understanding of the experience of people on claim and identify ways to improve that experience, particularly for those affected by psychological illness or at risk of developing a psychological illness after a physical injury. The result was **TAKING ACTION: A Best Practice Framework for the Management of Psychological Claims**, which was launched in September, 2015.

The **TAKING ACTION** Framework provides an overview of the interlinked strategic action areas identified when developing evidence-informed best practices for managing psychological injury claims. Eight key Action Areas were identified:

DEVELOPING THE MANAGEMENT PRACTICES FOR PSYCHOLOGICAL CLAIMS

OPTIMISING CLAIMS MANAGEMENT TEAMS

BRINGING EVIDENCE TO TREATMENT AND REHABILITATION

EFFECTIVE DECISION MAKING SUPPORTED BY ANALYTICS AND AUTOMATION

TAILORED SUPPORT FOR THE PERSON ON CLAIM

TRANSFORMING PRODUCT DESIGN

ENGAGING EMPLOYERS IN STAY AT WORK/RETURN TO WORK

RECORDING PROGRESS

You may notice the first letter in each of the eight Action Area titles spell out DO BETTER. We believe all organisations can DO BETTER by identifying some priority areas, measuring baseline performance, making changes, measuring performance again, and adjusting action as necessary. Organisations vary in their readiness for change and in their optimal starting point for implementing change. This means that progress towards evidence-informed better and ultimately best practice in psychological claims management will occur within a variety of organisational contexts.

To obtain printed and/or soft copies of the **TAKING ACTION** Framework, please visit the SuperFriend website at www.superfriend.com.au. The full rapid review of the literature that informed the development of the Framework can be also be found there.

Action Area 1 – Developing the Management Practices for Psychological Claims and *Action Area 2 – Optimising Claims Management Teams* are available in hard or soft copy via the SuperFriend website www.superfriend.com.au

ABOUT THIS DOCUMENT

This is the third in a series of user-friendly guides that expand on the Action Areas in the **TAKING ACTION** Framework.

This guide aims to improve employer engagement and support in SAW and RTW strategies for the Person on Claim (PoC). By encouraging employers to invest in innovative programs that deliver best practice SAW/RTW, it is envisaged that this guide will benefit the whole disability insurance sector.

This Action Area guide will lead to:

▶ Understanding how collaboration can benefit the entire disability insurance sector

▶ Knowledge of employer perspectives, needs and concerns when delivering internal SAW/RTW strategies

▶ Developing targeted strategies, effective initiatives, and greater trust between parties

▶ Increased innovation, collaboration and preventative support – resulting in better outcomes.

HOW TO USE THIS DOCUMENT

This document should be used in conjunction with the relevant Action Area in the **TAKING ACTION** Framework. The Action Areas provide research, evidence and case studies that relate to the key practice areas identified by insurers. For each practice area, the following are provided:

▶ An introduction to the issues, research, evidence and innovative practice

▶ Target – a focus for this practice

▶ Key Components – what best practice looks like

▶ Best Practice Snapshot and Case Studies – examples of local and international best practice delivery

▶ Resources for Claims Managers – links to relevant resources and organisations

▶ Taking Action – suggestions of how insurers and their stakeholders can implement best practice.

HELPFUL TERMINOLOGY

▶ Person on Claim, or Person Claiming refers to any person who is in the process of submitting a claim for determination or is currently within a claims process (i.e. accepted claim)

▶ Person on Claim or Person Claiming are preferable terms as they are strengths-based, versus labelling terms such as claimant which is unhelpful

▶ Employee or worker are interchangeable

▶ Employer refers to the organisation that has employed or currently employs the employee/worker or person on claim

▶ Fund refers to the superannuation fund or trustee.

INDUSTRY WORKSHOP

In April 2017, a workshop was held in Sydney for stakeholders across the disability insurance sector. Life insurers, rehabilitation providers, employers, industry representatives, workers' compensation representatives, researchers and medical practitioners were invited to identify key practices in engaging employers in SAW/ RTW. Drawing on the evidence in the **TAKING ACTION** Framework and the outcomes of the industry workshop, five key practices to improve employer engagement in SAW/ RTW are examined in this Action Area.

WHO SHOULD USE THIS DOCUMENT

This guide assists senior leaders in life insurance companies to improve engagement between claims teams and employers when managing life insurance claims. The innovative strategic concepts in this guide will enable life insurance companies to develop programs, operational strategies and initiatives that improve communication. These have been identified using this legend:

| Life Insurers | Claims Managers |

ENGAGING EMPLOYERS IN STAY AT WORK (SAW) / RETURN TO WORK (RTW)

For life insurers, the majority of employer engagement has traditionally occurred at the 'on claim' stage. This is now shifting towards a more proactive delivery of SAW/RTW support, with over 60% of group life insurers working directly with employers to support RTW within a claim waiting period.[1] Within superannuation insurance schemes, engaging with employers prior to a claim remains challenging, as there are no requirements or premium incentives for the employer to engage with a life insurer.

A life insurer's capacity to engage with an employer in supporting an SAW/RTW strategy falls into two stages.

STAGE 1	STAGE 2
Pre-claim intervention – SAW/RTW support is provided prior to claim	*On claim intervention – SAW/RTW support is provided at notification and during ongoing claims management*
This may occur within a waiting period or when an employee requires support to manage their health at work and SAW/RTW. It is necessary to provide proactive support that drives positive self-management, employer support and prevention of short-term absence drifting into a longer-term payable insurance risk.	This support can occur at the point of claim notification, at the commencement of the claim, or throughout the ongoing claims process. In this stage, it is important that the insurer responds to the needs of the PoC and considers the support offered by their employer (if any), their background, injury, perceptions of their illness, and capacity for work.

THE CHALLENGES UNIQUE TO THE NON-LEGISLATED LIFE INSURANCE SYSTEM

While all disability insurance schemes can experience barriers when engaging employers in best practice SAW/RTW strategies, life insurers face a particular set of challenges. These can be summarised into four categories:

1   *Access to the PoC/employer*

Barriers can include:

▶ Details enabling the life insurer to support the PoC/employer not being delivered in a timely manner

▶ Participation in SAW/RTW programs being voluntary for the PoC

▶ Life insurance claims are often lodged after the workers' compensation claim has been terminated or finalised, making RTW challenging for the life insurer

▶ Legal involvement can make accessing the PoC and their healthcare professionals challenging.

2   *A non-legislated system*

Barriers can include:

▶ Employers having no legislative framework within life insurance to support SAW/RTW as they do with a workers' compensation claim

▶ Employers often devote resources to support those impacted by a work-related injury, leaving limited resources for those non-work-related injuries and illnesses

▶ Employers incur the costs associated with supporting an SAW/RTW strategy, which can deter engagement

▶ Limited understanding of disability insurance schemes outside of workers' compensation.

3   *Targeted communication*

Barriers can include:

▶ Establishing the right person to speak to at the right time

▶ Employers' limited understanding of the SAW/RTW support available through life insurers and superannuation funds

▶ Understanding the specific needs of small, medium and large employers

▶ Processes and requests being duplicated within existing insurance schemes and across different insurance systems, leading to employer confusion.

4   *Equal support for all illness/injury*

Barriers can exist when an employer:

▶ Has no direct insurance premium that is impacted by an employee absence or claim; for example insurance within superannuation

▶ Prioritises suitable duties for employees who require a phased RTW under a workers' compensation claim

▶ Believes that before allowing employees impacted by a non-work-related injury to RTW, they must be completely fit for their duties

▶ Has limited experience in supporting a PoC with an illness not commonly seen under workers' compensation, such as cancer

▶ Has limited internal resources to support SAW/RTW outside of the workers' compensation system.

UNDERSTANDING THE NEEDS OF SMALL AND MEDIUM EMPLOYERS

Small to medium employers (SMEs) represent the majority of employers in Australia and are categorised based on the number of people employed. Engagement with SMEs can be challenging for the disability insurance sector. SMEs typically have limited knowledge of the role of the life insurer and the SAW/ RTW support available outside workers' compensation.

Usually ad hoc and delivered at claim notification, claims strategies that engage SMEs often rely on the expertise of the claims manager and the employer's motivation to support SAW/RTW. As many SMEs require more proactive support in managing their staff's health and work, the life insurer has a tremendous opportunity to leverage this need. The insurer has the opportunity to tailor how they engage with SMEs to meet their needs, and can substantially increase the scope of preventative and proactive SAW/RTW support they provide.

For engagement to be most effective, insurers are encouraged to first understand the unique challenges to SMEs not normally experienced by larger employers. SMEs report they often:

▶ *Are time-poor due to assuming multiple roles including that of line manager, business development manager and human resources (HR)*

▶ *Have limited resources and directly incur the cost of supporting SAW/RTW programs*

▶ *Are unsure where to access information on SAW/RTW support, including community/ government support systems*

▶ *Only seek SAW/RTW information when the need arises*

▶ *Need training in managing complex employee health issues and mental health-related SAW/RTW strategies*

▶ *View their lawyers as a more trusted advisor on insurance-related matters than insurance companies*

▶ *Perceive that insurers focus solely on the PoC without considering the impact on the SME*

▶ *Feel insurers dictate how to facilitate SAW/ RTW, rather than consulting with and supporting the SME.*

Life insurers can review how they communicate with SMEs in order to better understand what will engage, incentivise and assist them to support SAW/RTW for a PoC.

GUIDE OVERVIEW

Figure 1. Guide Overview

Engage Small To Medium Employers

Deliver tailored SAW/RTW strategies and supports which meet the needs of SMEs through channels that are relevant and easily accessible.

Prioritise SAW Strategies

Seek opportunities, promote and support employers to prioritise proactive and prevention focused SAW strategies.

Support Injury/Illness Regardless Of Cause

Life insurers, employers and related organisations can co-create support programs that focus on SAW/RTW strategies for all staff regardless of injury/illness.

THE AREAS TO FOCUS ON

Build Capability Of Claims Staff

Develop the education, understanding and skills of claims management staff working day-to-day with the PoC, to support and guide them through a collaborative and supportive SAW/RTW strategy.

Tailor Communication

Targeted SAW/RTW communications with employers, PoC and other stakeholders must be tailored to their different needs and expectations.

Mentally Healthy Workplaces – Principles For Success

Underpinning these 5 practices is an integrated approach to workplace mental health and the health benefits of good work concepts, research and practice. This includes the role life insurers and superannuation funds can play in supporting employers to foster and adopt these concepts to create mentally healthy workplaces.

FUTURE THINKING

Aspire to create greater collaboration within the disability insurance sector of Australia to deliver simplified disability management and claims processes and procedures for the benefit of the employer and PoC.

PRACTICE 1

BUILDING CAPABILITY AND UNDERSTANDING IN SAW/RTW

Over the last decade, research has been undertaken on the factors that can influence an injured or ill person staying at, or returning to work. Although most of this research has been developed using workers' compensation data, the key principles of SAW/RTW are common between all forms of disability insurance, including life insurance. In order for life insurance claims managers to feel confident and capable engaging with a PoC's employer, they should first understand the research and key principles that underpin effective SAW/RTW strategies. Without the necessary knowledge, the claims manager may not achieve optimal outcomes for all parties, which is particularly critical in psychological illness-related claims.

Note: this practice should be read in conjunction with *Action Area 2: Optimising Claims Management Teams.*

TARGET

For claims management staff to thoroughly understand the key principles of SAW/RTW and the research that underpins these principles, particularly those related to mental health and psychological illnesses and injuries.

KEY COMPONENTS

Component 1: Guiding Principles For RTW and Psychological Claims

The following evidence-based principles are designed to guide RTW for psychological claims and influence knowledge and behaviour for claims staff, employers and others involved in a RTW strategy. Research indicates that when claims managers 'show a respectful and supportive approach to managing mental health claims',[2] the PoC is empowered and better RTW outcomes are achieved. It is essential that general practitioners (GP), employers and insurers are educated on diagnosis and management of mental health conditions.

The following research provides an overview for workplace-based interventions that can support SAW/RTW that are of use for claims managers to be aware of:[3]

1. Establish a clear, detailed, and well-communicated organisational mental health policy to support RTW/SAW.

2. Coordinate structured, planned and close communication between workers, employers, unions, healthcare providers and other disability management stakeholders in RTW.

3. Apply systematic, structured and coordinated RTW practices.

4. Ensure work accommodations are an integral part of the RTW process.

5. Facilitate access to evidence-based treatment.

Comcare has issued work accommodation (also known as modified work) guidelines for employees with psychological ill-health.[4] These include:

1. Work accommodation involving a sensible redistribution or reduction of the employee's work demands.

2. Flexibility in RTW planning as psychological illnesses are likely to vary more than physical conditions.

3. Transitioning to less stressful environments may benefit employees who are unable to cope with fast-paced or high-pressure working conditions.

4. Senior management supporting work accommodation can improve RTW rates for employees with mental health conditions.

5. Co-workers supporting, de-stigmatising and understanding the employee's limitations is essential for the success of work accommodations.

Component 2: Benefits of SAW Programs

International research indicates that injured workers recover faster if they maintain their usual working routines and stay in contact with their workplace whenever possible. Because work contributes to our sense of self-worth and social connection, staying at work has been proven to positively impact injury or illness recovery. Staying active at work may prevent loss of confidence or depression due to an enforced, injury-related absence.[5] Financially, it is usually a better option to SAW than spend time off on a reduced income.

Figure 2. Employer SAW Benefits

For employers, the benefits of SAW are:

Reduced costs relating to lost productivity, staff training and overtime

Retaining valued staff expertise and skill

Increased speed of recovery for their employees

Figure 3. PoC SAW Benefits

For PoC, the benefits of SAW include:

Getting back to an everyday life faster

Maintaining social contacts, work contributions, confidence, motivation and health

Having less time on reduced income

Component 3: Principles For Successful RTW

Seven principles for an employer to enhance the RTW outcomes of workers following injury or illness are:[6]

1. Demonstrating strong commitment to health and safety through the behaviour of the workplace parties.

2. The employer offering work accommodation so that injured/ill employees can return early and undertake work suited to their abilities.

3. RTW planners ensure the plan supports the returning worker without disadvantaging co-workers and supervisors.

4. Supervisors are trained in workplace disability prevention and are included in RTW planning.

5. Initial contact from the employer is perceived by the employee as positive and encouraging.

6. A person takes responsibility to coordinate the RTW.

7. A dedicated RTW coordinator ensures contact is maintained between the employee, their support networks, healthcare professionals, claims managers and rehabilitation advisers.

Resource for Claims Managers
Further information visit: www.iwh.on.ca/seven-principles-for-rtw

*It is important to note that the **Global Systematic Review of Effective Workplace Intervention on RTW Outcomes** study as discussed in **Component 5** has been used to inform the principles for successful RTW above.*

Component 4: The Importance of Positive Employer Contact

Safe Work Australia's 2017 report "Return to work in psychological injury claims. Analysis of the Return to Work Survey results"[7] analysed the relationship between employees having positive or negative experiences of multiple workplace factors and whether they remain in or out of work.

The top two factors that influence people with mental illness who remained at work during the time of the survey were:

▶ *Positive perception of the employer response to the injury*

▶ *Early contact from the workplace, versus no workplace contact.*

Figure 4, RTW by Key Influencing Factors – Psychological Claims,[7] demonstrates the direct correlation between positive and timely employer involvement and the likelihood of SAW/RTW for employees with psychological illness or injury.

When the employer response to psychological illness was perceived as positive, 79% of employees stayed at work. However, when employer responses were perceived as negative, only 52% of employees remained at work. Further, when the employer made contact early, 77% of those employees remained in work, as opposed to 52% who had no employer contact.[7]

Figure 4. RTW by Key Influencing Factors – Psychological Claims[7]

RTW BY KEY INFLUENCING FACTORS
Psychological Claims

% of employees in work at time of the survey

% of influencing factor

- Employer response to injury
- Employer pre-claim assistance
- Concern about lodging a claim
- Resilience
- Early contact from workplace vs no contact
- Disagreement /dispute
- Interaction with system/claims organisation
- Workplace culture prior to injury

During the initial stages of absence and injury/illness disclosure, managers, supervisors and HR professionals have the power to directly influence outcomes through their early actions and communication style.

Life insurers can assist employers to develop their skills and understanding of positive early interactions.

Insurers can reinforce how these behaviours may indicate the level of support that the employer will provide throughout the process, and can significantly impact the employee's capacity to manage their health at work.

How the employee perceives the response to their injury or illness can have a lasting impact on sustained work, health and RTW outcomes.

Component 5: A Review On Mental Illness RTW

In early 2017, the results of a global systematic review that gauged the effectiveness of workplace-based RTW and disability management interventions to assist workers with musculoskeletal, pain-related and mental health conditions with RTW was released.[8]

The review concluded:

Cognitive behavioural therapy (CBT) programs that focused on relevant solutions for mental health conditions in the workplace had a positive effect on work functionality after RTW.	*It was recommended that work-focused CBT interventions be implemented to help reduce lost time and costs associated with work disability for mental health conditions.*
Traditional CBT programs for mental health conditions have no effect on reducing lost time from work.	*It was recommended that practitioners seek alternative interventions (such as work-focused CBT programs) to improve RTW after illness for mental health conditions.*

Resource for Claims Managers
To view the research report visit: link.springer.com/article/10.1007/s10926-016-9690-x

Component 6: Understanding The Role Of The Workplace In SAW/RTW

The design and culture of the workplace, its policies, procedures and systems for safety, work injury or illness are all factors that are important for effective SAW/RTW. The Australian Public Service Commission, Comcare and Australian Psychological Society developed the 2013 guide, 'Working Together: Promoting mental health and wellbeing at work'[9] which aims to "empower managers and employees to work together to build inclusive workplace cultures and effective systems for promoting mental health in the Australian Public Service".[9] Life insurance claims managers can use this information and knowledge to facilitate more effective responses to support RTW (whether work-related or not).

Component 7: Early Intervention Focus

The term 'early intervention' is frequently used in personal injury management and refers to maximising outcomes following illness or injury. Key principles for effective early intervention include:[10]
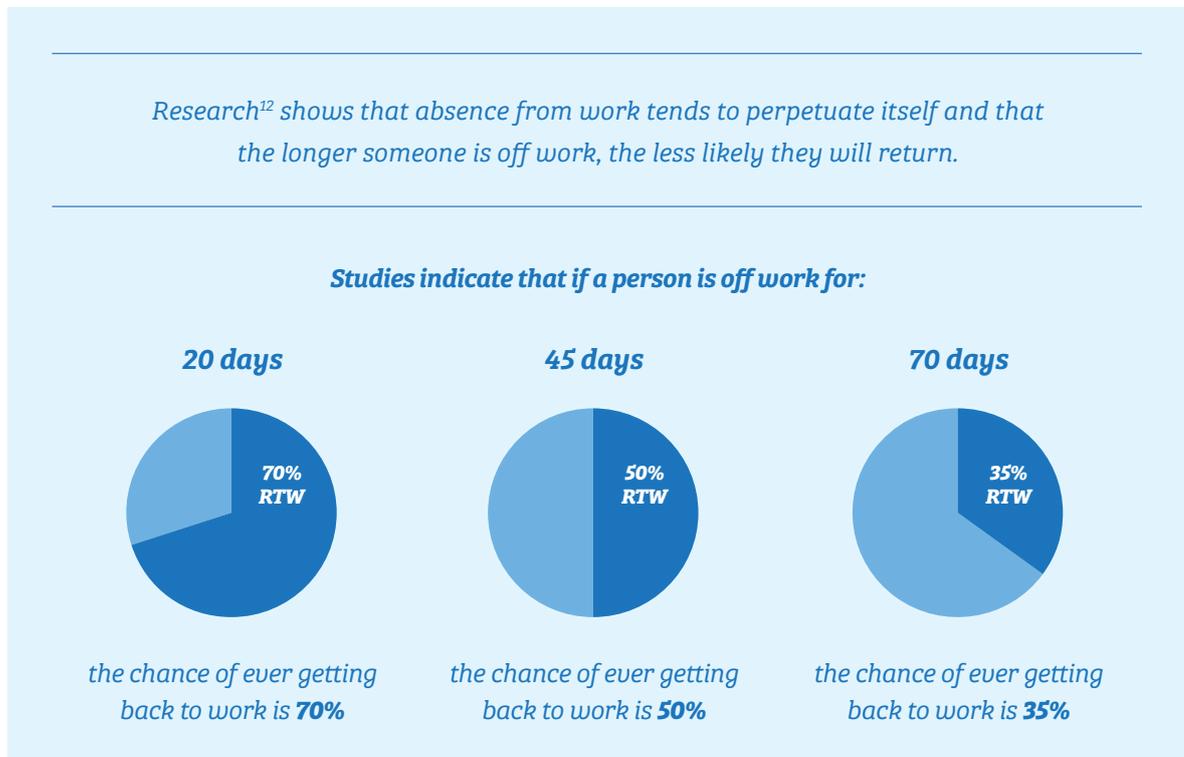
1. Holistic care in-line with the biopsychosocial model (see *Action Area 1 – Management Practices for Psychological Claims*).

2. Multidisciplinary teams able to deliver a range of services tailored to the needs of the individual.

3. Claims managers or support workers who can help the individual (PoC) navigate the system and facilitate communication between the individual, their employer, GP and other clinicians.

Evidence indicates that prolonged rest may be harmful.[11] It can delay recovery and increase the risk of chronic pain and adverse complications from prolonged inactivity.

> *Resource for Claims Managers*
> Further information visit: www.comcare.gov.au/promoting/Creating_mentally_healthy_workplaces/mental_health_and_wellbeing

Figure 5. Work absence and RTW

Research[12] shows that absence from work tends to perpetuate itself and that the longer someone is off work, the less likely they will return.

Studies indicate that if a person is off work for:

20 days
70% RTW
the chance of ever getting back to work is **70%**

45 days
50% RTW
the chance of ever getting back to work is **50%**

70 days
35% RTW
the chance of ever getting back to work is **35%**

It is important to note that research suggests employment in hazardous work may have worse health outcomes than unemployment. This supports the notion of the Health Benefits of Good Work. An early RTW is on the basis that the PoC is suitable for graduated RTW, their work environment has been considered, and any work accommodations have been made.

CASE STUDY 1: MLC LIFE INSURANCE

Early Engagement Program

In 2015, MLC Life Insurance piloted an early intervention program designed to provide holistic recovery support for its corporate group life insurance employer clients and their employees. The service is coordinated internally, and is available regardless of the cause of injury or illness. This program benefits the life insurance sector by delivering tailored and timely SAW/RTW support, and demonstrates:

▸ *Early engagement with employees*

▸ *Innovation in service design*

▸ *Focus on SAW and timely RTW*

▸ *The promotion of positive work health outcomes*

For further information see Appendix 1.
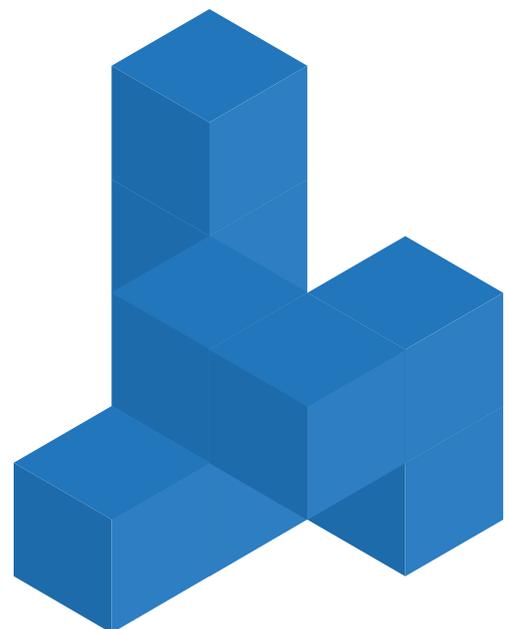
TAKING ACTION

Strategies For Life Insurers

1. **In-house rehabilitation access**
   When claims managers have access to in-house rehabilitation expertise, their confidence, capability and knowledge to support a RTW strategy for a PoC increases. See *Action Area 2, Practice 3: Structuring Claims Teams* (page 17).

2. **Training in positive and timely responses**
   Consider introducing tailored training for employer managers, supervisors and HR staff about the impact initial, early and positively perceived responses to injury and illness have on RTW outcomes. This is a valuable skill for any manager to be aware of and implement into their communications with employees.

3. **Offer practical examples of SAW/RTW in action**
   Opportunities exist when claims managers are exposed to knowledge of previous SAW/RTW strategies and can apply this knowledge to their own caseloads. This could be achieved by holding panel discussions and workshops for claims staff with employer representatives and members. Themes may include:

   ▶ Challenges faced when facilitating an SAW/RTW strategy and possible solutions

   ▶ Communication channels

   ▶ Case studies of how positive outcomes were achieved for PoC, from both an employer and employee perspective. These could also include mental health-specific examples of a positive SAW outcome.

Strategies For Claims Managers

1. **Training for claims managers**
   Incorporate SAW/RTW principles, evidence and examples of delivered practice as part of claims manager induction and ongoing training. See *Action Area 2, Practice 4: Training, Developing and Rewarding Claims Managers and Teams* (page 22).

2. **Professional development**
   Promote ongoing professional development in SAW/RTW for claims managers. Consider utilising accredited education facilitators such as those offered by the Personal Injury Education Foundation.

3. **Health and safety training**
   To build capability, consider having claims management staff undertake the health, safety and SAW/RTW training offered by workers' compensation agents.

4. **Introduce a knowledge-building strategy**
   To improve overall team understanding and practice, create a knowledge-building strategy for claims teams to share learnings and advice. This strategy could include:

   ▶ Sessions to discuss SAW/RTW case studies from the claims manager perspective

   ▶ File reviews with allied health or rehabilitation teams to support SAW/RTW strategies on claims

   ▶ Providing opportunities for staff with diverse work experience across different insurance or health sectors to share learnings and skills they have used to build SAW/RTW engagement

   ▶ Engaging with academic professionals to showcase and disseminate research that can further develop knowledge of SAW/RTW principles.

PRACTICE 2

HOW TO APPROACH STAY AT WORK

Today, over 60% of life insurers provide a pre-claim early intervention service and are working towards supporting employers with absence management programs.[1] This is a significant shift to a more positive and proactive work, health, absence and claim journey for the PoC, and demonstrates how valuable it is for life insurers to engage early with employers and the PoC.

A key part of this shift is the delivery of collaborative SAW support, facilitated between an insurer, employer, rehabilitation expert and the PoC. A successful SAW is achieved when:

▶ Managers, supervisors and HR staff can identify the warnings signs that indicate an employee is struggling to manage work and health

▶ The workplace culture promotes a safe space for employees to seek, and managers to provide support

▶ Support is provided to the employee when they are still in work, is focused upon their strengths and promotes collaboration and accountability

▶ Specialist rehabilitation expertise can be made available to the employer and employee when required

▶ Support focuses on sustained self-management with work acting as part of an overall recovery plan

▶ The PoC remains at the centre of the support process.

Supporting staff with mental health issues and navigating SAW programs may be challenging for some employers. They may require close support from the insurer or rehabilitation expert when managing SAW strategies for employees with a mental illness.

TARGET

For life insurers to build the capability within internal operations, employers and key stakeholders, to deliver SAW support prior to a prolonged absence.

KEY COMPONENTS

Component 1: Practical Approaches To SAW

The following are three strengths-based questions that an employer can pose to an employee when developing a workplace plan.[13] These questions help engage an employer, allowing them to focus on their ability, work preferences and draw on past positive SAW/RTW experiences to inform a successful SAW strategy. Strengths-based questioning enables the focus of the SAW/RTW approach to remain centred on the PoC and their capabilities, and can be used to manage workplace issues ranging from performance to SAW/RTW plan development.

Figure 6. Key questions to support SAW

The three key questions are:

1. How can I help you be successful at work?

This question seeks to leverage the employee's strengths, identify barriers and come up with solutions that will enable a successful SAW strategy.

2. What will you do to ensure this workplace plan is successful for you?

This question asks the employee to maintain responsibility and commit to the success of their SAW program. They can be encouraged to set SMART (Specific, Measurable, Achievable, Realistic and Time-Based) goals, write commitments down or create a progress review strategy to ensure they remain on track.

3. How will we deal with future issues in a way that is healthy for you?

This question seeks to identify how managers, peers and co-workers can best interact with the employee during the SAW program. This includes acknowledging periods of low concentration, morale and performance, when symptoms are exacerbated or the plan is not on track. A clear strategy for ongoing positive communication is essential to SAW success.

Resource for Claims Managers

www.workplacestrategiesformentalhealth.com/managing-workplace-issues/Developing-a-Workplace-Plan

WorkSafeMT, a Canadian workers' compensation authority, developed a step-by-step guide for life insurers and employers on the benefit of SAW strategies that are timely, targeted and inclusive of biopsychosocial factors.[14]

Employers may use this resource as a guide to approach SAW strategies where internal expertise may not be available. The tool is focused on work-related injury, however can be applied to all forms of injury or illness-related absence that may impact work.

Resource for Claims Managers

www.worksafemt.com/media/WSMT_SAW-RTW_Best_Practices.pdf

Component 2: Approaching Reasonable Adjustment In SAW

The Mentally Healthy Workplace Alliance is a "national approach by business, community and government to encourage Australian workplaces to become mentally healthy for the benefit of the whole community and businesses, big and small"[15]. The Alliance, in collaboration with the Australian Psychological Society (APS) has developed practical guidance for employers to identify and implement reasonable adjustments for employees experiencing mental illness.[16] The APS suggest the following:

▶ Collaborate with the employee to identify potential stressors, difficulties, their strengths and what they enjoy about the job

▶ Check whether the employee can provide recommendations from a healthcare practitioner to assist with an assessment of their key skills, abilities and experience

▶ Give the employee time to adapt once reasonable adjustments have been implemented, then objectively assess whether they can meet the core requirements of the job.

The APS also indicates the following process for identifying and implementing reasonable adjustments:[16]

▶ **Adjustments to work methods:** Make changes to the way work is organised, and provide additional support, training and mentoring. Modify job duties to accommodate challenges with stamina, concentration, organisational abilities, memory, working relationships, managing stress and emotions or time pressures

▶ **Adjustments to work arrangements:** Alter work hours or duties to include part time work, working from home, provide flexibility in attending appointments, changing the employee's role or changing to a different location

▶ **Access to personal/sick leave:** Allow time off for rehabilitation or to attend appointments.

When reviewing the progress of an SAW program, The APS recommends the following:[16]

▶ Document any agreed reasonable adjustments and establish a review process or ongoing monitoring

▶ Keep communication channels open through regular conversations between the manager and employee. This will also ensure the organisation is responsive to any required changes

▶ Facilitate communication between staff members affected by adjustments to another employee's role

▶ Keep details of the employee's condition or treatment confidential. Employees with a mental health condition may personally choose to disclose aspects of their situation, and can be consulted on how they would like it communicated and managed.

Resource for Claims Managers

www.headsup.org.au/general/about-us/mentally-healthy-workplace-alliance

www.psychology.org.au

BEST PRACTICE SNAPSHOT 1: GREAT-WEST LIFE

Workplace Accommodation Toolkit

The Centre of Mental Health in the Workplace in Canada is a Great-West Life initiative. The organisation has been established to provide evidence-based practical support for employers in supporting the mental wellbeing of their people. The **"Tool to plan accommodations for workplace mental health"** was developed as a key practical resource to guide the employer and employee when developing a plan for workplace accommodations or reasonable adjustments.

Resource for Claims Managers

www.workplacestrategiesformentalhealth.com/pdf/Supporting_Employee_Success_Booklet_Sep2016.pdf

CASE STUDY 2: INNOVATE HEALTHCARE

Early Intervention Model

Innovate Healthcare is a UK-based vocational rehabilitation and treatment service provider. They have developed a unique SAW/RTW program, in collaboration with the employers' group life insurer and group risk broker, to deliver cost-effective and timely support to all employees impacted by illness at work. The program delivers guidance to managers, supervisors and HR staff and SAW support for employees who are struggling to manage their health in the workplace and who are at risk of experiencing continued absence, as well as traditional RTW practices for those already in medium-to-long term absence. The Innovate Healthcare program demonstrates the possibilities for organisations to utilise absence management technology, vocational rehabilitation, and collaborative funding models when operating with a proactive and preventative SAW focus.

For further information see Appendix 2.

Component 3: Key Performance Indicators (KPIs)

When reasonable adjustments are implemented, it is essential that employee productivity measures (such as KPIs) stay proportionate to the work requirements. This is an important aspect of any SAW/RTW plan, and allows the employee to collaborate with their employer in reviewing and adjusting their productivity measures. This ensures the employee maintains a sense of control and confidence in the overall SAW/RTW program.

Component 4: The Insurer's Role In Supporting SAW

Discussions of contract termination can often occur within three to six months of continued employee absence from some employers. After six months of continued absence outside of a workers' compensation claim, many PoC are no longer at the workplace.

An employee has a 35% chance of working again after 70 days of absence, which provides a strong case to engage early in the SAW/RTW process.[12]

Employers both large and small are aware of these issues, and welcome additional support. The provision of additional support is particularly important when employers are impacted by non-work-related illness or injury, or during workers' compensation claims where provisional liability investigations may delay SAW/RTW support provided by the workers' compensation insurer/scheme agent.

CASE STUDY 3: P2 GROUP

Employer Self-Funded Early Intervention

P2 Group specialise in early intervention for employers, and frequently work with employees who are at risk of a prolonged absence from work. They aim to build the capability of managers to offer ongoing support to their employees and to identify early signs of an employee struggling to manage their work and health. This is particularly true for employees with either primary or secondary psychological illness. Many P2 Group clients self-fund this support outside of their workers' compensation or group life insurance policy and it is made available to all employees, not just those impacted by a work-related injury. This example details how early SAW support is beneficial to the employee, employer and disability insurer.

For further information see Appendix 3.

CASE STUDY 4: THE REJECT SHOP

Individual and Organisational Support

A casual employee had experienced deterioration in her vision, and was eventually diagnosed as legally blind. The Reject Shop aims to support all staff to manage their health at work regardless of injury, condition or insurance and this case required individual and organisational focus to ensure the SAW strategy was successful and sustainable. The Reject Shop was required to assess her ongoing needs as well as the needs of her co-workers and the workplace environment. Key outcomes included:

▸ *Equitable support for all staff, even those on casual or limited hour contracts*

▸ *Biopsychosocial needs assessed, and adjustments to support an SAW strategy developed in consultation with the employee*

▸ *Leveraging non-government support agencies' expertise to contribute to a successful outcome*

▸ *Keeping the employee at the centre of the process so that fears or issues that could hinder motivation and confidence were managed upfront.*

This case study demonstrates The Reject Shop proactively working with team members as part of an overall health and wellbeing strategy.

For further information see Appendix 4.

Component 5: Role Of Colleagues and Peers

For an SAW strategy to be successful, the work environment must be supportive and focused on ability. Colleagues can be appropriately consulted on how they can influence the SAW strategy based on support, interactions and behaviour, and it is essential that the following occurs:

▶ Consent from the employee is obtained before disclosing any personal information

▶ Colleagues are educated on the intention and purpose of the SAW plan and how they can provide support

▶ Work adjustments and the capacity of the work is made clear

▶ Concerns or grievances of co-workers are acknowledged and managed

▶ Colleagues who have increased their workloads to support the SAW strategy are given equitable support

▶ Colleagues who have agreed to provide peer support during the SAW program are offered appropriate training.

Component 6: Leveraging Support Services

A primary goal of any SAW program is to ensure the employee feels motivated, capable and confident in managing their health at work.

For this to occur, the employee must have insight into the factors that hinder or promote positive health management within their role. Engaging tailored supports within community health, government and non-government support services can benefit the employee.

Unfortunately, employers and employees are often unaware of the kinds of support available, the benefits and how to access them. Life insurers are encouraged to provide information on community support services and find ways to connect with and navigate these services, as these networks and resources are often underutilised.

Insurers may consider the following questions when leveraging community support:

▶ Could the employee engage with support groups for people who experience a similar health condition?

▶ Is condition-specific case management expertise that can assist in developing an SAW plan available through a non-government organisation?

▶ Are there any physical or technology-based modifications required that a community or non-government organisation could facilitate, co-fund and implement for an employer?

▶ Are there stories that showcase successful SAW outcomes from people who have experienced similar medical issues? Could these inspire the employee and employer to investigate alternative solutions?

▶ Are there co-funded government programs that will contribute to the cost of making reasonable adjustments and modifications in the workplace?

▶ Considering the wider biopsychosocial factors impacting the PoC, are there support services that can assist the non-medical issues being faced? For example, financial support, social inclusion, volunteering or peer support.
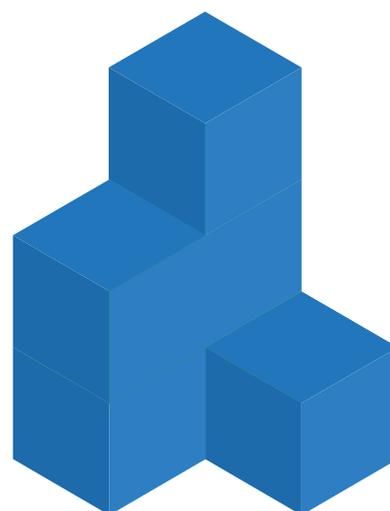
BEST PRACTICE SNAPSHOT 2: THE REJECT SHOP

Community Collaboration

The Work Health and Safety Team at The Reject Shop created an initiative to support staff members experiencing chronic illness in the workplace. The goal was to increase knowledge and practical self-management skills, and for staff to understand their role in supporting their colleagues' work and health management. The Reject Shop engaged a number of non-government health support organisations and although a significant amount of information was available, they collectively identified a need for more employer-specific and work-focused support resources for their staff. This is a good example of where collaborating with community and non-government organisations to leverage their skills and expertise has enabled a large employer to provide practical education to their staff thus assisting them in managing work and health issues in a preventative and proactive way that supports SAW strategies.

Further examples of community collaboration are demonstrated in Appendix 4.

TAKING ACTION

Strategies For Life Insurers

1. **Encourage early intervention for employers**
   Life insurers can consider working with the employer to build confidence in the initial stages of an early intervention program. This can encourage the employer to better understand the value of RTW capability and the importance of early SAW intervention.

   Case Study 2 – Innovate Healthcare Early Intervention Model (page 49) focused on returning employees to the workplace, which demonstrated the value of early intervention. This encouraged the employer to identify employees at risk of prolonged absence and shift their focus towards more proactive SAW strategies.

2. **Introduce workplace plans**
   Collaborate with employers to introduce workplace plans that include the three questions developed by the Centre for Mental Health in the Workplace[6] (page 17).

3. **Invest in training**
   Support employers to be provided with staff training to develop strengths-based communication and facilitation of SAW/RTW strategies. Specifically, manager and supervisor training that builds confidence and capability to both identify and have conversations with employees who may be struggling to manage their health and work so that SAW strategies can be implemented within a supportive workplace environment.

4. **Complement existing employer capability**
   For large employers with available expertise and SAW/RTW resources, an insurer may consider complementing their existing capability through internal or external rehabilitation provider support, where required.

5. **Build visibility of available support**
   SMEs who have limited resources, time and capability to manage ad hoc SAW strategies need to be aware of the support available through a fund or life insurer. This will encourage the employer to initiate SAW/RTW assistance when required. See *Practice 3 – Better Engagement With Small To Medium Employers* (page 24) for more information.

6. **Support employer investment**
   Consider how life insurers and funds could further support employers that are self-funding SAW/RTW support. The employers' proactive approach could be leveraged to support all employees regardless of illness or injury, and could include co-funding models of early intervention, expertise and training.

Please refer to *Component 1: Practical Approaches To SAW* (page 16) for more information. See *Case Study 2 – Innovate Healthcare Early Intervention Model* (page 49) for more information.

7. **Promote resources**
Promote practical resources to employers who have limited resources or expertise to implement reasonable adjustments for employees experiencing a mental health condition. See *Best Practice Snapshot 1* (page 19) for more information.

8. **Catalogue of available support services**
Insurers can develop a catalogue of community support services along with a process of how to access and navigate these services. Insurers can consult the end user, employer and PoC to ensure that the information provided builds awareness of available support and is accessible and tailored to the needs of the user. These resources may include digital information portals, workshops, webinars or marketing collateral.

9. **Collate relevant case studies**
Collate examples of the changes, interventions and adjustments employers have made to successfully support SAW strategies. This can be a reference for claims managers in discussion with employers, and could include:

   ▸ Community schemes which have supported an SAW program

   ▸ Work-focused treatment and health practitioners that have coordinated with key stakeholders

   ▸ Common issues managers face when facilitating SAW strategies for mental illness, and possible solutions

   ▸ Experiences of working within the insurance framework to support a successful SAW outcome for the employer and the PoC.

Strategies For Claims Managers

1. **Interview training for claims managers**
Claims managers can be provided with training in strengths-based and motivational interviewing techniques to complement a biopsychosocial assessment framework. This will maintain focus on ability, positive experiences and practical solutions, and encourage the PoC to SAW.

2. **Review examples of past successes**
Showcase examples of successful SAW outcomes that highlight the strategies (planning, coordination, manager support, modifications) and how any challenges were overcome. Sharing real-world examples of SAW/RTW could form part of a wider strategy to inspire and engage claims managers to apply these learnings to their own portfolio.

   ▸ 'Lunch and learn' presentations

   ▸ Sharing rehabilitation provider SAW experiences across different insurance schemes

   ▸ User-experience workshops and presentations – including the perspectives of the employer and PoC when participating in an SAW/RTW plan.

3. **Review evidence**
Build awareness of the evidence-based psychological interventions that have had a positive impact on successful SAW/RTW outcomes. Review this evidence and consider on a case-by-case basis, where access to work-focused CBT may support a plan coordinated between all parties.

4. **Encourage employer proactivity**
When the employer has not clearly identified SAW policies and procedures, the claims manager can encourage proactivity and offer SAW supports that could reduce long-term absence.

5. **Provide advice to employers**
Offer coaching or advice to the employer to ensure that the PoC's supervisors and colleagues are comfortable with their SAW programs and that any relevant support and guidance is provided.

PRACTICE 3

BETTER ENGAGEMENT WITH SMALL TO MEDIUM EMPLOYERS

The SME is well-positioned to have a positive impact on the health and wellbeing of their staff. They know their business intimately, have close relationships with their employees and will acutely feel, both emotionally and financially, the loss of an employee. This gives SMEs a desire to keep their employees at work.

SMEs want to be supported when assisting their employees to manage their health and RTW following absence or whilst on claim. *This is particularly true for staff who have sustained a non-work-related illness or injury not managed under their workers' compensation policy. The SME's knowledge of their business operations, staff and culture can be leveraged by life insurers to influence positive work health outcomes for the PoC.*

TARGET

For life insurers to better understand what will help, hinder, engage and incentivise SMEs to develop and deliver SAW/RTW support services that meet their needs.

KEY COMPONENTS

Component 1: Seek First To Understand

Life insurers are encouraged to think innovatively about how they can better understand the needs of various types of employers in order to improve engagement. Each individual SME represents a strategic challenge due to their sheer number within a fund member base. However, engaging with sector-specific industry groups and associations can build a life insurer's understanding of what the SME's needs are when supporting their staff. Industry bodies who represent the best interests of their members can act as a conduit, becoming a trusted source of industry-specific education and drive engagement with individual SMEs.

Component 2: Industry Collaboration

Many SMEs are members of industry associations which act as their main channel for industry-specific business information. Communication generally occurs through magazines, social media, conferences or trade shows, and it is strongly recommended that life insurers look for ways to disseminate information to SMEs through these channels, or through new collaborative avenues.

Component 3: Timely Delivery Of Support

Many SMEs are time-poor and lack the skills and confidence necessary to manage a non-work-related health issue when it first arises, and therefore need to seek assistance. This is particularly the case when supporting an SAW strategy for a person experiencing poor mental health. Life insurers have the skills, access to professional services and capacity to support the SME when they require this assistance. Insurer support can be as intensive as rehabilitation case management, or as hands-off as providing guidance materials to help the employer create an SAW/RTW plan. SMEs generally welcome SAW/RTW support, with the primary challenge being a lack of awareness of how funds and life insurers deliver guidance. By engaging in SME support, funds and life insurers can positively influence the health outcome for employees.

BEST PRACTICE SNAPSHOT 3: REST INDUSTRY SUPER, AIA, FRANCHISEE COUNCIL OF AUSTRALIA AND SUPERFRIEND

Industry Collaboration

A great example of industry association collaboration within the life insurance sector is the relationship between REST Industry Super, AIA Australia, SuperFriend and the Franchisee Council of Australia . The collaboration enabled REST Industry Super, AIA and SuperFriend to co-present at industry events on creating mentally healthy workplaces within the context of franchise owners.

This is an example of a cohort of SME organisations being provided with education, skills and positive practices to support staff with mental health issues.

Component 4: Communication

SMEs and business owners often work long and varied hours, which are work patterns required to sustain their business. Life insurers can respond to these circumstances by dedicating resources and operations to facilitate communication between funds and insurers outside of standard business hours.

When attempting to engage an SME, the claims manager will often need to speak directly to the business owner. Initial interactions with the SME are an excellent opportunity for the insurer to build rapport and trust with the person that may influence the outcome of an SAW/RTW initiative.

The business owner is also most likely to incur the costs of an SAW/RTW strategy and will have a clear sense of:

▶ The possibilities and limitations of an SAW/RTW strategy

▶ The impact on business operations including staff resourcing, budgets and general workplace wellbeing.

It is ideal for claims staff to be confident in their communication with the SME, clearly stating the objectives of the initial interactions and the SAW/RTW support they can provide. Undertaking tailored communication training that focuses on SME interaction can greatly benefit claims staff during these initial conversations. It can enable them to

better understand the SME's perspective and to identify challenges and strategies that focus on the support available from the insurer.

Component 5: SAW And RTW Education

SMEs want SAW/RTW support when it is required. Multiple opportunities exist for insurers to develop a strategy that builds an SMEs understanding, skills and capabilities to support SAW/RTW strategies for their staff. Insurers are encouraged to consult with SME industry bodies to develop resources and guidance materials that:

▶ Speak to the unique needs of that industry

▶ Are practical and focused towards building the SAW/RTW capability of the SME

▶ Have a delivery method that is informed by the SME industry type, meets their unique needs and is useful in practice.

BEST PRACTICE SNAPSHOT 4: EMPLOYERS MUTUAL LIMITED

Specialised Industry Partnerships

Employers Mutual Limited (EML) has managed personal injury claims for more than 100 years and works across multiple insurance jurisdictions. EML acknowledges the importance of understanding the Health Benefits of Good Work for successful claims management, and takes the opportunity to educate, engage and support both large and small employers in managing the health of their employees.

Hospitality Employers Mutual (HEM) is a joint venture between EML, Clubs NSW and the Australian Hotels Association NSW that provides workers' compensation insurance to the NSW hospitality industry. By partnering with industry bodies and employers, EML has an in-depth understanding of the challenges in the industry and how to manage them. Initiatives include:

▶ *Using Claims Data Analysis to Identify Trends*
  An increase in manual handling injuries from moving beer kegs led to an investigation that resulted in the promotion of using mechanical lifting devices

▶ *Involvement with Industry Associations*
  EML attends regional meetings, runs training for industry relations staff, contributes to industry publications and presents at Human Resources forums

▶ *Early Intervention*
  To ensure immediate support to affected employees, EML funds on-site critical incident debriefing following armed robberies in NSW pubs or clubs

▶ *Workplace Health & Safety (WHS)*
  EML offers employers a free, tailored online WHS system which includes training specific to hospitality worksites, e-Learning WHS modules and site visits from EML teams. Recently, short videos that help employers identify and promote mental health in the workplace have been included in these resources

▶ *Safety Alerts*
  EML launched a state-wide safety campaign in conjunction with SafeWork NSW to inform the hospitality industry of particular workplace hazards

▶ *Partnerships with Superannuation Funds*
  EML has identified the benefit of collaboration between employers and superannuation funds in educating employers on financial products for retirement, early notification of life claims and management of claims.

TAKING ACTION

Strategies For Life Insurers

1. **Create strategic alliances with industry associations**
   Collaborate with superannuation fund partners to create strategic alliances between the relevant industry associations to that fund. As outlined in *Best Practice Snapshot 4* (page 26), the EML and HEM collaboration demonstrates an insurance body engaging with industry groups. The benefits for EML are:

   ▶ Increased brand awareness and visibility within the industry

   ▶ SMEs viewing the insurer as an organisation that provides support, with a focus on industry-specific issues. This collaboration creates a positive perception of the insurer, and encourages employers to seek help

   ▶ EML can create and maintain strong relationships with industry bodies and employers

   ▶ Claims staff are exposed to specific issues at an industry level which builds skills, understanding and the ability to offer focused support for SMEs

   ▶ EML can extend their collaborations to include other sectors or co-create shared claims management processes and early notification for claims.

2. **Filling gaps in support provision**
   When provisional liability for a workers' compensation claim is being investigated, an employer can often experience a lag time in the insurer providing the SAW/RTW support they require. In these instances a life insurer may be able to fill this gap by providing SAW/RTW expertise to the employer and mitigating the risk of prolonged absence and disengagement by the employee.

3. **Knowledge of industry-specific issues**
   Understanding SAW/RTW issues experienced by SMEs at an industry level could be accomplished by:

   ▶ Engaging in discussions with industry associations on how they experience SAW/RTW strategies and their interactions with insurers

   ▶ Advocating within the industry associations to filter relevant knowledge and information to and from the SME

   ▶ Showcasing the support available from life insurers and superannuation funds through presenting at SME industry-specific events

   ▶ Fund, insurer, and industry bodies can review common health issues that impact employees of that sector. They can collaborate with relevant community, government or non-government organisations to develop condition-specific management plans and awareness building.

4. **Gain insights from employers**
   Life insurers and the wider disability insurance sector may facilitate projects to gain an understanding of what employers need from insurers during the SAW/RTW process. Projects could investigate:

   ▶ The need for information and internal resourcing to support pre-claim SAW/RTW strategies

   ▶ Common barriers and issues facing industry associations in SAW/RTW strategies which can help insurers develop industry-specific support and resources

   ▶ Creating an evidenced-based practical resource for SMEs with information on early SAW/RTW support for their employees.

5. **Focused communications with SMEs**
   Collaborate with superannuation funds to create education materials on the role of insurance within superannuation, and communications strategies that will engage the SME and the employee. The focus could be:

   ▶ Understanding the SAW/RTW support available from the fund and insurer, and how to access it

   ▶ The support provided by the fund and insurer during a waiting period (if a claim is expected)

   ▶ Encouraging SMEs to contact the superannuation fund or insurer for support and advice, particularly regarding employees impacted by a non-work-related injury or illness

▶ Evidence-based resources and practical tools that will guide the SME in supporting an SAW/RTW strategy

▶ Identifying community support services such as wage subsidies, workplace modification services, business support and other government, not-for-profit and private sources of support.

6. **Targeted industry workshops**
Life insurers, industry superannuation funds or group insurance brokers could collaborate to facilitate industry workshops to build SAW/RTW confidence and capability within SMEs. Workshops could focus on education, shared learnings, stories of challenges overcome, and successes achieved in SAW/RTW outcomes.

7. **Making it easy for the SME**
Materials, resources and support services detailed above may be informed by and developed in collaboration with the SME and industry body. Support materials/initiatives should:

▶ Ensure the method of obtaining resources is simple, time effective, accessible and user-friendly for the SME

▶ Focus on simplicity, key messaging and practical strategies that can be implemented by the SME within their industry

▶ Encourage shared experiences and learnings with trusted industry bodies to promote the adoption of strategies across SME industry types

▶ Build awareness of and provide easy access to external community support services. These may be used by the employer as a referral source to build their own understanding of the support services available within the community. Refer to *Practice Two – How To Approach Stay At Work* (page 16).

8. **Accommodating SMEs work hours**
Alter claims managers' working hours so calls and visits could be arranged outside of regular business hours, thereby improving accessibility for the SME.

Strategies For Claims Managers

1. **Establish a good rapport**
It is important to understand the perspective of the SME when having initial conversations. Focus on establishing a rapport with the SME to encourage further conversations wherein the claims manager can discuss specific strategic matters and SAW/RTW considerations.

2. **Focus on the needs of the SME**
Initial calls should focus on what will be most helpful for SMEs to support the process and achieve a successful SAW/RTW outcome, instead of focusing on what the insurer requires from the SME. This will affirm that the insurer is collaborative and is not driven by their own agenda.

3. **Respectful communication**
Be mindful of communication styles when on the phone with an SME, and understand that they are managing multiple demands within a business and the business itself. Be mindful that this may be the first time an SME has been through a claims process.

4. **Identify barriers**
Identify barriers or challenges the SME may face in managing the SAW/RTW strategy. Consider whether the insurer can provide support to the SME, and whether there are resources or referrals to organisations that may provide a solution to these challenges.
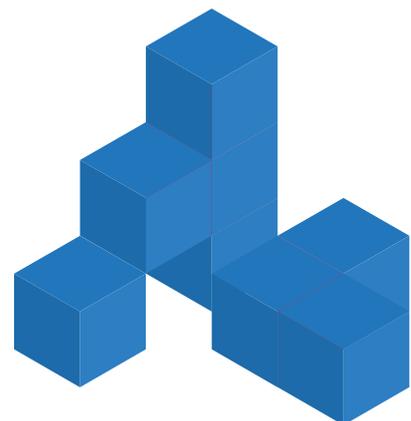
PRACTICE 4

SAW/ RTW SUPPORT REGARDLESS OF THE CAUSE OF INJURY OR ILLNESS

Workplaces are shifting investment toward wellbeing and support for all employees regardless of the cause of their injury or illness. For example RTW coordination focused on all employee health and wellbeing, not just those employees under a workers' compensation claim. Life insurers and superannuation funds are now able to act as a focal point for employers when they require SAW/RTW employee support outside of the workers' compensation system. Employers, insurers and funds can collaborate to create innovative support programs that are not limited by the cause of the injury/illness.

TARGET

For life insurers, employers and related organisations to co-create support programs that enable all staff, regardless of injury or illness cause, to be supported to SAW and RTW.

KEY COMPONENTS

Component 1: Building Business Cases and Early Intervention Programs

For employers to support SAW/RTW strategies for all employees regardless of the injury or illness, a business case highlighting the values of inclusive work health management could first be developed by the life insurer.

This occurs in two distinct periods of support:

1. Early intervention where there is no claim.

2. On claim, when a period of prolonged absence has occurred and a RTW focus is required.

Life insurers are often presented with an employer that can be reluctant to support a RTW strategy for those not under a workers' compensation claim.

Embracing the Health Benefits of Good Work (HBGW) principles,[17] and a wellbeing commitment and strategy that supports SAW/ RTW for all employees regardless of injury/ illness cause is necessary to influence attitudes in case-by-case RTW strategies.

Life insurers can encourage employers to understand and endorse the benefits of supporting all-employee work health. Positive work health for all employees offers:

▶ Equitable support for all staff and demonstrates a commitment to employee health, wellbeing and creating a mentally healthy workplace

▶ A positive impact on staff absence rates, particularly when able to identify those at risk of drifting from short to long-term absence

▶ Reduced presenteeism when timely and cost-effective support to manage work-impacting factors are delivered

▶ Reduced costs associated with staff replacement, hiring and training by introducing an early intervention model.

See *Case Study 2 – Innovate Healthcare Early Intervention Model* (page 49).

Component 2: Supporting The Needs of The Superannuation Fund Employers

Many employers already invest in SAW/RTW support, health and wellbeing programs and training as part of their overall wellbeing strategy for all employees. *Case Study 3 – P2 Group Stay At Work (*page 51*)* was fully funded by the employer without insurer funding support or input to the program development. The employer understood that by supporting all staff to manage their health in work, the factors that contribute to positive or negative mental health experience in the workplace could also be managed. The benefits of superannuation funds and their default insurer to collaborate with employers to support strategies similar to the P2 Group SAW/RTW program are:

▶ Mitigating the risk of short-term absence drifting into long-term absence or worklessness, resulting in a reduction of super contributions by the employee

▶ Promoting a positive work health culture where SAW programs are supported and good work is prioritised, thus reducing the number of claims submitted following periods of prolonged absence. This can result in increased employee satisfaction and engagement with their employer when supported to manage health and work

▶ Aligning to the integrated model of workplace mental health, particularly in managing issues that impact capability to work.[18] Please refer to *Mentally Healthy Workplaces – Principles For Success* (page 43) for more information.

Often employers' experience of their default fund relationship is with HR and payroll personnel and not roles that focus on employee health, safety and RTW. When default funds engage with those who have responsibilities for staff wellbeing and RTW, they can improve fund, insurer and employer collaborations, support, help-seeking behavior and the provision of innovative SAW/RTW support.

Superannuation funds and their life insurers are encouraged to collaborate with their employers to review their systems for supporting all employees to manage their health at work and consider how they can support the development of these initiatives.

Component 3: Early Intervention With Corporate Group Life Insurer Clients

It is generally accepted across all insurers that the earlier a work health issue is identified, understood, triaged for need and supported, the more positive the RTW outcome will be.

Large employers who provide a corporate group life insurance policy for their staff have direct financial premium incentive to support all staff regardless of their illness or injury cause. Premium incentives for long-term absence and claims progress outside of workers' compensation are a strong financial benefit, however, many large employers remain focused on SAW/RTW support for workers' compensation claims.

A good example is *Case Study 2 – Innovate Healthcare Early Intervention Model* (page 49), where a large employer co-created innovative support programs with life insurers. This case represents an insurer, employer, rehabilitation provider and group risk broker working together to create a person-centered support program with a focus on:

▶ Early engagement of the employee and manager to work towards a collaborative SAW strategy

▶ Developing managers' skills, confidence and capacity to identify those at risk of deteriorating work health issues

▶ Promoting help-seeking behaviour in managers

▶ Cost-effective rehabilitation solutions such as remote telephonic case management

▶ Automating absence management processes to capture staff who may drift into longer-term absence

▶ Leveraging community and non-government support programs where necessary

▶ Promoting a proactive approach to work health and wellbeing, managing future challenges within a supportive and flexible work environment.

Life insurers are encouraged to focus on prevention, leveraging employers' desire to support their staff outside of workers' compensation to co-create innovative support programs.

Component 4: Leveraging The Group Risk Broker And Employer Relationship

Many employers purchase their disability insurance products, workers' compensation and corporate group life insurance through a broker. Organisations that broker disability insurance policies on behalf of employer clients often provide additional 'employee benefit' services to employers that prioritise employee health, wellbeing and safety.

Group risk brokers often act as consultants for their employer clients. As the conduit between the corporate group life insurer and the employer, they can be a trusted source of expertise for work health related issues. They are often the first point of contact for support in a potential work or non-work-related insurance claim. Broker support can include WHS expertise, RTW coordination support for workers' compensation claims, wellbeing programs and SAW/RTW support for employees that may impact a corporate group life insurance policy.

Life insurers can collaborate with brokers in developing SAW/RTW programs with employers, as both parties have common interests and a motivation to support their employers to achieve good SAW/RTW outcomes for their employees.

Component 5: Developing A Mental Health Toolkit

In order to promote good mental health and an understanding of how to support those with greater needs, it is recommended that life insurers work with employers to develop a mental health toolkit.[19] An example template for developing a mental health toolkit for employers can be found in *Appendix 6 - A Mental Health Toolkit For Employers* (page 55).
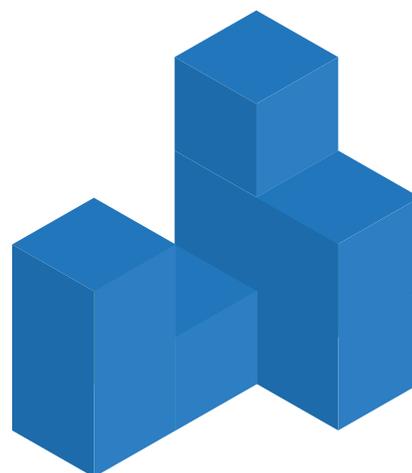
TAKING ACTION

Strategies For Life Insurers

1. **Utilise absence management technology**
   Case Study 2 – Innovate Healthcare Early Intervention Model (page 49) demonstrates the benefit of an absence management-based collaboration with the insurer, employer, risk broker and rehabilitation provider. Absence data can be extrapolated to inform health and SAW/RTW management strategies, and absence trends can be monitored to provide a triage system that allows more timely and cost-effective support.

2. **Utilise telephonic case management**
   The same case study also demonstrates the use of telephonic case management in the UK as the predominant method (80%) when working within an early intervention program. It can be cost-effective and customised to the needs of the employer.

3. **Consider co-funding models**
   Life insurers may consider co-funding models such as in *Case Study 1 – MLC Life Insurance Early Engagement Model (*page 46*)*, which is 100% insurer-funded. *Case Study 2 – Innovate Healthcare Early Intervention Model (*page 49*)*, was 100% insurer-funded in years 1-3 and then reduced to a 50% split between the insurer and employer after a business case for SAW/RTW outcomes was made.

4. **Collaborate with brokers**
   It is strongly recommended that insurers collaborate with group risk brokers of corporate group insurance policies and their associated employee benefits services. This approach can assist in establishing pilot programs with employers who may be more engaged when working collaboratively with their broker.

5. **Engage with industry bodies**
   Funds and insurers can engage with industry bodies to increase their exposure, while promoting practical SAW/RTW support and guidance for both large and small employers. For example, co-sponsoring a RTW award could increase brand exposure for large default funds, and help funds and insurers build continuing relationships with employers.

6. **Develop academic research**
   Large employers could work with academic researchers and seek support or co-funding by insurers or funds to test innovations in workplace health management.

7. **Engage fund relationship managers**
   In addition to traditional payroll functions, fund relationship managers could engage with core WHS, wellbeing and RTW roles within an employer, and consider how they and their insurer may support the employer's wellbeing and SAW/RTW strategy.

8. **Present claims experience data**
   Employer WHS representatives have encouraged the sharing of industry-specific claims data and workshops to highlight industry trends and issues that can inform the industry's health and wellbeing strategies, and can create opportunities to discuss preventative strategies between an employer, fund and life insurer.

9. **Re-engage a disengaged workforce**
   Where an employer has a desire to reach out to disengaged staff and attempt to re-engage them, support via the life insurer and their internal or external rehabilitation resources could be beneficial. Life insurers may be able to support fund employers to re-engage their workforce within their superannuation insurance.

PRACTICE 5

IMPROVE COMMUNICATION

Disability insurance schemes can encounter issues when communicating with employers, the PoC, supervisors or other stakeholders. To enable effective and targeted communications, many insurers have overhauled their communication procedures. In South Australia, new service commitments have been introduced as part of the ReturnToWorkSA scheme, see: www.rtwsa.com/about-us/returntoworksa/our-service-commitments

For life insurers, understanding the scope, method and frequency of communication required by key parties such as the line manager, PoC and stakeholders should be prioritised. Communication strategies that clearly establish roles, set expectations, and facilitate coordination of relevant stakeholders while building awareness of SAW/RTW support opportunities will ensure greater PoC and employer engagement.

For more information, refer to *Action Area Guide 2 – Optimising Claims Management Teams.*

TARGET

For life insurers to review their communication strategy, ensuring communication with stakeholders is:

▶ *Directed* to the right person within the employer

▶ *Tailored* to the different needs and expectations of small / medium / large employers

▶ *Inclusive* of all relevant stakeholders to ensure the SAW/RTW strategy is coordinated effectively

▶ *Transparent*, timely and delivered giving consideration to the employer and PoC.

KEY COMPONENTS

Component 1: The Right Discussions With The Right People At The Right Time

In the early stages of developing an SAW/RTW strategy, it is essential to identify the right person to speak to within the employer. This person (often the direct manager or supervisor) will possess the authority, scope and knowledge necessary to drive the SAW/RTW strategy, and their role will be to implement the program and coordinate workplace action. This person is likely to:

▶ Make decisions and coordinate relevant internal stakeholders

▶ Understand the practicalities of reasonable adjustments and how to implement, monitor and amend them

▶ Understand role adjustments and how they impact on performance measures

▶ Utilise their knowledge of past successful SAW/RTW experiences

▶ Act as a reliable source of continuous support for the PoC.

The insurer's role will be to monitor the progress of the strategy and intervene when the program stalls or requires updates. Life insurers are often transferred to a person within payroll or superannuation compliance when making initial contact. Engaging the person in this type of role is often ineffectual to the goal of developing an SAW/RTW strategy. Where knowledge of the employer contact who meets the criteria above

is unknown the PoC would be well placed to recommend and provide direct contact details of a manager or supervisor as a place to start SAW/RTW conversations.

Component 2: Conversations With The PoC

Initial conversations with the PoC are an essential component to building rapport and a sense of support and trust with the PoC. Expectations of the claims process and whether this will be positive or negative and the level of support the insurer will provide are often formed in the initial conversations and interactions between the claims manager and PoC.

When perceived as positive by the PoC, early discussions with the claims manager can contribute towards an engaged PoC who can work with the assessor and the employer towards an SAW/RTW strategy.

Communication with the PoC could focus on:

▶ Acknowledging any fears or concerns the PoC may express, provide guidance and clear expectation setting

▶ Creating opportunities for the PoC to play an active role in their SAW/RTW strategy

▶ Understanding the whole person through a biopsychosocial lens, their circumstances and hurdles to an SAW/RTW outcome

▶ Acknowledging reductions in cognition, concentration and capacity to follow complex instructions that may be impacted by their illness

▶ Identifying the PoC's strengths and favourite aspects of their work

▶ Exploring and clarifying the steps necessary to achieve a successful SAW/RTW strategy

▶ Gauging the PoC's motivation, sense of control and ability to cope with changing circumstances.

During early conversations, claims managers can provide clear information about the claims process to clarify expectations, validate and allay any fears, concerns or uncertainties and develop a positive relationship with the PoC. While early discussion targeted towards RTW is essential, it is important for claims managers to understand the capacity of the PoC to have these discussions and to time these conversations accordingly.

A PoC who feels confused, misinformed and not understood may not engage in genuine discussions focused on pursuing an SAW/RTW strategy. Claims managers are encouraged to consider the circumstances of each PoC when timing the approach to SAW/RTW discussions as often, engaging the PoC in this process is best achieved when an element of trust and rapport have been established.

Timing of RTW conversations and the offer of voluntary rehabilitation support (within life insurance) are also important considerations of the claims manager and are often most successful when the PoC has a sense of control and trust in the claims process and their claims manager.
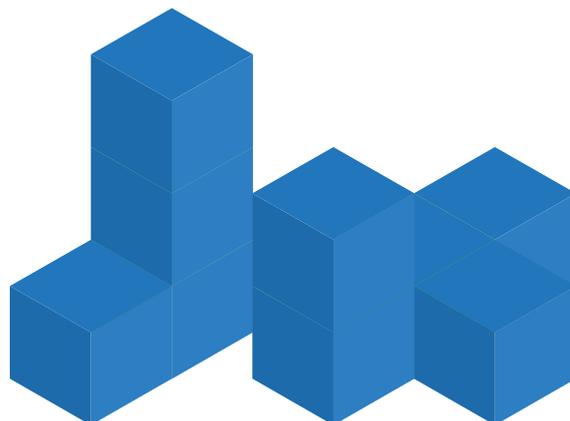
Component 3: Discussions With The Supervisor

Establishing a positive relationship with the supervisor is crucial in the delivery of a successful SAW/RTW strategy. The supervisor can implement reasonable adjustments and manage the internal coordination of stakeholders not accessible by the insurer or rehabilitation consultant. They can offer insights into the PoC's tasks and requirements, and their perspective on removing barriers that may affect whether the SAW/RTW strategy is successful for the PoC. It is important to maintain engagement with the PoC's supervisor throughout the process, and conversations could include the following:

Table 1. Communication with Supervisors

Expectation setting and acknowledgement:	▶ Define the role of the life insurer in the SAW/RTW and rehabilitation strategy ▶ Listen, build rapport and acknowledge fears or concerns ▶ Discuss the supervisor's experience and confidence in supporting an SAW/RTW strategy, particularly when concerning mental illness ▶ Identify any existing support for an SAW/RTW strategy, ensuring there is no duplication.
Practical considerations:	▶ Define the work requirements and responsibilities of the PoC ▶ Identify the strengths of the PoC that can contribute to an SAW/RTW plan ▶ Collaborate with the PoC in developing reasonable adjustments focused on their abilities ▶ Support the inclusion of co-workers and their needs into the strategy and identify practical methods to implement an SAW/RTW strategy.
SAW/RTW strategy review:	▶ Assess the flexibility of reasonable adjustments in relation to past successes ▶ Identify solutions to practical RTW barriers, focusing on PoC strengths ▶ Assess RTW progress including role adjustments tailored to PoC capacity ▶ Discuss the supervisor's perspective on progress and achievement of goals.
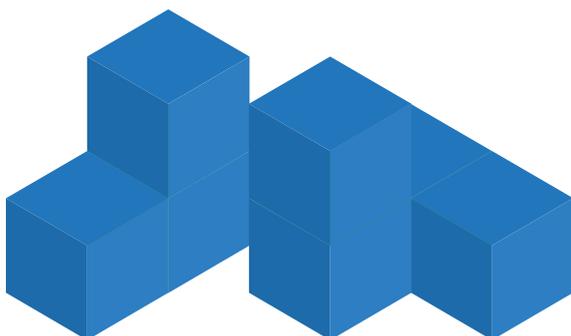
Component 4: Communication With Other Stakeholders

It is recommended that the claims manager establish ongoing communication with internal and external stakeholders throughout the SAW/RTW process. Each of these parties will play a role, some larger than others, in assisting the employer and PoC in the SAW/RTW strategy.

At the employer, this essential group will comprise of HR, the line manager or RTW coordinator to facilitate a collaborative and coordinated RTW plan. For SMEs these roles may be undertaken by the business owner or a single manager. It will also comprise key social and professional supports such as the PoC's GP, psychologist, psychiatrist, physiotherapist, rehabilitation consultant, family, friends, colleagues or community support services. Clearly defining the roles, responsibilities and coordination of these parties is an essential factor in a successful SAW/RTW strategy. Considerations may be:

Table 2. Communication with other stakeholders

Existing employer SAW/RTW skill and capability	▶ Investigate how managers currently support staff to SAW/RTW, requesting a history of support to inform capability ▶ Identify the staff who will play a role in the SAW/RTW strategy ▶ Identify existing gaps in support that require internal or external rehabilitation support ▶ Coordinate intervention and support with consideration for the PoC.
Identifying key supports for the PoC	▶ Identify workplace self-management practices that have aided SAW/RTW in the past ▶ Engage the PoC to explore reasonable adjustments that will assist them in SAW/RTW ▶ Establish key supports for the PoC both inside and outside the workplace ▶ Coordinate key allied health professionals to deliver work-focused treatment.
Coordinating an SAW/RTW program	▶ Define roles, a period of review and how to monitor progress ▶ Coordinate key medical and allied health professionals to measure progress ▶ Minimise claim-related issues outside the SAW/RTW strategy ▶ Allow the PoC and employer time to adapt to the SAW/RTW strategy.

CASE STUDY 5: CLEARVIEW AND IPAR REHABILITATION

Rehabilitation Optimisation and Communication Support

In order for their rehabilitation service model to meet rising demands, ClearView Life Assurance Limited, the life insurance arm of ClearView Wealth Limited, an ASX-listed diversified financial services company, undertook a program alongside IPAR Rehabilitation, in early 2015. This program was designed to optimise rehabilitation within life claims management by reviewing current practices to ensure they were adaptable, flexible and focused on the individual.

The program focused on equipping claims managers with the necessary communication skills to motivate and engage people on claim, manage external providers, identify a person on claim who required rehabilitation, and reduce delays in initiating rehabilitation. For complex or high risk cases, ongoing support by external rehabilitation experts was also provided through the program.

For further information about the ClearView case study, see Appendix 5.

Component 5: Timely Decision Making

Insurers have an obligation to accurately assess all life insurance claims against the policy, however there are often delays in making eligibility decisions. As over 90% of life insurance claims are ultimately accepted, insurers may consider reviewing their claims management procedures. Introducing new systems where claims with low risk profiles are automatically accepted, will help speed up the decision making process. For further information, see *Action Area 1 – Management Practices for Psychological Claim*s and *Action Area 2 – Optimising Claims Management Teams*.

Component 6: Transparency And Post-Claim Employer Support

Employers are often unfamiliar with the assessment and decision making process of a claim, and may not understand the reasons why a claim has been denied or accepted. Correspondence that is infrequent, unclear or full of complex terminology can be improved to ensure transparency.

Life insurers are encouraged to remember that when a claim is denied, settled or reaches the end of its term, the employer's support for the PoC does not end. Continuing to offer support without the services they were previously afforded can prove extremely difficult for employers. Insurers may consider a preparation phase leading up to cessation of the claim in order for the employer to align expectations, manage concerns and prepare for the future. Insurers may also consider the end of the claims process from the perspective of the line manager or HR manager supporting a PoC. Providing appropriate support with a focus on established SAW/RTW goals can be instrumental in achieving positive work health outcomes. Support could demonstrate how the insurer and superannuation fund is engaged to assist the PoC and employers both during and after claim.

TAKING ACTION

Strategies For Life Insurers

1. **Site visits**
   Conduct site visits for certain claims in certain situations, particularly when the insurer is having issues engaging an employer.

2. **Motivational interview training**
   Introduce motivational interviewing training to ensure claims management staff have the skills to understand the PoC's underlying motivations and barriers to change whilst focusing on their strengths.

3. **Review communications**
   Review written and electronic communications and tailor them to the different sizes of employers. E.g. sole traders or small family operated businesses. Also review denial and acceptance letters (and all other communications) by making them clearer to understand, less legalistic and more transparent in how the decision was reached.

4. **Develop tailored communications**
   Work with a range of industry associations to develop communications tailored to small employers that can be distributed to their members – see *Practice 3 - Better Engagement With Small To Medium Employers* (page 24). This could involve articles in newsletters, websites, social media posts or conference presentations.

5. **Automate claims review process**
   Modify the initial claims review process to automatically accept low risk and other types of claims that are usually approved by the insurer. See *Action Area 1 – Management Practices for Psychological Claims.*

Strategies For Claims Managers

1. **Find the right person**
   When the PoC works for a small employer, identify the correct employer contact by checking the company website or searching on the ASIC or ATO websites before making initial contact. When the PoC works for a large employer, utilise communication skills to ensure that the correct person is spoken to. If information is not received on first approach, contact the organisation again or consider making a site visit. Ask the PoC who the right contact is.
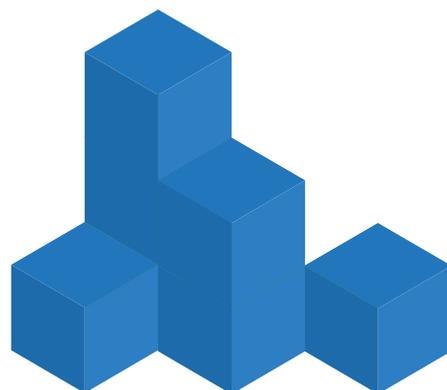
FUTURE THINKING

The Australian disability insurance framework is complex, and it can be difficult for employers to navigate and understand the requirements and procedures for workers' compensation, life insurance, insurance in superannuation and other disability insurances. Although there are legislative reasons for the complexity of the framework, all schemes of disability insurance share a common goal; to support the PoC in their recovery, rehabilitation and to return to their best life, including the support to SAW and RTW.

Disability schemes in the UK and Europe have taken a collaborative approach to how the employer and employee are supported in achieving SAW/RTW outcomes. Instead of support being offered only to those where the cause of injury impacts a particular scheme or premium, insurers across different schemes have developed collaborative programs where SAW/RTW support is delivered by a consistent expert provider.

Models of insurer collaboration have agreed to the following:

▶ Co-funding models for SAW/RTW programs for employers

▶ Data privacy protections to allow insurers to disseminate relevant information related to the scheme

▶ Consistent delivery of support is experienced by the employer and employee, opposed to multiple third-party providers based upon the preference of the insurer

▶ Consistent messaging in collateral and resources delivered to the employer to build internal SAW capability

▶ A focus on supporting early SAW prior to short-term absence drifting into payable insurance risk.

In Australia, the **Collaborative Partnership of Work Participation**, a Comcare initiative[20] was established to bring key organisations from workers' compensation, motor accident insurance, life insurance, superannuation and disability support together to improve the integration of disability management across the sector. The partnership aims to improve participation at work of people with temporary or permanent physical or mental health conditions and disabilities and recognises that they will create an impact through two mechanisms;

▶ The improved alignment of systems and services across the sectors and

▶ The coordination of engagement with stakeholders specifically; employers, primary healthcare providers, workers and their families.

TARGET

For life insurers, government regulators, superannuation and insurer peak bodies and legislated insurance schemes to collaborate to create simplified disability management systems, procedures and processes for employers.

KEY COMPONENTS

The cause of illness/injury relating to absence is not the primary factor when considering how an employer can support SAW/RTW strategies. The disability insurance sector is encouraged to develop collaborative relationships with alternative insurance schemes such as workers' compensation scheme agents, State workers' compensation jurisdictions, life insurers and superannuation funds.

As an example of cross-sector collaboration, life insurers are beginning to recruit assessors from the workers' compensation sector for their claims management and RTW experience. In addition, organisations like EML have developed consulting services focused on implementing learnings,

processes, operating models and RTW expertise to improve life claims management. The applied learning from this collaboration is positively impacting the delivery of claims management for the life insurance sector, with many life insurers using this knowledge to transform their internal claims models.

While collaboration exists for claims management, it has not extended to simplified disability management practices for employers. Employers continue to navigate the insurance requirements, expectations and provision of ad hoc SAW/RTW support related to the cause of illness or injury and the associated risk to the insurer.

Alternative collaborations between insurance schemes will engage employers in SAW/RTW, for example:

▶ *Larger employers have achieved increased engagement with the PoC through applying behavioural insights expertise gained from collaborating with the disability insurance sector*

▶ *Key messaging between the insurer, employer, PoC and GP has been improved through collaboration between reinsurers, insurers to behavioural insights expertise*

▶ *Life insurers have adopted person-centered design theory and practice into their internal claims management processing and operations, enabling them to innovate service delivery for the PoC and employers.*


BEST PRACTICE SNAPSHOT 5: EMPLOYERS MUTUAL LIMITED, TAL AND NEW SOUTH WALES POLICE FORCE

Collaborative Case Management

Income protection (IP) life cover was introduced to employees of the New South Wales (NSW) Police Force which, when combined with workers' compensation, added a layer of complexity to personal injury claims management. To overcome this, NSW Police hosted a workshop and invited EML (workers' compensation agent) and TAL (life insurer) to work together on personal injury claims management for their employees. The goal was to share work practices to promote synergy and improved outcomes, and to drive best practice claims management and officer care.

The initiative has led to an established partnership between NSW Police, EML and TAL, and includes the following strategies:

- ▶ *NSW Police educating EML and TAL claims managers on the everyday challenges faced by police*

- ▶ *Monthly collaborative claim review meetings are held to join case management strategies on concurrent claims*

- ▶ *EML and TAL case managers attend medical conferences to discuss barriers to achieving positive outcomes*

- ▶ *Administrative processes are streamlined, minimising requests being made to ill or injured employees*

- ▶ *Shared medical, rehabilitation, payment, and status information which reduces claims costs and customer impact.*
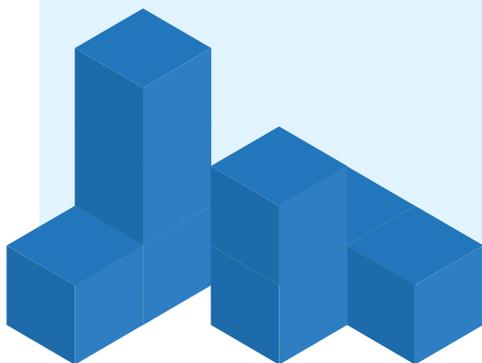
TAKING ACTION

Strategies For Life Insurers

1. **Develop pilot programs between life insurance and workers' compensation**

   Life insurers and associated superannuation funds could develop an alliance with a State workers' compensation jurisdiction to create pilot programs that support SAW/RTW strategies across both schemes. Key considerations may be:

   ▶ Engaging with a large common default fund employer that has resources and expertise in delivering internal SAW/RTW practices

   ▶ Indicate commitment to creating positive culture and supporting employee health management by involving an employer that is a signatory to the Health Benefits of Good Work Consensus Statement. Please refer to *Mentally Healthy Workplaces – Principles For Success* (page 44) for more information

   ▶ Engaging an employer with internal resources across WHS or RTW coordination to support SAW/RTW for all employees regardless of injury/illness cause

   ▶ Seeking out regulatory jurisdictions and superannuation funds willing to consider an innovative approach to trialling relevant pilot support programs

   ▶ Putting communication protocols in place after a workers' compensation claim has been exhausted or terminated, ensuring the history of the claim is received.

2. **Create a collaborative disability management program**

   A program to support tertiary prevention of long-term absence via SAW strategies would be encouraged, and could include the following collaborative practices with the disability insurance sector:

   ▶ Combined claims triaging processes where the SAW/RTW intervention type is identified during initial absence

   ▶ Streamlined SAW/RTW support that simplifies administration, injury management and WHS reporting requirements. See *Best Practice Snapshot 5: NSW Police Force* (page 41)

   ▶ Include service funding models where an employee cannot be excluded from receiving SAW/RTW assistance due to the cause of their illness or injury

   ▶ Insurers and superannuation funds identify their individual strengths relevant to their sector-specific experiences, perspectives and insight in supporting an SAW/RTW strategy

   ▶ Placing the employer at the centre of the process when creating a collaborative program for a whole of business SAW/RTW support process. Their experiences and insights can drive the development of a service model that works to their specific needs.

MENTALLY HEALTHY WORKPLACES – PRINCIPLES FOR SUCCESS

The five practice areas in this guide focus on enhancing communication, building capability and knowledge, and adopting a proactive and preventative mindset to long-term absence, illness and to improve claims management. These practices encourage a forward-thinking approach that can be developed between an insurer and employers. The actions suggested in these practices can be adopted independently of each other, or considered as components of a wider engagement strategy to support SAW/RTW strategies.

Underpinning these practices is research that highlights the importance of the employer in fostering and maintaining the mental health and wellbeing of their workers.[21] This section of the guide introduces an integrated approach to workplace mental health, providing a framework to "simultaneously prevent work-related harm, to promote the positive aspects of work, and to manage mental illness as it manifests in the workplace".[18]

Another key framework for success is integrating the Health Benefits of Good Work (HBGW), an initiative from the Australasian Faculty of Occupational and Environmental Medicine and The Royal Australasian College of Physicians.

It draws on Australasian and international evidence that 'good work' is beneficial to people's health and wellbeing and that long-term work absence, work disability and unemployment generally have a negative impact on health and wellbeing.[17]

These frameworks form the foundation of a workplace that enables their staff to thrive regardless of their mental health status or risk to any insurance premium. In addition to engaging employers, life insurers can play a greater role in supporting the employer's progress toward a mentally healthy workplace through understanding the theories of employer support.

KEY COMPONENTS

Component 1: An Integrated Approach To Workplace Mental Health

In 2016, the University of Tasmania collaborated with national and international researchers, practitioners and policy makers to inform the development of a paper titled 'An Integrated Approach to Workplace Mental Health'.[18] This paper describes three primary domains and nine priorities for organisations to create a mentally healthy workplace. It identifies that, *"without integration, efforts will remain focused on individual employees and action will continue to precariously rest with individual managers or staff and will not be embedded in organisational structures and culture. This will result in wasted investments, ad hoc and disconnected initiatives and a lack of sustainable change to the mental health and wellbeing of all employees in a workplace or industry setting."[18]*

The priorities as stated in the guide are "mutually reinforcing"[18] and are summarised as follows:

Table 3. Priority areas for an Integrated Approach to workplace mental health

1. Preventing Harm	2. Promoting the Positive	3. Responding to Illness
A comprehensive approach to harm prevention, and safeguarding mental health needs to encompass strategies for interventions at Primary, Secondary, and Tertiary stages. These include: Primary: Modification of work, or the working environment to reduce work-related risk factors at their source. Adapting these can lessen high job demands and feelings of low control. Secondary: The use of strategies to lessen the impact of stress factors, and to help improve the ability of employees to cope with, or resist these stressors. Tertiary: Treatment of affected workers, as well as the provision of support treatment, and RTW.	This area focuses on the positive aspects of work, and employees' capabilities. Priorities include; concentrating on strengths, formation of positive leadership practices, the importance of providing meaningful work, and the development of a constructive organisational climate.	This aspect will normally address the role of psychological education in improving awareness of mental health issues, development of skills for early intervention, and the need for those affected to seek help. Priorities include the improvement of an organisation's culture, and its attitudes, to support employees with mental illness. In addition, strategies for the reduction of stigma and modification of established behaviour patterns when a worker's diagnosis has been disclosed, as well as circulation of information about workplace adjustments and RTW.

Component 2: Health Benefits Of Good Work

The HBGW concept is that good work is good for health.[17] This is now widely known within the disability insurance sector in Australia, and complements the Integrated Approach to Workplace Mental Health. Research has shown that employment in hazardous work may lead to worse health outcomes than unemployment, whereas when the work is 'good', people tend to lead healthier lives with improved illness recovery and management with reduced risk of longer-term illness. The 2013 Royal Australian College of Physicians Position Statement: *What is Good Work?*[22] states that there are four domains to good work. Good work by design:

1. Engages workers – and, where necessary, partners with workers and suppliers.

2. Engages with the community culture that reflects the local, regional and operational contexts in which the work is performed.

3. Respects procedural justice and relational fairness – promotes civility and is intolerant of incivility, discrimination and bullying.

4. Appropriately balances job demands, job control and job security and requires:

   – Aware managers, but not necessarily aware employees, who manage change effectively, focusing on mental and psychological wellbeing, security and life balance;

   – Clear and realistic performance indicators to guide and acknowledge the efforts of the worker;

   – Use of specific and transparent "people productivity metrics"; and

   – Matching "the work" to "the individual".

Good work is essential in any SAW and RTW strategy. Early RTW needs to be evaluated on the basis that the PoC is suitable for graduated return

to work, and that appropriate considerations of the work environment and accommodations have been made. It is essential that insurers understand and consider the concepts of good work and the workplace in which it is performed, at both strategic and RTW levels.

Component 3: The Role Of The Insurer

Employers of all sizes and industries vary in their implementation of these principles. Some operate at an early stage of implementation, opting for ad hoc strategies that are independent of each other and reliant upon individual skill and capability. Others will have these domains and concepts embedded into their culture and strategy through policies, processes and behaviours at all levels and departments.

The insurer can promote and advocate for these principles and concepts during employer interactions. Whether through the development of strategic initiatives or within RTW interactions, the key messaging of good work will inform how an integrated approach to workplace mental wellbeing can be communicated, advocated and promoted to an employer. For employers that have yet to take initial steps in creating a mentally healthy workplace, insurers can begin to introduce supportive initiatives and guide employers to freely available materials and resources.

It is recommended that the Integrated Approach to Workplace Mental Health and HBGW concepts form the foundation of any workplace engagement or support initiative developed by an insurer. The insurer can ask three key questions when engaging with an employer:

1. **Where does this initiative fit within the Integrated Approach to Workplace Mental Health domains?**
   For example, *Case Study 1 – MLC Life Insurance Early Engagement Model* (page 46) and *Case Study 2 – Innovate Healthcare Early Intervention Model* (page 49) sit primarily within the "Responding to Illness" domain. The interventions delivered focus on supporting those to SAW where possible. They also fall partly within the "Promote the Positive" domain through identifying employee strengths, educating managers and implementing good work as aligned to the HBGW concepts within SAW/RTW support.

2. **In what domain can the insurer have the most positive impact?**
   Assess which skills and expertise an insurer can leverage to support an employer in all three domains, and the collaborations that may exist within the disability insurance sectors to support all three domains. Identify areas of need for employers and offer assistance, or direct employers to appropriate assistance.

3. **Across what domains does an employer need support and how can the insurer help?**
   Within the "Promote the Positive" domain, insurers could support manager and supervisor training in taking strengths-based approaches to managing teams and building mental health literacy.

There are many examples of where the disability insurance sector in Australia is working with employers to actively build capability across the domains of the Integrated Approach to Workplace Mental Health and the HBGW. Some examples are detailed below.

Prevent Harm

▶ Industry-specific collaborations such as the EML/HEM joint venture to provide workplace health and safety, RTW, education and training capability

▶ Broker employee benefits support aimed at Workplace Health and Safety policy review and increasing capability.

Promote the Positive

▶ SAW education and manager training

▶ Organisational mental health literacy training and education

▶ Industry-specific training offered by SuperFriend

▶ Strengths-based communication and motivational interviewing for claims managers

▶ Workplace training offered by workers' compensation insurers and scheme agents, SuperFriend and other providers.

Manage Illness

▶ Life insurance early intervention programs

▶ Employer self-funding rehabilitation expertise to support SAW strategies for employees

▶ Workplace Health and Safety expertise via Group Risk Brokers.

Implementing an integrated approach to workplace mental health needs a strategic and extensive approach if it is to be sustainable. The co-design of strategies with both employees and employers can increase success. Practical approaches can be tailored to the needs of the organisation and industry, with the HBGW principles acting as a starting point for these conversations. The life insurance sector has an opportunity to influence change through understanding these theories and through engaging superannuation funds, employers, PoC and their corporate employer clients. The concepts are based on evidence and represent a best practice approach to workplace mental health.

APPENDIX 1: MLC LIFE INSURANCE EARLY ENGAGEMENT MODEL
CASE STUDY 1

In 2015, MLC Life Insurance (MLC) piloted an early intervention program designed to protect both employees and employers from the effects of complex injury or illness cases, and provide holistic recovery support for its employees. The goal of this service is to reduce long-term illness, disability, and duration of claims processes for employees to achieve positive work health outcomes.

WHAT IS THE EARLY ENGAGEMENT MODEL?

This service focused on helping the employee with all aspects of their wellbeing, including all biopsychosocial aspects.

MLC collaborates with employers who have corporate life insurance policies to address long-term work absence before a claim eventuates, enabling employees to stay at work, return to work faster, or support those who are terminally ill.

MLC uses a Systematic Early Intervention approach, where they provide case management and a collaborative expert team comprising a doctor, psychologist, and rehabilitation consultant to 'walk alongside' the employer.

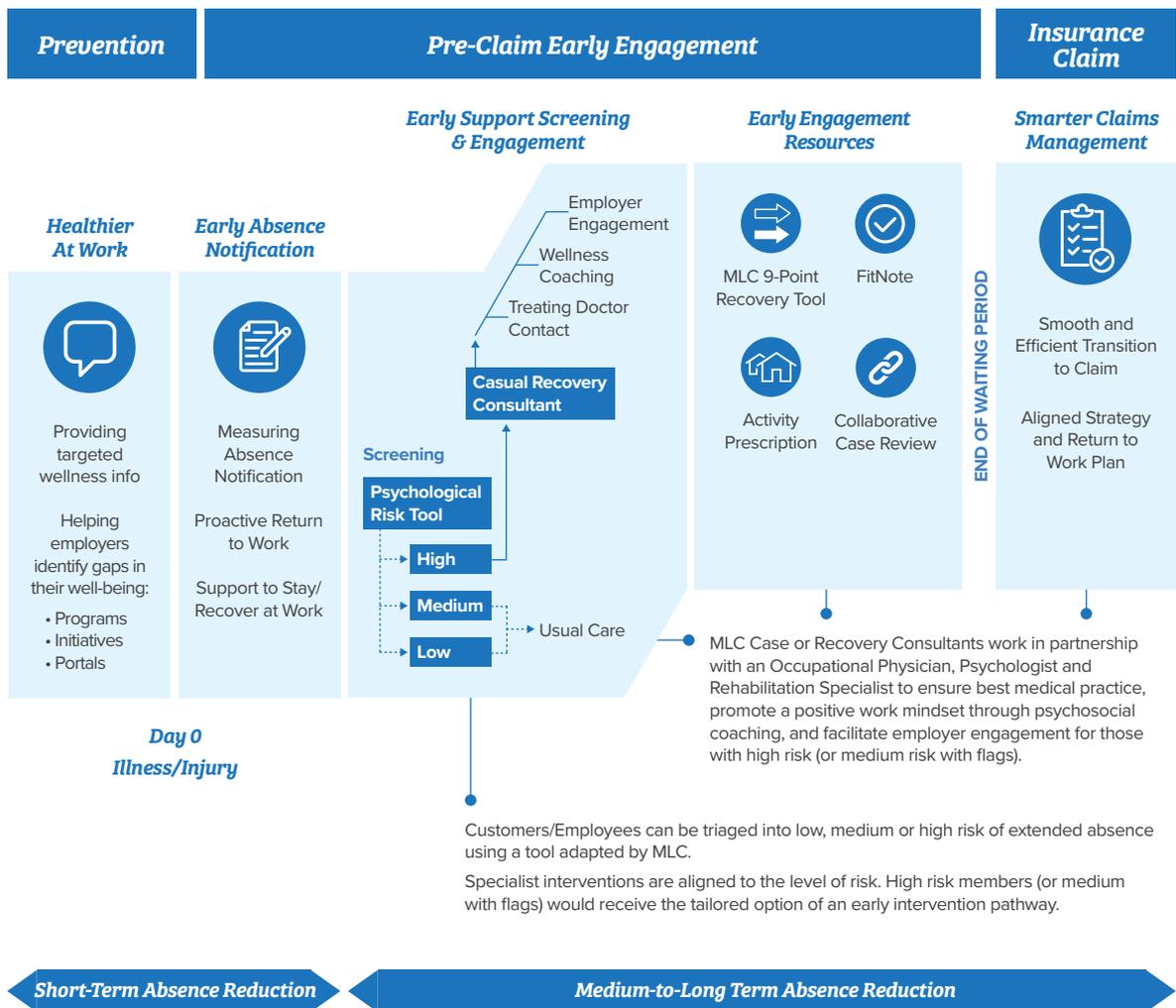The MLC case management team stays engaged with the employee's manager so they are well-informed to create a realistic return to work plan. The team also provides a post-care plan for three months following the employee's return to work. For employees who have lodged a claim with MLC Life Insurance or are in their waiting period, the MLC case management team can provide additional rehabilitation support.

OVERVIEW OF MODEL

MLC LIFE INSURANCE EARLY ENGAGEMENT MODEL
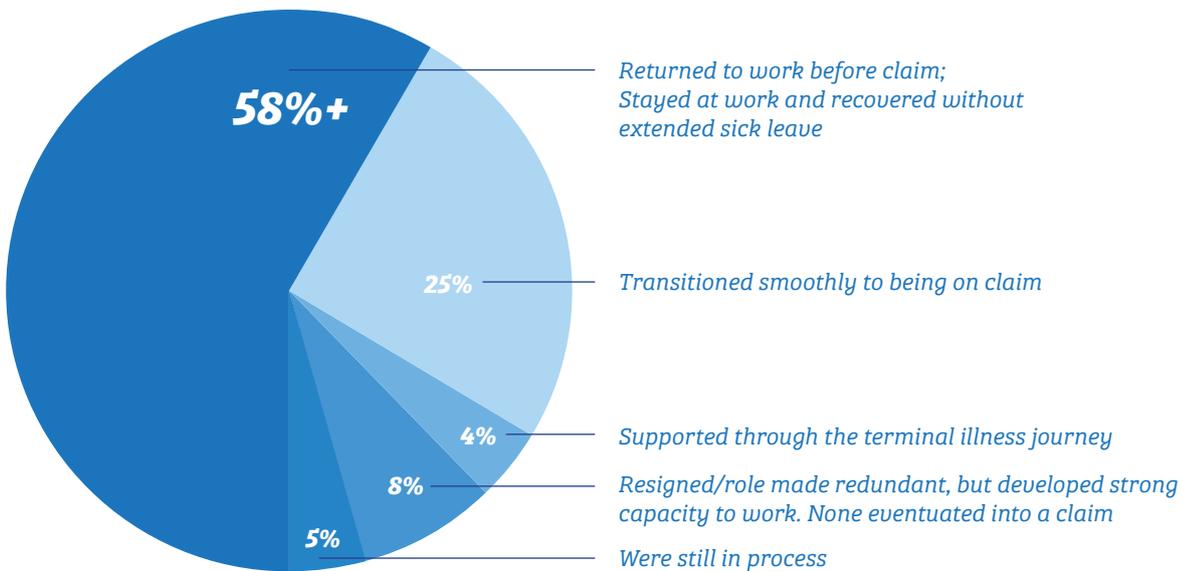*Providing customers with early and holistic recovery support before claim*

Figure 6. MLC Early Engagement Model

Figure 6. MLC Early Engagement Model

Prevention | **Pre-Claim Early Engagement** | **Insurance Claim**

Early Support Screening & Engagement · *Early Engagement Resources* · *Smarter Claims Management*

Healthier At Work

Providing targeted wellness info

Helping employers identify gaps in their well-being:
- Programs
- Initiatives
- Portals

Early Absence Notification

Measuring Absence Notification

Proactive Return to Work

Support to Stay/Recover at Work

Day 0 Illness/Injury

Employer Engagement
Wellness Coaching
Treating Doctor Contact

Casual Recovery Consultant

Screening

Psychological Risk Tool

High
Medium → Usual Care
Low

Early Engagement Resources

MLC 9-Point Recovery Tool
FitNote
Activity Prescription
Collaborative Case Review

END OF WAITING PERIOD

Smarter Claims Management

Smooth and Efficient Transition to Claim

Aligned Strategy and Return to Work Plan

MLC Case or Recovery Consultants work in partnership with an Occupational Physician, Psychologist and Rehabilitation Specialist to ensure best medical practice, promote a positive work mindset through psychosocial coaching, and facilitate employer engagement for those with high risk (or medium risk with flags).

Customers/Employees can be triaged into low, medium or high risk of extended absence using a tool adapted by MLC.

Specialist interventions are aligned to the level of risk. High risk members (or medium with flags) would receive the tailored option of an early intervention pathway.

Short-Term Absence Reduction | **Medium-to-Long Term Absence Reduction**

PROGRAM OUTCOMES

Excellent results have been achieved from this program, evidenced by data gathered from the 2016 pilot cohort for directly managed cases:

Figure 7. Claim outcomes

58%+ Returned to work before claim; Stayed at work and recovered without extended sick leave

25% Transitioned smoothly to being on claim

4% Supported through the terminal illness journey

8% Resigned/role made redundant, but developed strong capacity to work. None eventuated into a claim

5% Were still in process

MODEL IN ACTION

The following mental health SAW case was managed through the MLC Life Insurance Early Engagement model.

Scenario

Amanda* had moved into a senior analyst role with higher demands, and there were some aspects of her role she had trouble adapting to. She started missing deadlines, and wasn't communicating her concerns with her work colleagues. When Amanda's manager had a discussion about the decrease in the quality of her work, she responded to the feedback with anger, stress and claimed she was not being treated fairly. Amanda's manager asked her to take some time off, and the Early Engagement team was asked to help with the case.

Best Practice Support

A Recovery Consultant was able to engage with Amanda on a level that made her feel safe and comfortable. The consultant was clear and transparent about how she could assist Amanda, and together, how they would focus on helping her return to work when appropriate. The Recovery Consultant ensured that Amanda worked with a psychologist to assist with management strategies, and explained the benefits of exercise and nutrition for her physical and mental health. A rehabilitation specialist was assigned to work with Amanda to help her cope with feelings of anxiety and self-consciousness about returning to work.

Outcome

The focused and early intervention set Amanda on a positive path to recovery. By the end of the third week she was certified fit by her doctor to return to her normal duties. The Recovery Consultant, who had engaged employer support early, was able to work with Amanda to create a graduated return to work program that she was comfortable with. The plan outlined clear guidelines for Amanda and her employer, with a focus on a safe work environment for RTW. Regular appointments with Amanda's psychologist were also built into the RTW plan. Amanda said that taking part in the Early Engagement program was the best decision she had ever made and, without it, may have struggled to RTW.

*Name changed for privacy reasons

APPENDIX 2: INNOVATE HEALTHCARE INTERVENTION MODEL
CASE STUDY 2

Innovate Healthcare is a UK based vocational rehabilitation and treatment service provider. They developed a unique SAW/RTW program in collaboration with employers' group life insurer and group risk broker that delivers cost-effective and timely support to all employees impacted by illness at work.

The Innovate Healthcare program delivers SAW practices for employees who have not yet experienced continued absence from work due to illness, but who are having trouble managing a health condition in the workplace. Traditional RTW support for those in medium-to-long term absence is another aspect of the service, which focuses on two main deliverables:

1. Building line manager and HR capability to support employees in SAW practices.

2. Supporting employees to self-manage their injury or illness in the workplace on an ongoing basis.

The Innovate Healthcare program demonstrates:

▶ Organisations utilising technology, rehabilitation and collaborative funding models

▶ Preventative approaches

▶ Delivery of prevention focused and cost-effective SAW/RTW strategies

▶ Equitable SAW/RTW support for all employees regardless of injury or illness cause.

Innovate Healthcare have delivered their early intervention service to one large employer in the engineering sector over a five-year period. During this time, the service delivery has evolved in its SAW focus, employer-based capacity building and blended funding model.

Table 4. Program development over time

Year 1: RTW Focused	**Key features:** ▶ Manual HR referral to support employee RTW after period of prolonged absence (4+ weeks) ▶ Case management often lengthy and complex due to period of absence before receiving support ▶ SAW support reliant on the skills and expertise of HR and Line Managers.
Years 2 & 3: RTW with Proactive SAW Support	**Key features:** ▶ Inclusion of SAW support for employees with conditions impacting their ability to work. This required manual HR referral and early intervention before prolonged absence ▶ Education and training for HR and managers in identifying at risk employees ▶ SAW support for employee and employer through workplace modifications, role design, manager coaching, and collaboration with community-based support services ▶ Improved self-management in the workplace through treatment and collaboration with community and non-government support service pathways.
Years 4 & 5: Implementation of Absence Management and Rehabilitation Technology	**Key features:** ▶ Addition of intuitive absence management technology to existing SAW/RTW support services to track and monitor absence trends ▶ Integration of existing SAW/RTW referral, triage and case management processes with the absence management technology to support all staff.

Program Delivery

The program was delivered through:

▶ 80% telephonic and 20% face to face contact – including assessment, monitoring and case management

▶ Graded level of intervention resulting in a 4-week average case management duration

▶ Empowering and educating HR and line managers to manage ongoing SAW following a period of case management, and to seek further help where necessary.

Funding

The life insurer provided full funding for the first three years of the program on a fee-for-service basis. Positive outcomes were leveraged to create a blended funding model, and in years four and five there was a 50/50 funding model split between the insurer and employer.

Outcomes

In addition to assessment and case management support, the program also facilitated referral to allied health support. This included physiotherapy and psychology through an Employee Assistance Program (EAP), utilising employee private medical insurance allowances and a capped employer led treatment program, which the insurer funded on a case-by-case basis.

Return On Investment

Following the implementation of organisation-wide absence management software, the organisation observed a reduction in average lost time and lost salary savings. The results achieved were:

▶ Absence reduction of 3.8 days over a 10-month period

▶ Reduction in absence frequency from 7.8% to 4.3%

▶ 9% reduction in musculoskeletal related absence

▶ 6% reduction in mental health related absence.

APPENDIX 3:
P2 GROUP EARLY INTERVENTION
CASE STUDY 3

P2 Group specialise in early intervention for employers, and frequently work with employees who are at risk of a prolonged absence from work. They aim to build the capability of managers to offer ongoing support to their employees and are often asked to support an employee with either primary or secondary psychological illness. Many P2 Group clients self-fund this support and it is made available to all employees, not just those impacted by a work-related injury. This example details how early SAW support is beneficial to the employee, employer and disability insurer.

Scenario

Greg*, an employee at a large private school, was experiencing fatigue, discomfort and anxiety over a period of 3-4 months. After noticing his symptoms had resulted in reduced attendance at work, Greg's manager invited him to participate in an initial needs assessment. He described a number of personal circumstances that were contributing to his current mental health concerns, including relationship breakdowns, the health of family members, financial strain and ongoing, undiagnosed physical health problems. The mental health screening assessment indicated that Greg was experiencing symptoms of depression, stress and anxiety.

Best Practice Support

Greg's employer agreed to support him to participate in a self-managed health program, where an occupational therapist provided strategies and techniques to assist Greg achieve his goals.

*Name changed for privacy reasons

Some strategies included:

► Developing positive coping strategies
► Relaxation and breathing techniques
► Positive self-talk strategies
► Health maintenance strategies
► Time management and task prioritisation
► Identification of early warning signs of anxiety and fatigue
► Establishment in regular routine
► Effective use of exercise and rest breaks.

The treating practitioners were consulted on the workplace supports being implemented, and Greg's manager met with him on a weekly basis to discuss how Greg was coping. The manager was supported by HR to identify operational challenges as a result of Greg working at a reduced level of productivity, and education was provided to the manager and HR advisor about the benefits of providing a supportive workplace, including short and long-term adjustments.

Outcomes

Greg was able to consistently achieve his normal working hours, and was expected to have semi-regular contact with a health professional to ensure his ongoing physical and mental health. The manager reported that Greg's attendance at work was consistent and he was able to take on more responsibilities with ongoing support. Providing this support resulted in reduced absence rates and increased productivity for the workplace. The support allowed Greg to remain engaged in the workplace without being required to submit a Workers' Compensation or Income Protection claim.

APPENDIX 4:
THE REJECT SHOP SUPPORT FOR SAW
CASE STUDY 4

This case study demonstrates The Reject Shop proactively working with team members as part of an overall health and wellbeing strategy. This case required individual and organisational focus to ensure the SAW was successful and sustainable.

Scenario

Claire* has had a casual position at The Reject Shop since 2012 and had experienced deterioration in her vision, eventually being diagnosed as legally blind. As her condition worsened, Claire became more withdrawn and The Reject Shop wanted to assess her ongoing needs as well as the needs of her co-workers and the workplace environment. Claire was initially defensive when her employer requested information, however, once the employer made it clear they intended to provide a safe, supportive and meaningful workplace, she was much more engaged in the process and outcome.

Best Practice Support

The Reject Shop requested medical information to support and inform their SAW and RTW planning. A request to the Royal Blind Society and the Guide Dogs Association to review the workplace and provide aids for Claire was created using Job Access funding. The Reject Shop aim to have all employees return to work regardless of injury, condition or insurance. Their considerations are for employee safety and wellbeing, and conversations were always focused on enabling Claire's ability and removing barriers so that she could work safely. As a result, The Reject Shop has been identified as the only retailer in Australia with a guide dog supporting an

employee. They have advised they would welcome future collaborative partnerships with life insurers which could include:

▶ Supporting The Reject Shop to re-engage their disengaged workforce to RTW, some of whom may be on claim through their superannuation life insurance

▶ Identifying gaps in support within their internal wellbeing strategy. Solutions could involve relevant industry and employer-focused collateral to build awareness and peer support for employees managing chronic illness in the workplace

▶ Building stronger relationships with the superannuation fund and insurer to support SAW/RTW for all staff regardless of injury/illness cause

▶ Use of fund industry claims data in a way that highlights practical interventions to improve wellbeing strategies.

Outcomes

Many factors were considered as part of The Reject Shop's desire to support Claire to thrive at work despite her illness. Claire required assistance from a guide dog, needed help to read and was restricted from using ladders and safety steps. Introducing a guide dog into the workplace meant the business had to consider housekeeping, a safe place for the dog to rest, and the religious or health implications for other workers. The Reject Shop successfully navigated these factors to create a positive outcome for Claire and the workplace.

*Name changed for privacy reasons

APPENDIX 5: CLEARVIEW/IPAR REHABILITATION COLLABORATION
CASE STUDY 5

Historically, ClearView Life Assurance Limited (ClearView) used various external rehabilitation providers, with varying degrees of success. Claims managers often found it difficult to identify suitable claims for rehabilitation. Rehabilitation of a person on claim, although considered important, was not always part of the formal claims management strategy. ClearView identified the positive impact of return to work for a PoC, and sought assistance with the implementation of this strategy.

Best Practice

Aware of the need for change, in 2015 ClearView undertook a program alongside IPAR Rehabilitation.

This program was designed to optimise rehabilitation within life claims management by reviewing current practices, to ensure they were adaptable, flexible and able to meet increasing demands. ClearView also wanted to ensure that any new approach would be, and would be perceived as, supportive and in the best interests of customers.

The program focused on improving the skills of claims managers, in particular to; enhance their ability to motivate and engage people on claim, manage external providers, identify claims that required rehabilitation, and reduce delays in initiating rehabilitation. For complex or high risk claims, ongoing support by external rehabilitation experts was also provided through the program. As this

support did not require any additional employment, rehabilitation resourcing for claims was boosted only when necessary.

Outcomes

▶ Average claim duration decreased by one month

▶ Rehabilitation utilisation increased from 9% to 16% (compared to the industry average of 5-6%)

▶ 92% of PoC invited to engage in external rehabilitation services agreed to do so, which is a direct result of:

   – Early timing of RTW conversation;

   – Claims manager confidence and positivity when discussing benefits of rehabilitation with PoC; and

   – Implementing motivational interviewing skills.

In a short period of time, the program has demonstrated a positive influence on the lives of ClearView customers by assisting them in returning to good work. It has also positively impacted claims managers through increased self-efficacy, confidence, job satisfaction and capability.

PROGRAM OVERVIEW

Table 5. Optimising Rehabilitation Within Life Claims Management

OPTIMISING REHABILITATION WITHIN LIFE CLAIMS MANAGEMENT	
Previous Model	*New Model*
Claims Function	
Manage incoming claim forms and information (largely paper-based).	Seeks tailored and targeted information from stakeholders to guide strategy.
Verbal communication with customer, financial advisor and health professionals on an as needs basis.	• Increased verbal communication with customer, financial advisor and health professionals, leading to more informed claims strategy • Early expectations for return to work and recovery set with customer during first contact • Claims assessors able to influence and motivate customers, positively impacting claim trajectory.
Referring claims for rehabilitation not always part of claims management strategy. Services needed not always clear.	• Skilled, confident and satisfied claims assessors able to refer for, and manage, external rehabilitation programs • Use of structured and standardised decision guidelines simplifies claims assessors' identification of suitable claims and rehabilitation needs • Rehabilitation encompassed within claims strategy • Claims strategy geared towards recovery and return to work.
Focus on medical factors.	Integration of medical and occupational factors.
Rehab	
Referrals to multiple providers with variable service quality and lack of formalised service expectations.	**IPAR used externally:** • Single provider with clear service level expectations • Dedicated central point of contact facilitates higher degree of control over programs.
Lacking clear control over external rehabilitation programs.	**IPAR used internally:** • Complex claims advice and rehabilitation strategy • Training and mentoring.
Outcomes	
Lower rehabilitation utilisation where possible.	• Higher, targeted utilisation of rehabilitation across portfolio with compelling return on investment • Reduced claim duration and costs, increased finalisation rates • Better informed claim decisions.
Variable program success and higher rehabilitation costs; Claims assessors not always confident to refer for, and manage, external programs.	Skilled and confident claims assessors refer for, and manage, external programs, enabling earlier engagement of rehabilitation, and reduced external program cost and duration.
Claims assessors not always utilising tools to influence customer motivation.	Enhanced quality of life for customer through the health, social and financial benefits of return to good work.
	Reduced administrative claim burden for customer and doctor.
	Seen as an insurer of choice; reduced lapse rates.

APPENDIX 6: A MENTAL HEALTH TOOLKIT FOR EMPLOYERS

The following has been adapted from the Mental Health Toolkit for Employers, which was developed by the Prince's Responsible Business Network, in association with Public Health England.[20]

Table 6. Mental Health Toolkit for Employers

Step 1 *Make a commitment*	▶ There is a clear commitment from the senior levels of the organisation that mental health does matter and that it will work to promote good mental health, support those who need it and challenge the stigma ▶ This commitment is stated in a form that is visible and understandable to all employees ▶ The organisation has appointed a senior employee to act as the mental health champion to drive forward this commitment. This champion is supported by a working group that helps develop and implement the commitment.
Step 2 *Build your approach*	▶ The senior team understands and acts on all its legal requirements around workplace mental health and risk management. The rights of employees are communicated to all employees ▶ The organisation has assessed the mental health needs of its employees, understands where improvements are required and has identified clear objectives for development, along with the business case for doing so ▶ Mental health is reflected in all relevant workplace policies. A plan is in place for delivering better mental health with clear actions that can be reported back every six months to one year.
Step 3 *Positive culture*	▶ There are effective management standards in place that ensure employees feel supported and valued ▶ The organisation reduces potential for the work environment to cause ill-health, and ensures it is conducive to promoting healthy behaviours ▶ There is a system in place, such as risk assessments, to prevent stress ▶ Job design and roles are reviewed to ensure they are conducive to productive work ▶ Social activities, volunteering and out-of-work activities are actively encouraged and supported by the organisation ▶ The organisation provides appropriate avenues and frequency of communication to keep staff informed of the approach to wellbeing.

Step 4 *Support &* *training*	▶ The organisation's structure ensures information is freely shared, that every employee knows who to discuss their needs with and how to access support ▶ The organisation has recognised that effective line management is key in driving good mental health and wellbeing ▶ All line managers receive mental health training and all employees are educated to recognise signs that they may need support ▶ Build mental health awareness into all induction programs ▶ Performance reviews allow employees to comment on issues that affect their performance and identify gaps in their training.
Step 5 *Managing* *mental health*	▶ Mental health is discussed openly in performance reviews and team, one-to-one and company meetings ▶ All employees are supported to reduce the potential for stress ▶ Organisational changes are made when risks of stress or other mental ill-health are identified ▶ Every employee knows how to access information on the company's approach and further information about mental health and wellbeing.
Step 6 *Providing the* *right support*	▶ Managers are trained and confident in how to handle sensitive conversations around mental health ▶ The organisation is prepared to make adjustments to work patterns and structures for anyone experiencing difficulties, to ensure they stay at work ▶ The organisation provides a confidential in-house or external support service for individuals who communicate a problem.
Step 7 *Helping people* *recover*	▶ Employees required to take time off due to ill-health are supported to make a speedy and appropriate return. Adjustments are made for their successful RTW through regular contact with their manager ▶ The organisation is equipped to provide support through any government programs to ensure people who experience mental ill-health can continue to work successfully.
Step 8 *Going further*	▶ Staff participate in mental health and wellbeing consultations or surveys. Consultations may discuss working conditions, communication, work-life balance, staff support and work-related or other causes of stress, with action plans drawn up to address major issues ▶ The organisation regularly evaluates its approach to mental health and identifies areas for development, reporting back on its progress with all employees ▶ It also shares its approaches with other organisations to encourage best practice and share ideas for new approaches.

Resource for Life Insurers

For further information on the Mental Health Toolkit for Employers, click here:
wellbeing.bitc.org.uk/sites/default/files/business_in_the_community_mental_health_toolkit_for_employers.pdf

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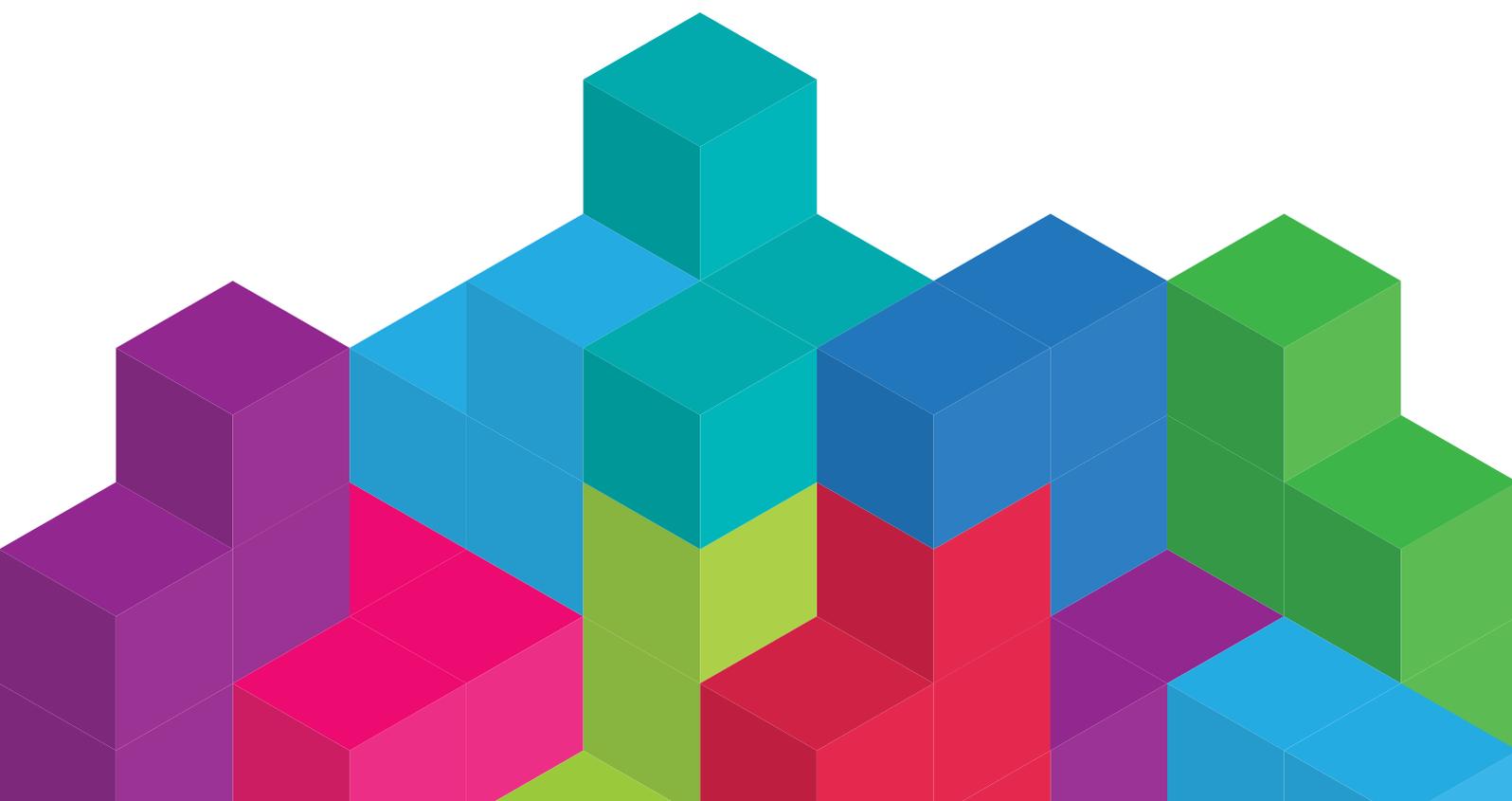
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