



**ISCRR**

Institute for Safety, Compensation  
and Recovery Research

# RESEARCH STRATEGY TO 2015

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## INTRODUCTION

The publication of the Institute of Safety, Compensation and Recovery Research (ISCRR) Strategy to 2015 is a significant milestone for the organisation. It signals a shift from the establishment phase of our operations, under way since mid-2009, to a phase of growth and development.

The research strategy is designed to ensure that ISCRR's research activities are focused on areas relevant to our three partners. We will assist our industry partners, WorkSafe Victoria (WorkSafe) and the Transport Accident Commission (the TAC) to continually improve the efficiency and effectiveness of the health and safety and compensation schemes. At the same time, we intend to support our research partner, Monash University, (Monash) to achieve its aim to have an impact through internationally competitive research.

Successful implementation of this strategy will see ISCRR develop several inter-disciplinary, collaborative research programs. These programs will support our industry partners to

- reduce rates of workplace injury and disease
- enhance client experience and satisfaction
- improve the return to work, recovery and independence of clients
- maintain the economic viability of the schemes.

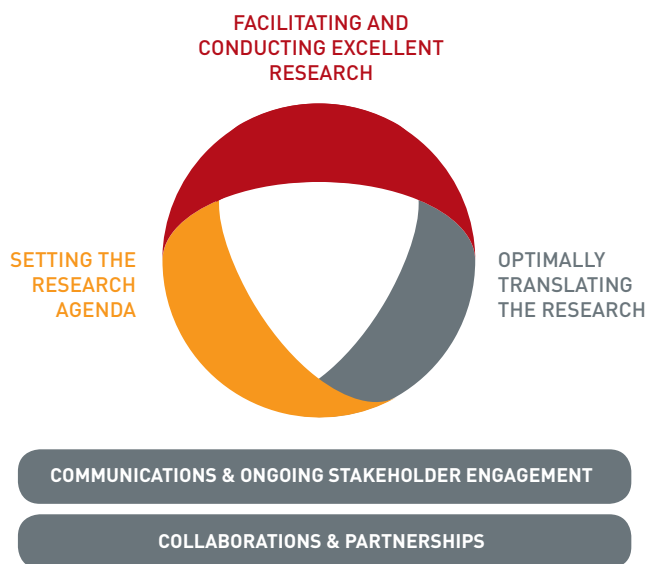
ISCRR will engage with academics to design and implement research methodology and to prepare joint applications for Australian Research Council Linkage Project grants and National Health and Medical Research Council grants. We will also work with researchers in other collaborations and develop optimal translation of research findings for our industry partners. The strategic approach described in this document will not only leverage substantial existing research expertise in specific areas already available at Monash but also provide scope for collaboration with other Australian and international research groups.

Our commitment to long-term research programs will ensure ISCRR has a greater ability to recruit and retain quality researchers. The identification of five critically important areas has provided greater clarity of ISCRR's core activities for our industry partners, their stakeholders and our research collaborators. In addition, we will maintain a component of 'on-call' research expertise to ensure that we are able to respond to emerging issues of interest to our industry partners.

ISCRR has already developed a collaborative research model, illustrated below, which is described in our Strategic Plan 2010–2015 ([www.iscrr.com.au](http://www.iscrr.com.au)). This sets out how we will work with our industry partners and stakeholders at all stages of research: setting the research agenda, facilitating and conducting excellent research and optimally translating the research.

## Setting the Research Agenda

This research strategy identifies priority evidence needs for health and safety, compensation and recovery in Victoria and describes priority research areas. It builds on our existing program of work and has been developed within the research framework set out in our Strategic Plan 2010–2015, shown below.



Focus Area	Setting the Research Agenda	Facilitating and Conducting Excellent Research			Optimally Translating Research
Research Themes	Knowledge Needs	Safety	Compensation	Recovery	Optimally Translating Research

More than 50 face-to-face consultations on priority evidence needs were undertaken with WorkSafe Victoria and TAC senior managers and Monash researchers as well as many other organisations and individuals in the health and safety, compensation and recovery sector.

The research strategy was also informed by our innovative Futures Initiative in which drivers for the future were identified through both the Horizon Scanning Project and at a workshop held in October 2010 which engaged participants by using futures methodologies. We are grateful for the ideas and knowledge shared with us in the development of this research strategy. We will continue to use futures methodologies to anticipate emerging risks, define knowledge needs and inform future research strategies.

## **Facilitating and Conducting Excellent Research**

This research strategy outlines the research capabilities ISCRR will develop to support research, details its research priorities for the coming five years and describes how we will deliver the strategy.

This strategy is a high-level plan for ISCRR's research over a five year period. In addition, we will develop more specific annual research plans, working closely with our academic colleagues at Monash, other universities and research institutions and the executive leadership teams of our industry partners.

## **Optimally Translating the Research**

One of ISCRR's goals is to 'set, deliver and translate a research agenda that will positively impact on WorkSafe and the TAC scheme operations and performance, both in the short and long term'. To achieve this goal, we are undertaking various activities. These include engaging with stakeholders to set the research agenda, working closely with research partners, placing an emphasis on translating findings into actionable messages, incorporating these activities into project plans and producing summaries of research findings in plain English. ISCRR will also continue to undertake horizon scanning and futures research to identify emerging issues and risks and so inform our research agenda.

In December 2010, our partners – WorkSafe, the TAC and Monash – agreed on a set of key performance indicators for ISCRR. Through these, the impact of ISCRR's research will be measured.

ISCRR aims to:

- Set-up phase (2010) – demonstrate that our industry partners know the strategic plan and research strategy are being implemented according to schedule and are satisfied with the direction.
- Development phase (2011–2012) – meet our industry partners' expectations that projects are delivering outputs which add value.
- Consolidation phase (2013–2015) – ensure that our industry partners are using ISCRR research evidence to attain improvements in scheme performance.

## PRIORITY EVIDENCE NEEDS

Over the next five years, ISCRR will seek to add real value to the prevention activities and compensation businesses of our industry partners in two ways. We will provide tactical evidence to identify and address today's important safety and compensation business management issues as well as strategic evidence to identify and address the issues of tomorrow.

### Scheme Context

Both WorkSafe and the TAC have clear goals and well-articulated business strategies. However, to ensure the long-term economic viability of the insurance and compensation schemes, these strategies must be dynamic. Evidence arising from effective research can inform the development of the full range of business strategies.

The TAC funds acute care, rehabilitation and long-term care for Victorians injured in transport accidents on a no-fault basis. The TAC is responsible for the transport compensation scheme established under the Transport Accident Act 1986.

The organisation's goals are to:

- improve client outcomes following injury
- achieve a high level of client satisfaction with the scheme
- maintain long-term scheme viability.

Key client groups for the TAC include those with moderate injuries and others with more severe injuries. The focus for the first group is on achieving a full recovery in optimal time. The second group, while smaller in number, have the greatest impact on the scheme. These are people with more severe injuries for whom a full recovery is not possible. The focus for this group is on achieving the maximum level possible of independence. Health, disability and ongoing attendant care

services aligned with TAC's client outcome goals are critically important for this group.

WorkSafe's vision is Victorian workers returning home safe every day. Its workers compensation scheme provides employers with insurance coverage for the costs of entitlements for any workers who are injured or become ill because of their work (as set out in the Accident Compensation Act 1985). Harm prevention, scheme regulation, positive return to work experiences, the effective delivery of health services and financial sustainability are key WorkSafe objectives.

ISCRR's priority evidence needs are aligned with the long-term key performance objectives of both our funding partners. We have given priority to research that will assist our partners to:

- reduce rates of workplace injury and disease and work-related fatalities
- achieve client experience and satisfaction rates consistent with targets set by industry partners
- improve the return to work, recovery and independence outcomes of clients in line with key performance indicators established by industry partners
- maintain the long-term financial viability of the compensation schemes.

ISCRR proposes to respond to the short-term evidence needs of our industry partners through activities such as rapid literature reviews and development grants, while maintaining a substantial focus on medium and longer-term issues through five research programs. Annual research plans will allocate a proportion of effort and budget in each of these areas.

The following section describes the research programs. Each program will be comprised of projects of variable duration and will build on the research work ISCRR has already established.

In most cases, the research programs will make use of our existing research infrastructure and the expertise available in the ISCRR research network. In some programs, there is a need to expand research capability to address a critical policy issue.

Each research program will include projects of sufficient quality to attract competitive external research grant funding. The programs will be designed to deliver relevant and actionable evidence at multiple time-points throughout the coming five-year period.

### Criteria for Setting Priorities

The starting point for the research strategy has been the identification of policy problems for which deeper knowledge is considered crucial for developing effective preventive strategies, improving outcomes for clients, ensuring premiums are affordable and for supporting the long-term financial viability of the schemes.

The criteria applied to rank research priorities were:

**relevant** – the policy issue is of high relevance to industry partners and aligned with their long-term key performance objectives

**actionable** – the potential for research outputs to lead to policy development, improvements to scheme administration and/or preventive action

**impact** – the potential impact of the research on industry partners, their stakeholders and clients

**research excellence** – the potential to contribute to the international pool of knowledge in the personal injury field and to demonstrate excellence in industry-led research.

### Priority Research Issues

The priority issues for research are as follows:

1. The need to improve indicators for performance measurement in OHS and personal injury compensation systems.
2. The need to better assess the effectiveness of components of OHS and personal injury compensation and regulatory systems.
3. The need for an evidence-base to inform the development of models of health and disability service delivery within personal injury compensation systems.
4. The need for greater knowledge of the social factors likely to have an impact on OHS and personal injury compensation systems.
5. The need for actionable evidence for policy and program development that is available in a timely fashion.

In the following section, the five research programs are briefly outlined, the research strategies described and the expected impact summarised.

## RESEARCH PROGRAMS

### 1. Performance Measurement

Administrative data is the primary source of scheme performance information for both WorkSafe Victoria and the TAC. These are supplemented by well-established self-report surveys of clients. However, there is a growing recognition of opportunities to improve understanding of the performance of OHS and compensation systems by developing valid and reliable indicators across a range of areas. To date, ISCRR has played a role in improving performance measurement by assisting the TAC to develop an annual recovery outcomes monitoring survey as well as exploring a number of self-rated return-to-work metrics. Importantly, there is a focus on recovery and return-to-work outcomes in the Victorian Orthopaedic Trauma Outcomes Registry project and in ISCRR's ongoing evaluation of the TAC new claims management initiatives.

These existing projects will be supplemented by new initiatives focusing on OHS performance metrics and the community and societal impacts of injury.

This research program will develop and validate indicators for measuring:

- OHS performance
- return to work
- client recovery and client independence
- community and social impacts of compensable injury.

#### 1.1

##### Establishing lead indicators of OHS performance

Effective OHS decision-making relies on the capacity to reliably evaluate and communicate OHS performance. There are substantial differences across organisations and jurisdictions in approaches to evaluating and reporting on OHS performance, and there are numerous measures of OHS performance currently in use. Regulators have typically restricted these to outcome metrics such as injury rates and time loss. The ability of such indicators to provide useful information for guiding OHS strategy or for evaluating the effectiveness of OHS interventions has been questioned. The need that has been identified is the development of lead indicators which will develop performance feedback in a more timely fashion, and which are valid and reliable. There is also growing interest in the use of indicators which measure productivity.

*To assist WorkSafe and industry to make an early assessment of the effectiveness of OHS initiatives, ISCRR will develop valid and reliable 'lead' indicators of OHS performance.*

#### 1.2

##### Developing valid and reliable return-to-work metrics

Accurate measurement of return-to-work rates is critical for determining the success of initiatives aimed at returning injured or ill persons to the workforce. Currently, return to work is assessed using either proxy data (for example, weekly benefit continuance rates) or client self-report from selective samples at particular time points post injury. These approaches have a number of significant technical issues that limit their ability to accurately reflect return-to-work outcomes in compensable clients. Building on work undertaken by the TAC, ISCRR has contributed to the establishment and trial of a series of alternative return-to-work outcome metrics.

*To improve understanding of return-to-work outcomes and recovery for the TAC and WorkSafe, their claimants and employers, ISCRR will develop more accurate and comprehensive metrics to measure the efficiency and effectiveness of return-to-work and recovery interventions*

### **1.3 Identifying appropriate measures of client recovery and independence**

The TAC has identified better self-reported client outcomes as a key performance indicator and has begun to develop new approaches for assessing the degree and speed of recovery following injury as well as the level of independence achieved by those with severe injury or ongoing disability.

There is a large body of knowledge and published research evidence to draw upon in this area, including many studies following traumatic injury, however very little of this knowledge pool has been applied in the personal injury compensation sector.

*To facilitate both claims management and organisational performance monitoring, ISCRR will review, identify and assess more effective measures of client recovery and independence.*

### **1.4 Determining the community and social impacts of compensable injury**

The past two decades have seen a rapid increase in the identification of community and social impact as performance indicators for government and large corporate organisations. Similarly, there is a growing recognition within the Australian personal injury compensation sector that injury compensation schemes have a substantial social impact. In addition, emerging data from academia is demonstrating the substantial community and social impacts of injury. In particular, severe injuries such as traumatic brain and spinal cord injury have a profound and enduring impact on carers and family members who are providing long-term care.

At the time of writing, no Australian compensation regulator has reported on their performance in terms of community or social impact. Reporting of economic impact is limited to the direct costs of injury (ie the costs to the compensation scheme) without any assessment of the indirect or social costs, for example loss of skilled employees, productivity losses and carer costs.

*To assist policy development and scheme design, ISCRR will develop indicators to measure the wider community and social impacts of compensable injury schemes including impacts on family, carers and employers.*

## 2. Efficiency And Effectiveness of Regulatory Systems

WorkSafe and the TAC administer the accident compensation systems, and WorkSafe also regulates and enforces Victoria's occupational health and safety laws. These activities impact on the many thousands of people injured in transport accidents or at work every year, their employers, family carers, colleagues and health and disability service providers. The regulatory activities of WorkSafe and the TAC can therefore have a substantial impact on the viability of business and the productivity, health and wellbeing of the Victorian population.

ISCRR is already assessing the effectiveness of several innovative voluntary OHS interventions, including evaluations of the WorkSafe Employer Performance Management Program and the Work Health program. These will yield information on the impact of workplace-based health assessment and the provision of consultancy support. New research will focus on the optimal mix of enforcement and education as well as information and social marketing strategies. This new research on the efficiency and effectiveness of interventions will cover both long-standing physical risks, such as noise-induced hearing loss and musculoskeletal disorders, and more recently identified risks, such as workplace stressors.

Other current ISCRR projects focus on the impact of compensation scheme components on client outcome and client experience. These include the recently initiated Health Effects of Compensation Study, our ongoing Compensation Research Database project and the evaluation of the TAC new claims model initiated early in 2011. ISCRR will develop other related projects, including qualitative research projects exploring client experience.

Return-to-work interventions are a new area of operation for ISCRR. Working with national and international collaborators ISCRR will engage in substantial research in this area over the coming five years.

This significant research program will help inform decisions related to the regulatory activities of WorkSafe and the TAC by developing an evidence base in the areas of regulatory interventions for:

- preventing workplace injury and disease
- facilitating return to work following compensable injury or illness
- enhancing client recovery and maximising independence after catastrophic injury.

### 2.1

#### **Assessing the efficiency and effectiveness of workplace prevention initiatives for the OHS regulator**

OHS regulators have an array of tools available to prevent workplace injury and disease. These include enforcement, education, provision of advice and information, and social marketing campaigns. Despite substantial investment in these preventive activities, there is very little quality evidence of their relative or collective efficiency and effectiveness. Many regulatory initiatives are developed in response to local issues and needs and are formulated using a combination of experience, judgement and knowledge of the local OHS and compensation sectors. The emphasis placed on any given preventive approach differs greatly between jurisdictions. Within Australia, for instance, the approach to workplace inspections varies substantially between jurisdictions. Further, there are few international studies that offer guidance to OHS regulators.

OHS interventional research has largely contributed knowledge on effectiveness at the level of individual workplaces or across an industry. For a regulator, this equates to having evidence on efficacy, the capacity for beneficial change, rather than effectiveness. Australian and other regulators need more evidence on the best way to have an efficacious intervention taken up and implemented in small, medium and large workplaces across a jurisdiction.

*To assist WorkSafe to determine the optimal balance of preventive activities for the greatest return on investment, ISCRR will:*

- *synthesise existing evidence and develop new knowledge on the efficiency and effectiveness of current preventive interventions available to the OHS regulator*
- *develop and evaluate the impact of new preventive interventions including for job stressors.*

## **2.2 Assessing the efficiency and effectiveness of workplace interventions for returning injured employees to work**

Work plays a major role in our health and wellbeing, and the loss of skilled staff through injury and delays in their return to work imposes a major cost burden on employers. WorkSafe Victoria and the TAC place substantial emphasis on assisting clients to return to work as a primary means of facilitating recovery following injury or illness, promoting productivity and managing claim costs.

In personal injury compensation claims, management of the return-to-work process is a joint effort involving the claimant, their employer and work colleagues, and the treating clinician and claim manager. There is a growing body of evidence regarding the critical success factors for return to work following compensable injury.

*In partnership with Victorian employers, unions and intervention service providers, ISCRR will update the existing international evidence on the efficiency and effectiveness of workplace interventions, and translate this research into policy and practice.*

## **2.3 Attributional analysis of the impact of compensation system components on client outcome, experience and satisfaction**

It is increasingly clear that the outcome, experience and satisfaction of those with a compensable workplace or transport injury differ from individuals with similar but non-compensable injuries. Those with compensable injury are more likely to be admitted to hospital, undergo surgery and have poorer outcomes than non-compensable cases. There is also some long-standing evidence that some aspects of the compensation system are considered negatively by clients. Research has identified that aspects of the personal injury compensation system and its administration, including those which are adversarial, may contribute to these negative effects. As well, there is recognition that an individual's personal characteristics and circumstances are likely to influence how well they navigate a compensation system. There are very few studies that have explored in more detail which aspects of compensation systems and their administration contribute to these adverse effects.

*ISCRR research will help compensation scheme administrators understand which aspects of their systems can be modified to ensure economic viability and to more positively influence client recovery and independence following compensable injury.*

### 3. Health And Disability Services Delivery

Compensation schemes play an important role in the treatment, rehabilitation and care of those with workplace or transport injuries. The design of compensation schemes defines eligibility and entitlements to such services and in managing the scheme, the administrations often set guidelines and policies surrounding what are reasonable and necessary services. This has a substantial impact on the type and extent of the health, care and rehabilitation services provided. Linking compensation data with health system data will help to shed light on the interaction between compensation and health care systems. ISCRR's existing data-driven projects will be supplemented by further research focusing on approaches to health and disability services delivery in a compensation/ insurance context.

Both WorkSafe and the TAC have identified the substantial and growing impact of psychosocial factors on claims. In an increasing number of cases, their clients have experienced mental health conditions such as post-traumatic stress, or have developed persistent pain. These cases are complex, result in substantially greater costs to the compensation scheme and in longer claim durations. The impact of chronic pain and mental health conditions on individuals and on the schemes is observed in a number of existing ISCRR projects, but to date has not been a focus in itself. This area therefore represents a major new initiative for ISCRR. With health reform an international priority, health services research is a growth area. ISCRR will develop its capacity in this area by building local and international academic relationships.

This program will undertake research to help develop:

- evidence-based models of efficient and effective health and disability services delivery for the personal injury compensation sector
- efficient and effective interventions for the prevention and management of persistent pain and mental health conditions following compensable injury.

#### 3.1 Improving the evidence-base for health and disability services delivery models for the personal injury compensation sector

Compensable clients access a broad range of health and disability services from many types of providers. These providers have a critical role in providing treatment, rehabilitation and ongoing care for those with compensable injury or disease. Administrative data provides a detailed understanding of the direct costs to the compensation schemes of health and other care but there is very little documented insight into the best way for this sector to organise these services. There is growing recognition of the differences between diagnosis and treatment, within the health sector, and disability prevention and management, delivered by community-based disability services. Significant potential exists to explore how health and disability services could be better aligned to the needs of the personal injury compensation sector.

The interaction between the compensation system and health and disability providers, for example general practice and attendant care, is also potentially a highly significant determinant of recovery from injury or illness, or in the case of those who are catastrophically injured the degree to which they maximise their independence.

There has been significant innovation and experimentation with models of health and disability services delivery in the personal injury compensation sector in Australia but little, if any, of this has been evaluated. Internationally, there are many models of compensation system and health and disability care system interaction aimed at achieving optimal client recovery at minimal cost to the compensation scheme. These include, for example, the development of expert provider networks and alternative approaches to purchasing health and other care services.

*ISCRRR research will provide evidence to support the implementation of delivery models for health and disability services that better align services with scheme goals to promote optimal recovery and return to work and to maximise the independence of those with disabilities.*

### **3.2**

#### **Developing interventions for prevention of chronic pain and mental health conditions following compensable injury**

Transport and workplace injury and disease are often traumatic events and in a proportion of cases lead to the onset of chronic pain and psychological conditions such as depression, anxiety and post-traumatic stress. Evidence from compensation system data suggests that chronic pain and psychological conditions accompanying a physical injury can lead to delay in recovery, greater health service utilisation and increased costs to the compensation scheme, as well as poorer health outcomes for the client. To date, the schemes have relied heavily on medical and psychological treatments for these conditions, but other community-based options are available. Furthermore, new approaches that aim to prevent the onset of mental ill-health following injury or illness are emerging.

*ISCRRR will provide evidence to support the development of efficient and effective approaches for the prevention and treatment of post trauma chronic pain and secondary mental ill-health.*

## 4. Impact of Social Factors

Victorian and Australian society has changed markedly since the establishment of WorkSafe and the TAC in the mid-1980s. The population has grown, is better educated and has become more culturally diverse. More Victorians work in service industries and fewer in industries such as manufacturing. Many are now self-employed, working flexible hours and/or working remotely. There is a growing rate of obesity and chronic disease in our community and an increased awareness of mental health issues. Families are more dispersed, single adult households more common and social isolation increasing. All these factors are likely to have a substantial impact on OHS and compensation schemes, but most significantly the Australian population is ageing.

This research program will focus on the impact of ageing on OHS and compensation schemes and on clarifying the psychological and social predictors of recovery following compensable injury. Research in this area will be enabled by the existing research infrastructure established at ISCRR such as the Compensation Research Database and via close collaboration with other research institutes.

### 4.1

#### **Assessing the impact of ageing on OHS and compensation schemes**

The ageing population and the ageing workforce present some unique issues for OHS and compensation schemes. The number of Victorians aged over 55 who are engaged in work has risen by 6.2% in the last decade and is likely to increase by over 10% in the next five years. Those over the age of 55 have a higher rate of claims than those under the age of 55, with data suggesting a growing rate of claims for certain chronic conditions in older workers. As older people have a greater

incidence of chronic illness, this may complicate recovery from compensable injury or disease, thus increasing the cost of health care and the duration of compensation claims and delaying return to work. Increasingly, older people remain in the labour force by undertaking part-time or casual employment. This may increase their exposure to injury or disease arising from new employment situations.

There will be a growing need to understand the impact of age on work-related conditions and the issue of cross-subsidisation with the health care sector will need to be addressed.

*To assist WorkSafe, the TAC, employers and industry prepare for the impact of an ageing working population, ISCRR will undertake research in this area.*

### 4.2

#### **Synthesising current knowledge about the psychological and social predictors of recovery following compensable injury**

There is a growing body of research on predictors of recovery following compensable injury or disease. Psychological and social factors are important predictors of recovery. Individuals with pre-existing psychological conditions are likely to have a delayed or more complex recovery after experiencing a physical injury, while support from social networks, colleagues, employers and family are demonstrated to enhance recovery following a compensable incident. The application of this knowledge will allow early identification of individuals at risk of poor recovery so that additional assistance can be provided with the aim of preventing complications.

*To support the early identification of WorkSafe and TAC clients at risk of delayed recovery, ISCRR will synthesise knowledge of the psychological and social predictors of recovery following compensable injury or illness and assist in the translation of this knowledge into claims management practice.*

## 5. Research to Action

ISCRR aims to optimally translate our research with the objective of driving policy and practice change within WorkSafe, the TAC and their stakeholders based on sound research evidence. The institute's Research to Action program contains both research and practice components.

ISCRR's research to date in this area has involved the completion of a literature review and the development of a Research to Action model. The practice component involves the application of tools, techniques and strategies to improve the uptake of research evidence by WorkSafe and the TAC but will not be described here.

This research program consists of multiple elements, including:

- a baseline assessment of existing practices regarding use of evidence by WorkSafe and TAC staff and the translation of research by academics at Monash
- the development of a best practice model of knowledge translation based on an extensive literature review and consultation
- a prospective study that will evaluate the impact of the model when it is applied in practice.

### 5.1

#### **Developing and evaluating a best practice model of research knowledge translation**

Evaluation of the existing capacity to use research evidence within WorkSafe and the TAC is a critical first step for identifying and developing effective strategies, interventions and tools to increase or support evidence-informed policy and practice. We will evaluate the attitudes, values and behaviours of WorkSafe and TAC staff towards evidence-informed policy development and use of research evidence in practice. We will conduct a baseline evaluation of the policy development cycle, focused on identifying the types of evidence used at different stages within the cycle, key decision points and decision makers, and the processes, resources and tools that support the use of evidence within the policy cycle. In addition, we will undertake a baseline evaluation of research translation by the ISCRR academic network at Monash.

The Research to Action intervention involves the application of a knowledge translation model in practice. The model essentially involves a greater level of interaction between the research community and research end-users throughout a number of critical stages of the research process, from priority setting through to the formulation of research questions through to the production and review of research outputs. Follow-up assessments will seek to determine the impact of this intervention on the attitudes, beliefs and behaviours of WorkSafe and TAC staff, and academics at Monash.

*The ISCRR Research to Action program will support the uptake of research evidence from the ISCRR academic network, by WorkSafe, the TAC and their stakeholders, including employers, unions, medical, health and disability care providers, occupational health and safety practitioners and the legal profession.*

## SUPPORTING ACTIVITIES

Seven supporting activities will assist ISCRR to build its capacity in safety, compensation and recovery research, deliver its research programs and enhance the uptake and use of research evidence by our partner organisations.

### Evidence Synthesis

Policy makers and those within government organisations do not often have access to published research literature or, necessarily, the training required to interpret such information. There is a need for access to such information to facilitate the development of OHS and compensation interventions and to inform business planning.

ISCRR has undertaken a number of systematic reviews for WorkSafe and the TAC since our establishment via the Evidence Service project and other stand-alone literature reviews. Often our partner organisations require such information in a timeframe that is too brief for a conventional systematic review. Therefore, ISCRR will continue to develop a capacity to conduct rapid literature reviews using modified systematic review methodology. In addition, we will maintain an existing research project that is providing systematic literature reviews to support our industry partners' health purchasing policies. Improving the ability to synthesise research evidence and provide actionable, business-relevant recommendations will be a feature of our program over the next five years.

### Compensation Research Database

ISCRR has developed a compensation research database incorporating a substantial volume of historical claims and administrative data from both WorkSafe Victoria and the TAC.

The database contains information dating back to the mid-1980s and incorporates data from more than two million personal injury compensation claims. This is an important research platform for ISCRR that can help to better define and address research questions across all of our research programs.

Our partner organisations conduct detailed analysis and reporting of their administrative data for business monitoring purposes, however, ISCRR is able to add value by conducting detailed analysis in specific areas. Linkage of this data with health system and other datasets will enable a greater understanding of safety and compensation systems and provide a cost-effective means of conducting research that could not otherwise be performed. The database also provides the ability to benchmark Victoria against other jurisdictions.

A steering committee comprised of WorkSafe, TAC and Monash staff oversee the operations of the database. The technical management of the database, quality assurance and some analyses are conducted in-house at ISCRR. Data is made available to researchers with appropriate ethical clearance to conduct analysis within the scope of ISCRR's research themes.

### Cohort Study

Another important research platform for ISCRR will be the establishment of a cohort of WorkSafe and TAC claimants who will be followed up over time. This will improve the ability of ISCRR research to determine cause and effect relationships between interventions by the two schemes and various vocational, health, social and financial outcomes, in other words, to undertake the attributional analysis being sought by them.

## Competitive Grants

About 10 % of ISCRR's funds have been set aside to support researchers seeking financial and in-kind support from WorkSafe or the TAC for Australian Research Council industry linkage project grants, the National Health and Medical Research Council of Australia partnership project grants and other competitive partnership grants. To date, this funding has been difficult to allocate. ISCRR will work with Monash and other academics to determine the best way to use this allocation to secure competitive grants and increase investment in safety, compensation and recovery research.

## Capacity Building

ISCRR has developed a number of strategies that are designed to build capacity in the local research community in the key areas of workplace safety, compensation and recovery. These include providing financial support for PhD scholars and early career researchers and our development grants scheme, both offered for the first time in 2010. The development grants provide a new opportunity for researchers to initiate work likely to have practical benefits in the short term, in the fields of workplace safety, compensation scheme management and recovery from injury. ISCRR will continue to develop and refine effective methods for building capacity in this field.

## Stakeholder Engagement

Representatives from ISCRR's three partner organisations, the broader research community and other organisations in the personal injury compensation sector are known collectively as the Think Tank. It is through this community of interest, established as a result of the 2010 Futures Research Initiative,

that ISCRR aims to 'maximise the potential impact of our research by optimising our engagement with stakeholders in setting the research agenda, conducting research and translating research into policy and practice'.

ISCRR's program of engagement with the Think Tank will help build trust and confidence in the organisation's research capacity, enable an ongoing exchange of ideas and information, and gain support and buy-in for ISCRR's research findings and recommendations. As findings emerge from ISCRR's research programs that have implications for compensation scheme policy and program design and management, the relationships developed through the Think Tank will facilitate changes of policy and practice and the establishment of new evidence-informed approaches. ISCRR will continue to undertake work to ascertain emerging knowledge needs, using futures studies methodologies, through the Think Tank.

## Collaborations and Partnerships

A key aspect of ISCRR'S strategic approach is to work in partnership with other jurisdictions in Australia and New Zealand and internationally. As noted in ISCRR's Strategic Plan 2010–2015, collaboration with other jurisdictions will prevent duplication of research effort and will be necessary for some projects in order to achieve the study populations required for research quality. Researching the effect of variations in scheme design through benchmarking between jurisdictions nationally and internationally has the potential to contribute significantly to knowledge on effectiveness. To this end, ISCRR has already established good relationships with the Institute of Work and Health in Toronto, Canada, and the Workers Compensation Research Institute in Boston, US. These will be consolidated and others developed through exchanges and collaborative research activities.

## DELIVERING THE STRATEGY

### Our Research Network

ISCRR is building an academic network. Its nucleus is Monash, an ISCRR partner with WorkSafe and TAC, but it extends to other safety, compensation and recovery researchers in Victoria, around Australia and across the world. The ISCRR research network is truly multidisciplinary. Many of the issues we propose to address in the period to 2015 require substantial input and expertise not only from diverse groups of researchers, but also from OHS and compensation system practitioners and policy makers, health care and disability services providers, employers and worker representatives. We consider the end-users of research to be essential participants in the research process, and thus we will seek to engage our WorkSafe and TAC colleagues and other parties impacted by their activities, throughout our program. This will include roles in the governance of our research, defining research questions and methodologies, assisting with the conduct of projects and involvement in the production of research outputs.

### Annual Planning

This research strategy provides a blueprint for our activities over the coming five-year period. To enact the strategy, we will develop annual research plans that describe in greater detail the specific research activities to be undertaken, questions to be addressed, and budget to be allocated to each of the research programs. These annual plans will be defined in consultation with academic colleagues and executives of our industry funding partners.

### Research Governance and Review

Oversight and direction of the ISCRR research portfolio is undertaken by the Institute Board and CEO, with operational and strategic support from committees and senior management, as described in the Research Institute Collaboration Agreement and ISCRR's Strategic Plan 2010–2015.

With the establishment of research programs as described in this strategy, a review of the research governance is required. This will optimise engagement in ISCRR collaborative research by academics and ensure that the quality of the research is maintained.



# ISCRRR

Institute for Safety, Compensation  
and Recovery Research

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