

Managers toolkit for supporting staff with mental health conditions

Version 3.0 – 10 March 2022
WHS and Wellbeing, People and Culture

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Introduction

The National Disability Insurance Agency is committed to the physical and psychological health and wellbeing of all its people.

Our workplace plays a significant role in influencing our health and wellbeing. By creating a safe work environment and managing potential risks (such as high work demands, change, low levels of control and poor support) everyone feels safe and supported. Effective leaders know the value of committing to their people and integrating health and safety and wellbeing into everyday business. Team members who feel positive about their workplace environment and culture are less likely to experience work-related stress, psychological injury or to resign, and are more likely to perform better and undertake further learning.

This toolkit aims to provide practical information and advice regarding your role in supporting psychological health and wellbeing in the workplace. Mental health can be complex - it is important to interpret the advice in this toolkit according to the needs of the specific situation.

Message from the Chief People Officer, Hamish Aikman

Our people are critical to the delivery of the NDIS. Having a strong focus on the health and wellbeing of our staff ensures they are best placed to deliver and improve the Scheme for participants.

This toolkit has been developed to support you as managers to maintain that focus on health and wellbeing, and, in particular, on mental health.

In Australia, one in five people currently experience a mental health condition. Mental Health studies conducted by Gartnerⁱ and Superfriendⁱⁱ indicate:

- 45 per cent of people have experienced stigma in their workplace
- 60 per cent of people have never talked to anyone at work about their mental health status
- 90 per cent of people have never heard their senior leaders share their own mental health experiences.

The aim is to provide a mentally healthy workplace for our people, where we commit to a culture of positive mental health. We want people to feel comfortable to speak openly about their mental health or mental health conditions without fear of discrimination or stigma.

The Agency's Executive Leadership Team is committed to fostering a positive and supportive work environment. As the Chief People Officer, I am responsible for ensuring we have appropriate supports in place. As managers, you are part of the support network for your team members, and it's important you know how to support your people with mental health conditions.

Please also know that supports are available to you, and I encourage you to lead by example and access those supports if required.

Combined with our [Health and Wellbeing initiatives](#), this document contributes to the Agency's commitment to providing a positive, productive and safe workplace. It will equip and empower you with information to help you support your people, and drive an open and respectful culture.

I look forward to working with you to support the people who support our participants.

ⁱ Building trust, Belonging and Psychological Safety to boost mental health in the workplace presentation, Gartner 2020

ⁱⁱ Superfriend Indicators of a Thriving Workplace Survey, 2018 National Report

Audience and use of this toolkit

This toolkit is intended to be used as a supporting resource for managers. It is not intended to replace the advice and supports of mental health professionals. Managers should not provide clinical advice or diagnose staff.

This toolkit was developed for people managers and leaders in the NDIA. The aim of this toolkit is to summarise good practice and provide practical information and advice on psychological health and wellbeing and information on the support systems in place.

This toolkit will assist managers to:

- Understand the mental health continuum
- Understand types of mental health conditions
- Identify early warning signs and impacts of poor mental health in the workplace
- Gain the necessary knowledge to better manage psychosocial hazards and risks in the workplace (including home as a workplace)
- Contribute to a positive and productive workplace culture
- Provide guidance and practical steps to further support employees

Note: For the purpose of this document both mental illness and mental health conditions have been used interchangeably. They both refer to mental illness in any capacity and purpose.

This document is part of a broader suite of resources for leaders and staff to support good mental health at work. Visit [Well+](#) to find out more.

Urgent Assistance

If you or someone in your workplace is in crisis and immediate action is needed, contact the following for support:

- Emergency services – 000
- Lifeline – 13 11 14
- Suicide Call Back Service – 1300 659 467
- [EAP](#) (APS & Labour Hire employees) – 1300 360 364

All Work Health & Safety incidents, hazards and near misses must be reported through [Speak Up](#).

1. What is Mental Health?

Everyone experiences mental health, just as they do physical health. Mental health is a state of wellness that impacts peoples' ability to function productively in life and at work. It isn't a fixed or static state, but moves back and forth across an individual's personal range, and may change in response to events or stressors. However, the term is sometimes used as a substitute for mental health conditions including anxiety, depression and bipolar.

1.1 Understanding the mental health continuum

Mental health relates to the enjoyment of life, ability to cope with stress and sadness, the fulfilment of goals and potential, and a sense of connection to others. Like physical health, mental health is not fixed. Mental health exists on a continuum, or range, from excelling, positive, healthy functioning at one end through to severe symptoms of mental health conditions at the other.



The Green	The Yellow	The Orange	The Red
Feeling and coping well. May feel calm, content and self-motivated.	Start to have difficulty coping. May feel overwhelmed, tired or nervous.	May be struggling to cope, with symptoms increasing in severity and frequency. May feel irritable, apathetic or inadequate.	Likely to experience severe symptoms, and may be at risk of self-harm or suicide. May feel unable to perform daily tasks, feel isolated or have extreme mood swings.

"Mental health conditions are very common. We know that one in five adults in Australia will experience a mental health difficulty such as depression, anxiety or a substance misuse disorder. Along with these frequently occurring mental health conditions, up to 3 % of the adult population will experience a severe mental health condition such as schizophrenia or

bipolar disorder.” (Sourced from [APSC Working Together: Promoting mental health and wellbeing at work \(external\)](#)).

When someone has a mental health condition, it can impact on how they think, feel and behave. It may also impact on their physical health. Many people manage their mental health condition well and without it significantly affecting their work or life.

It is important to remember that people can't just 'switch off' their illness when they are working. As a Manager, it is your role to support your people and ensure a safe environment where they can thrive, taking into account everyone's individual needs.

1.2 Mental health conditions

The main groups of mental health conditions are:

Mood disorders, including:

- Depression (may present as persistent sad mood, unmotivated, low energy, unable to find enjoyment, can also be Antenatal or Post-Natal or without a known precipitating event)
- Bipolar disorder (characterized by depressive symptoms – lows – alternating with symptoms of mania – highs – including elation, buzzing with activity and ideas, extreme over-confidence).

Anxiety disorders, including:

- Social anxiety (being terrified by what other people might think)
- Panic disorder (bursts of extreme anxiety with a range of physical symptoms)
- Agoraphobia (avoidance of situations and places that evoke fear of a panic attack)
- Obsessive-compulsive disorder (excessive checking, washing, or other rituals)
- Post-traumatic stress disorder (psychological distress following a traumatising event)
- Generalised anxiety (excessive worry about many aspects of life).

Psychotic disorders, including:

- Schizophrenia (characterized by distortions in thinking, perception, emotions, language, sense of self and behaviour).
- Some depression or bipolar disorders (when people also have hallucinations or delusions associated with their lows or highs).

Treatment for mental health conditions can involve self-help therapy, medications and/or psychotherapy, depending on the condition and its severity. Most mental illnesses can be well managed to minimize symptoms. Early recognition of symptoms and appropriate treatment, supports the individual to function well in work and social environments.

For more information, [SANE Australia factsheets and guides \(external\)](#) provides easy-to-read, evidence-based information on mental health conditions, treatments and triggers.

1.3 How do mental health conditions present in the workplace?

Mental health conditions can present in many ways. The table below provides examples of this, in line with the mental health continuum. It is important to remember that these factors may also be present in other circumstances unrelated to mental illness, and therefore you shouldn't assume that they are a symptom of the person's mental health condition.



The Green	The Yellow	The Orange	The Red
<ul style="list-style-type: none"> • Easily concentrates • Showing up to meetings on time • Meeting deadlines • Paying attention to detail • Being sociable • Engaging in meetings • Performing consistently • Respectful communication 	<ul style="list-style-type: none"> • Always looking tired • Being distant during conversations • Having difficulty managing tasks • Easily distracted • Running late more often • Taking longer than usual to complete tasks • Making simple errors in tasks 	<ul style="list-style-type: none"> • Experiencing unusual conflict with others • Speaking about themselves in a derogatory way • Being consistently negative • Slower than normal paying regulatory expenses or employees' wages • Socially withdrawn • A persistent change in mood • Higher than usual unplanned leave 	<ul style="list-style-type: none"> • Impatient, irritable and becomes angry often • Insomnia • Rapid weight changes • Withdrawn from colleagues, customers and clients • Alcohol or drug misuse • Disinterest in maintaining personal hygiene or appearance • Not paying regulatory expenses or employees' wages

1.4 Early Warning Signs

There are some early warning signs that an employee may be experiencing symptoms of a mental health condition. Having an open relationship and respectful relationship with your staff will help you to identify these signs:

- Emotional responses and erratic behaviour – uncharacteristic behaviour which may have increased sensitivity, irritable, angry, teary or tense.
- Obsession with some parts of the job, and neglect of others
- Working longer or fewer hours than usual
- Disengagement and low morale
- Withdrawal behaviour including reduced participation in work activities
- Increased unplanned absence
- Increase in use of negative language and workplace conflict

- Physical symptoms such as appearing tired, headaches
- Changes in physical appearance such as less attention to personal grooming.

1.5 Incidents in the workplace

The Agency is not immune to psychosocial injury so we need to take every measure to recognise the signs and prevent injury. Some examples of psychosocial hazards are mental stress, fatigue, bullying or remote/isolated working.

If anyone experiences a mental health incident or psychological harm in the workplace, it is vital all instances be reported by submitting a Speak Up incident report. Visit the [Incident and hazard reporting](#) intranet page for more information.

1.6 What are the impacts of poor mental health in the workplace?

[Black Dog Institute \(external\)](#) reports that mental health conditions are costing Australian businesses about \$11 billion each year through absenteeism, reduced work performance, increased turnover rates and compensation claims.

When stress is high or prolonged, the risk of mental health conditions and medical problems increase. Long-term stress increases the risk of mental health problems such as anxiety, depression, substance use problems, sleep issues, pain on bodily complaints such as muscle tension. Overwhelming stress can turn into work-related psychological or physical injury.

The cost of failing to support those with mental health conditions can show up in;

- Decreased morale of the team
- Lowered productivity, e.g. Fewer participant plans being completed
- Reduced quality of work e.g. More error in plans or work resulting in rework
- High staff turnover e.g. Increased attrition rates resulting in continued skill development
- Conflict e.g. Poor communication with colleagues or participants
- Unscheduled absences including sick leave
- Withdrawal and presenteeism e.g. producing a lower standard of work or arriving late/leaving early, missing lunch breaks or working long hours.

1.7 Avoiding bias, stereotypes and myths

There are many myths, biases, and negative stereotypes about mental health conditions. These can adversely impact a person with a mental health condition, such as experiences of discrimination, negative attitudes, or isolation and can be a reason staff may not disclose. By providing a supportive and inclusive workplace, without judgement, we are contributing to a workplace where everyone is treated with respect and dignity.

Some of the more common myths are:

- **Mental illness negatively impacts work performance:** Organisations employing people with mental health conditions report good attendance and punctuality, as well as motivation, quality of work, and job tenure on par with or greater than other employees.
- **Once people develop a mental health condition they will never recover or recovery is not possible:** There are very effective psychological and pharmacological treatments for people with mental health conditions resulting in significant

improvements, appropriate management of illness and in some cases a complete recovery. 'Recovery' in this scenario refers both to a reduction or management of symptoms and an ability to live a fulfilling and productive life, including work.

- **There's nothing I can do to help someone with a mental health condition:** Support from others is one of the biggest factors in recovery for most people. Providing a flexible workplace and being an understanding leader contributes to a supportive and inclusive workplace culture that builds on people's strengths and promotes good mental health- This encourages those with mental illness to thrive.
- **Mental illness is a form of weakness or people with mental health deserve blame for their conditions:** Mental health conditions are a result of a complex mix of genetic vulnerability, life experiences, and current circumstances. Major stressors can be significant contributors in triggering mental health conditions. This is not a person being 'weak' and the same applies to addictions like alcoholism, gambling, or eating disorders. Anyone can develop a mental health condition at any time.
- **People with mental illness are dangerous and unpredictable:** People with a mental health condition are very rarely dangerous or violent. It is much more likely that people with mental health conditions will be subject to violence rather than being violent themselves.
- **People with mental illness are incompetent:** people with a mental health condition are no more likely to be incompetent than anyone with good mental health.

Further information:

- [Our work in improving workplace mental health \(External\)](#), Beyond Blue
- [SANE Australia - The Facts about Mental Health Issues \(external\)](#)

2. Your role as a manager

Supportive and responsive managers understand the needs of employees and help break down the stigma and judgement surrounding mental illness. This doesn't require specialist skills or knowledge—it can be sound people management practices such as effective communication, work design, performance management and provision of workplace adjustments.

It is important not to provide clinical advice or diagnose staff.

Actions of supportive and responsive managers	
Action	Description
Model	Lead by example, demonstrating the value of honest, open and respectful communication.
Communicate	<p>Sharing information on hazards and risks, giving your team an opportunity to express their views, raise issues, contribute to the decision-making process, take all views into account, and report back on outcomes. It is important to ensure privacy of those providing input is maintained.</p> <p>Actively welcome conversations with your team and listen to their ideas and feedback. Even when busy with your own time pressures and deadlines, still acknowledge the team member and offer an alternative time or avenue for them to provide feedback or express concerns.</p>
Privacy	<p>It is important to ensure privacy is maintained. Ensure a private space for conversations, ensuring that all parties to a conversations are aware of maintaining privacy not just those providing input.</p> <p>Confidentiality of information should be maintained however there may be circumstances where it can't be, such as an immediate risk to the staff member or someone else.</p>
Respond	Respond to your team/staff as promptly as possible and where planned, ensure you follow up actions agreed upon.
Recognise	Recognise that mental illness is a workplace health and safety matter and must be taken seriously. Psychosocial hazards and incidents can be things like fatigue, mental stress, remote or isolated work but can also be witnessing aggression or violence at work. .
Balance	Find the right balance. Managers need to ensure they have realistic expectations about what staff can achieve and how the working environment can support effective work practices. See more under Balancing job demands with job control.
Be open	Use this information in this guide to approach a conversation with an open mind. Be receptive to new or different perspectives, ideas or information. Being open minded is necessary to think critically and rationally.
Empower	Empower your team to see incidents and near misses as learning opportunities. Facilitate a supportive and open culture where everyone feels comfortable sharing their mistakes and lessons without fear of adverse action. Consider whether the design of work may be a contributing factor to repeated mistakes.

Check in	Schedule regular meetings to check in with the team and individual staff, whether face-to-face, over the phone or Skype, by email or another method. This will allow team members to feel a part of the overall process, acknowledged and raise issues as they arise. Regular check ins also apply to staff that are absent.
Recognition	Not being adequately rewarded (e.g. wages, positive feedback, promotion, job security) for employee's efforts increases the risk of mental health problems. Managers play an important role in balancing workplace effort with reward.

2.1 Creating a positive and supportive workplace culture

A positive workplace culture improves teamwork, raises morale, increases productivity and efficiency, and enhances retention. Job satisfaction, collaboration, and work performance are all enhanced.

It is important to have the capability to manage psychosocial risk, and create a positive and productive workplace culture.

A psychosocial hazard or work stressor is any occupational hazard related to the way work is designed, organized and managed, as well as the economic and social contexts of work. Unlike the other three categories of occupational hazard, they do not arise from a physical substance or object.

You will find variety of resources in the [Leader's Toolkit](#) that will support you in creating a high performing team culture.

It is important to:

- Help everyone understand how they contribute
- Continue to develop your leadership skills
- Make communication a priority.

Further information for fostering a positive and productive culture:

- [Safe and Respectful Workplace Policy](#)
- [My Employee Experience](#)
- [Well+](#)
- [Working Hours and Arrangements Policy](#)
- [SafeWork Australia: Four steps to preventing psychological injury at work \(external\)](#)

At the end of this document (page 18) you will find a checklist to guide you to ensure you are prioritising and supporting a mentally healthy workplace.

2.2 Balancing job demands with job control

Stress in the workplace increases the risk of poor mental health. It can be prevented by making sure job demands are balanced with the resources required to do the job well, and by providing employees with genuine control over their work.

Managers and supervisors should promote job control by:

- Allowing an appropriate amount of self-managed workload

- Allowing employees to choose when breaks can be taken, where possible
- Empowering people to voice challenges and concerns
- Including staff in decision making and doing so as early as possible
- Providing opportunity to discuss aspects of their role that may cause conflict between professional demands and personal beliefs
- Allowing employees to explore internal positions that may better suit their skills and style, when appropriate
- Providing ongoing training opportunities for staff, including at times of change or when new policies are introduced
- Encouraging employees to set work-related goals that provide a sense of purpose and meaning in their work.

Where job demands are excessive, managers and supervisors should identify ways of moderating employee workloads. This can be done by:

- Clarifying roles and responsibilities
- Ensuring manageable workloads and performance targets
- Encouraging appropriate breaks from work
- Allowing flexibility in working arrangements.

2.3 How to talk with a staff member about mental health

A conversation can make a difference in helping someone feel supported. It's common to feel unsure about how to talk about mental illness, or to worry about saying the wrong thing. Don't underestimate the importance of just 'being there'.

Before you start:

Take some time beforehand to understand the supports available from the Agency and externally.

Consider the most appropriate time and place for you and the person. Find somewhere private where the person will feel comfortable. Be sure you are really present, turn off your phone and allow for the discussion to go longer or shorter than expected.

- There's no one right way to have a conversation – the main thing is to be thoughtful and genuine.
- You don't need to have all the answers – it's about having the conversation and the support you offer by talking.
- If what you say doesn't sound quite right, stop and try again. It doesn't have to be the end of the conversation.
- If they don't want to have a discussion, respect their choice, but leave the door open for another conversation at another time. Just by showing support and offering to talk, you can make a difference

Consider open questions

Beyond Blue has developed useful phrases to have a conversation with someone who may be experiencing mental illness.

- I've noticed that you haven't seemed yourself lately – is everything OK?
- I've noticed that you're not going out much with us at the moment, is there anything going on you'd like to talk about?
- Would you like to talk with me about what's happened? I'm worried about you.
- OK, but you know you can talk to me if you ever need to.
- How would you describe your overall wellbeing levels when you're at work?
- Do you feel like you can talk to someone or ask for help at work?
- How would you describe your interpersonal relationships with co-workers?
- How would you describe your work-life balance?

Listen carefully:

- Remember that this is their story, so don't try to guess how it plays out. Instead, listen and ask questions.
- Be aware of your body language. Try to maintain eye contact and sit in a relaxed position to show you are listening.
- Use reflective listening to repeat back your understanding of what they have said and make sure it's accurate.

Respond:

Think about the best way to respond. You can't fix things, but you can help them find the right supports.

- You might decide that today you're just there to listen and offer support or discuss options for support and finish the meeting with a plan or next steps
- Talk about it again another time
- Keep checking in with them
- Reassure them that you'll respect their privacy
- Gain an understanding of what they need now and ask what you can do to help

Further information:

- [NDIA Conversation Guide \(DOCX 64.3KB\)](#)

If a person is at immediate risk of suicide or self-harm

Always take the person and their behaviour or comments seriously.

Advise the person that suicidal ideation or self-harm are taken seriously and that you may need to refer them to someone who is more appropriately trained or qualified to provide assistance. Ensure that you inform the person that you have a duty of care to ensure they are safe and have appropriate support.

Within the workplace

1. Where possible, ask another staff member to accompany you to a private space in the office, with the person. You should explain that you are doing this to ensure everyone's safety, or in case you need to leave the room. You could ask them if they want to bring someone with them.
2. Take the person to a safe place; remove any objects of potential harm.

3. Do not leave the person alone, unless you are concerned for your safety in which case, call Security or emergency services on 000.
4. Support the person to leave the office in a dignified manner either into the care of a medical practitioner, family or trusted friend.

In a virtual environment

1. If you are talking to a person via Skype, email, MS Teams or on the phone, try to identify their location, and whether there's anyone with them that could provide support.
2. Try and identify what's around them, including whether there is anything they have access to that would aid in carrying out self-harm or a suicide plan, as you may need to consider how to minimise or remove access.
3. Ask the person whether they've taken anything that could be harmful, such as a substance, to check for signs of an overdose.
4. Keep the person engaged in the conversation. If you can, try to contact a Manager (via text, Skype etc.) and ask them to call 000, while you remain in conversation with the person. This is especially important if someone has overdosed as you want to try and keep them conscious.
5. Call emergency services on 000, they will attend the person's location.

Further information:

- [Responding to Suicide and Self-Harm Fact Sheet \(DOCX 175KB\)](#)
- [RUOK? Your guide to what to say next \(external\)](#)

2.4 Staff disclosing a mental health condition

Like any other health or personal issue, an employee makes a choice about talking with their manager about their mental health. Employees are not required to disclose any mental health information.

If a staff member chooses to disclose a mental health condition, you must respond appropriately. Disclosure can be a difficult choice for a person to make. It is a personal decision that depends on the circumstances, the context, how the illness is being managed and how comfortable the employee feels about discussing their individual health.

Many managers feel apprehensive about talking to staff about their mental health and do nothing; this can lead to an employee feeling unsupported and devalued, and may further impact their wellbeing or workplace culture. As a manager, you have a duty of care to support your staff member and put strategies in place so they can perform their duties.

If barriers are identified that are likely to affect the person from undertaking the **inherent requirements** of their role then you should also consider whether there are any [workplace adjustments](#) that may be implemented. Read the [Workplace Adjustments Policy](#) for further information or contact the [People and Culture Service Desk \(external\)](#).

Set up a management plan on how to support them when they are unwell. The plan should include information about signs that indicate the person is becoming unwell and emergency contacts, for example a relative, GP or close friend as well as other practical arrangements. It is important that you protect staff privacy and have their consent before discussing their personal information with other parties.

If you need further guidance to support staff with their mental health in the workplace, you can contact:

- [Workplace Support and Disability Engagement Team](#)
- The TELUS Health [Manager Hotline](#).

2.5 Managing performance

Managing underperformance linked to mental health conditions can be one of the most complex and difficult situations a manager can face. Clear expectations of roles, responsibilities, provision of support, as well as regular informal feedback on performance, help to create good relationships and a healthy performance management culture.

As a manager you may, as part of a discussion about performance, ask an employee whether there is anything affecting their work. You can suggest the staff member consider if personal or health issues are affecting their work but need to be cautious of not assuming the individual has a mental health condition. If they have disclosed a mental health condition it is also important not to predetermine that any change to their work performance is a direct result of their mental health condition.

It is appropriate to mention that the Agency can support staff through our various programs if personal or health issues are affecting their work. If the employee does disclose they have a mental health condition during these discussions, it's important to work with them to put strategies in place to enable them to perform their work.

It is important to remember that having a mental health condition does not exclude an employee from being performance managed.

For more information contact your [HR Business Partner](#) in the first instance or email [People and Culture Service Desk](#)

3. Employees' responsibilities in preventing poor mental health

In addition to the role the Agency has to protect employee mental health, employees also need to take responsibility for their mental health by:

- recognising that they have a responsibility to promote their own mental health and wellbeing and take action to protect against mental health problems
- looking after their own health by exercising, eating a healthy diet, engaging in relaxing activities, and not smoking or abusing alcohol
- maintaining a balance between work and other aspects of their life by engaging in enjoyable activities, self-care behaviours and social engagement with family and friends

It is essential that employees engage in mentally healthy practices in the workplace such as:

- taking breaks they are entitled to and maintaining specific hours of work
- asking for help with their workload if needed
- attending all training designed to undertake their role more effectively
- actively being involved in discussions or stress risk assessments, or completing surveys
- attending any mental health and stress management training courses arranged by the Agency
- being considerate of employees and participants and;
- taking action on interpersonal problems, identifying and avoiding known stressors, proactively addressing problems and seeking professional help where required.

4. Pathways for support

4.1 Early interventions

The earlier we can identify when a staff member is exhibiting signs or symptoms of a mental health condition, the sooner steps can be taken to provide support and prevent a psychological injury.

Staff members engaging in early intervention steps can improve outcomes. It is important to ensure a transparent process of appropriate support, mutual decision making, and an understanding of internal and external supports available and importantly, ensure the staff member has enough information available to them to understand the benefits of early intervention.

Early intervention has better outcomes when it involves taking action to alter the work design and management. Some actions we can use to minimise risk to our team members could be:

- Investigate workload complaints and follow through
- Recognise early warning signs of work and non-work related stress and follow up on concerns/observations
- Provide information and contact details for Peer Support Contact Officers (PSCO) and Employee Networks, Health and Safety Representatives (HSR) and Employee Assistance Programs (EAP)
- Ensure clear policies on workplace behaviour and effective procedures for the management of complaints are available, communicated and visible
- Manage and/or support employees with a work-related and non-work-related psychological injury
- Early intervention should occur regardless of whether a workers' compensation claim is likely to be made
- In some cases, early intervention involves providing access to professional mental health services such as independent professional counsellors.

Further information:

- [Safe and Respectful Workplace Policy](#)
- [Employee Assistance Program](#)
- [Get support now \(external\)](#) Beyond Blue

4.2 Return to work

Having a mental health condition doesn't mean an employee will have or must have time off work, they may just need additional support or workplace adjustments or may only need a manager or peers to be aware of symptoms and triggers.

If an employee does require time off it is important to maintain contact to provide an inclusive work environment. This contact also helps to maintain the workplace connection which aligns with supporting positive recovery outcomes.

Managers are responsible for the health, wellbeing and safety of their staff and the Agency has relevant processes in place to support you. For further information refer to the;

- [Rehabilitation and Return to Work: A Guide for Managers \(DOCX 268KB\)](#)
- [NDIA WHS Personal Emergency Evacuation Plan \(PEEP\) \(DOCX 38.4KB\)](#)

4.3 Workplace contact officers

The Agency contact officers are located across all sites and can provide support for you or your team. All contact officers have completed appropriate training to undertake their roles.

The NDIA Work Health and Safety Management System defines the following contact officer roles:

- Health and Safety Representative (HSR)
- Warden
- First Aid Officer (FAO)
- Peer Support Contact Officer (PSCO)

Find out more on the [Contact Officers](#) intranet page.

Note: Ensure contact details for each of these support networks is visible in the workplace

4.4 Self-care for managers

It is important that you take time to look after your own wellbeing. Taking care of your own physical and psychological well-being is important and sets a positive example. Consider the following strategies:

- Your [Employee Assistance Program](#) can provide people leader's proactive support to work through workplace issues or challenges.
- Engage in regular catch-ups with your own manager or a trusted, experienced colleague or mentor to debrief/consult
- Delegate tasks to your staff where appropriate
- Attend professional development programs on leadership and management
- Have a lunch break and step outside the office each day
- Avoid working long hours every day of every week
- Learn to recognise your own warning signs of stress and pause for self-care and to re-set
- If you are experiencing mental illness, you need to take extra care of yourself. Monitor your own wellbeing and any triggers.

Further information:

- [Leader's toolkit](#)
- Checklist

Use this checklist to ensure you are taking all measures to prevent psychosocial harm, creating a workplace culture that is positive and productive.

Question	Resource	Yes/No
Am I providing my team with access to information and support to optimise their health and wellbeing?	<ul style="list-style-type: none"> • Well+ • Leader's toolkit 	

Question	Resource	Yes/No
	<ul style="list-style-type: none"> • Employee Assistance Programs 	
<p>Do all members of my team understand their role and how this links to the vision and goals of the Agency?</p>	<ul style="list-style-type: none"> • My Agency Experience • Corporate Plan • APS Values and Code of Conduct (external) 	
<p>Am I considering work/life balance when looking at our business outcomes? Are the roles in my team a good balance of challenging, but achievable? Have I structured our Check-ins to focus on meaningful conversations, including wellbeing? Would my team feel comfortable sharing with me?</p>	<ul style="list-style-type: none"> • NDIA Conversation Guide (DOCX 64.3KB) • NDIA Performance Policy • NDIA Performance Framework • Mentor Program 	
<p>Are people and wellbeing a focus of our team meetings? Am I building a positive and safe work culture?</p>	<ul style="list-style-type: none"> • Safety and wellbeing awareness – Mandatory training available on LEAP 	
<p>Am I acting on physical and psychological health and safety matters where I have influence? Am I identifying hazards and risks arising from work and ways to eliminate or minimise risks?</p>	<ul style="list-style-type: none"> • Health, Safety and Wellbeing • Incident and Hazard Reporting 	
<p>How am I increasing the awareness of mental health and reducing stigma? Am I promoting awareness about the importance of mental health, stress management and self-care?</p>	<ul style="list-style-type: none"> • Well+ • Beyond Blue (external) • Black Dog Institute (external) • SANE Australia - Factsheets and guides (external) 	
<p>Am I recognizing the efforts of my people? Am I fostering a culture of recognition?</p>	<ul style="list-style-type: none"> • NDIA Performance Policy • Light Up - Celebrating Brilliance 	

5. Quick reference to resources and supports

The following external specialist organisations have further information, publications and resources on mental health in the workplace:

- [Beyond Blue](#)
- [Black Dog institute](#)
- [SANE Australia](#)
- [Lifeline](#)
- [Safe Work Australia](#)
- [Comcare](#)

Appendix A – Document Control Page

Document Control

Document No	NDIA-WHS-GDL-004-V001-DRAFT Mental Health Guide
HPRM Document No	insert HPRM document number
Date	06/10/2020
Status	DRAFT
Version	001
Document applicability	National
Owner	WHS and Wellbeing team

Approval Status Log

Version	3.0
Reviewed by	Libby H <small>s47F - personal privacy</small>
Endorsed by	Edward H <small>s47F - personal p</small>
Approved by	Megan H <small>s47F - p</small>
Approval date	10/03/2022

Revision History

Revision	1	Date	12/2020	Sections	All	Summary of Changes	Original
Revision	2	Date	08/2021	Sections	All	Summary of Changes	Confirmed links and references.
Revision	3	Date	10/03/2022	Sections	All	Summary of Changes	Changes to Performance Framework /Performance Policy

Note: Document uncontrolled in hardcopy

Guide for Managers: Mental Health Support Plan

NDIA have a 'Duty of Care' responsibility to ensure the health, wellbeing and safety of all its employees. The purpose of this document is to provide advice and guidance to Managers during the event of a critical incident.

What to do if an employee appears to be unwell

- Employee to liaise with a representative from the Employee Assistance Program (EAP) to undertake a risk assessment. The EAP counsellor could then determine whether it is appropriate for the employee to leave the workplace alone or whether a support person, treating health practitioner or appropriate authority should be notified.
- Employee's treating General Practitioner or Psychologist to be contacted to either liaise via telephone or to schedule an appointment. If an appointment is scheduled, the Workplace should contact the employee's next of kin to accompany them to this appointment.
- In the event that the employee leaves the workplace and ongoing concerns for their safety remains, the workplace are to notify the police and request a welfare check to be undertaken.

To contact the NDIA EAP (Benestar) call 1300 360 364.

What to do if the employee threatens self-harm or suicide

- In the event of an immediate threat to the safety of the employee, an ambulance to be called.
- If an employee has made a suicide attempt whether at work or at home, call 000 immediately.
- If an employee is unstable, such as slurring their words, or have indicated that they have taken medication, call the nearest Mental Health Crisis Service (page 2).

If the immediate health/safety of an individual is at risk, contact 000.

Local Mental Health Crisis Services

State/Territory	Contact	Phone number
ACT	Crisis and Assessment Team (CATT)	1800 629 354 02 6205 1065
NSW	Mental Health Line	1800 011 511
VIC	Mental Health Advice Line	1300 280 737
TAS	Mental Health Service Helpline	1800 332 388
SA	Mental Health Triage Service	13 14 65
WA	Mental Health Emergency Response Line	08 9224 8888 Perth Metro. – 1300 555 788 Peel Region – 1800 676 822 Rurallink – 1800 552 002
NT	NT Mental Health Line	1800 682 288
QLD	Mental Health Access Line	1300 642 255
AUSTRALIA-WIDE	Lifeline Suicide Call Back Service Beyondblue	13 11 14 1300 659 467 1300 22 4636

More information

- Work Health and Safety Team [s47E\(d\) - certain operations of agencies@ndis.gov.au](mailto:s47E(d) - certain operations of agencies@ndis.gov.au)
- [Employee Assistance Program \(EAP\)](#)



Improving Performance Procedure

This document was released under the Freedom of Information Act 1982 by the National Disability Insurance Agency



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Purpose

The aim of the National Disability Insurance Agency (NDIA) Improving Performance Procedure and the Performance Support Process is to:

- provide a structured and supportive approach to assist employees whose performance is below an acceptable level, and
- to achieve and sustain optimum performance to deliver the Agency vision.

Important

- The manager is responsible for ensuring that the employee is clear about their role.
- The manager is responsible for confirming that the individual employee's accessibility requirements are met.
- These procedures would only be used following a supportive informal process to assist an employee reach the required standards of performance. The manager must provide an employee with timely and relevant feedback as part of ongoing discussions, implement appropriate strategies for improvement and ensure the employee has a performance plan in place.
- It is very important that feedback, strategies and employee input through informal performance support is well documented.
- Informal support strategies can include additional training, increased quality monitoring, more regular coaching, mentoring and other learning.

Overview

This procedure forms part of the Performance Framework and supports the Improving Performance Policy. Through the performance cycle employees receive regular feedback in relation to their performance, values, behaviours and capabilities. The implementation of the formal process should not come as a surprise to the employee, and is a more formalised, structured approach to improving and sustaining effective performance.

The Performance Support Process is a two-staged approach put in place for eight weeks.

- Stage 1 – is conducted over an initial four week period to support the employee attain and sustain the required standard of performance, and
- Stage 2 – if required, is an additional four week period where the final determination may be:
 - no further action,
 - reassignment of duties,
 - reduction in pay point/classification, or;
 - termination of employment.



Delivered by the
National Disability
Insurance Agency

Matters relating to inappropriate behaviour, as prescribed by the APS Code of Conduct, will be managed separately from the management of performance issues.

Coverage

This procedure applies to all employees covered by the NDIA Enterprise Agreement 2020-2023 including non-ongoing employees.

While the same principles will apply to non-ongoing employees, the processes and timelines may be reduced depending on the length and nature of the employee's individual contract.

This procedure is not applicable to employees on probation.

Who to contact for assistance and support

It is important to contact your HR Business Partner in the first instance via the [People and Culture Service Desk](#) when considering the Performance Support Process.



Key Elements - Performance Support Process

Introduction

The Performance Support Process involves managers:

- clarifying and discussing with the employee the area/s against which the employee is not meeting expectations,
- identifying the areas in which the employee is performing well,
- setting strategies and putting in place actions and supports to address the performance area/s that need improvement, and;
- providing feedback, reviewing and discussing at regular intervals on the employee's progress.

When should the Performance Support Process be implemented?

The Performance Support Process should follow a period of informal feedback and support where the manager and employee have worked together to address performance issues. It is important that these interactions are documented.

Where an employee is not performing to a satisfactory standard, managers should initiate Performance Support action immediately after informal support and not wait for the next performance plan review.

If an employee does not have a current performance plan in place this process may still be implemented. Managers need to clearly define in writing what is expected of the employee and use the Performance Support Plan to outline where the employee is not meeting those standards. It should only be in exceptional circumstances that an employee does not have a performance plan in place.

How long is the Performance Support Process period?

Stages one and two of the Performance Support Process are in place for four weeks each, adding up to an overall process of eight weeks. The eight week period may be extended where exceptional individual circumstances impact the ability for an appropriate assessment to be undertaken.

Notification to employee

Written notification must be issued (using the manager's email template provided) which informs the employee that formal discussions in relation to their performance will take place. The email must:

- identify the areas where the employee has failed to meet the required standards,
- specify the date, place and time that the meeting will take place (at least 24 hours notice should be given), and;



- invite the employee to bring a support person to the meeting if they so choose.

Attendance at discussions

In addition to the manager and employee, other people may be present during the discussions to support either the employee or manager, including:

- the manager once removed,
- a HR representative as an independent advisor on process, and/or;
- a support person nominated by the employee. The employee is invited to bring along a support person. This person is present to support the employee but not act as an advocate nor representative, and/or;
- a union representative, who can be a spokesperson.

It is an expectation that the employee will actively participate in the process.

Performance Support strategies

Strategies to assist the employee's performance improvement may include, but not be limited to:

- arrangements for appropriate supervision,
- regular monitoring of work performance;
- on the job assistance, and;
- coaching and training.

Strategies may be initiated by either the manager or the employee and it is important that the employee is strongly supported to reach the desired performance standards. Documented strategies need to be delivered within the stated timeframes. These strategies may need to be reviewed throughout the Performance Support Process.

Performance Support measures

The employee must know how the performance support goals will be measured so they can be supported to reach the required standard. The measures need to be practical, reasonable and well understood by the employee.

Weekly reviews

The employee and manager will have a review meeting each week, as a minimum, which will be recorded in the Performance Support Plan and the discussion must focus on:

- the employee's progress against the agreed goals,
- areas where improvements have occurred,
- clear identification of the areas where performance still needs to improve, and;
- any adjustments to the strategies or review processes that may be required.



The employee will be invited to have input and provide comments which need to be noted in the plan. If an employee refuses to sign the plan they can put their objections and any supporting comments in writing but the process continues.

Final assessment and further action

At the end of either stage of the Performance Support period, the Manager will make a decision on whether the employee is performing satisfactorily against the key goals. The conclusions and supporting reasons (with examples where appropriate) need to be provided to the employee.

Once again the employee should be given the opportunity to respond to any comments and the manager must consider and may modify their decision, where sufficient cause is provided by the employee.

Re-occurrence of performance issues within 12 months of previous Performance Support action

If an employee is assessed as performing unsatisfactorily within 12 months of the previous Performance Support Process being finalised, the Manager may initiate Performance Support action again. The performance issue may be against the same or similar key outcomes that were addressed under the previous Performance Support Process. The employee must be performing the same or similar duties.

In this circumstance there will not be a two staged approach to the Performance Support Process, but there will be a stage 2 Performance Support Plan with an assessment period of four weeks.

Managers should seek advice from their HRBP in the first instance via the [People and Culture Service Desk](#) in these circumstances.



Summary of the Performance Support Process – Stage 1

The table below provides a summary of the Performance Support Process.

Step	Action
1	Following informal strategies a manager assesses that the employee needs support to improve their performance. The manager makes contact with the HRBP in the first instance via the People and Culture Service Desk for advice and support.
2	The manager will send an email invitation to the employee to have a formal discussion in relation to their performance using the meeting invitation template.
3	The manager completes first page of the Performance Support Plan, including the performance support goals and arranges a time to have a discussion with the employee who may have a support person. The employee must be advised in writing of the intention to commence the Performance Support Process. The current performance plan is suspended.
4	As part of the initial Performance Support discussion the manager will: <ul style="list-style-type: none"> • provide feedback to the employee on the specific areas of concern, • provide the employee with an opportunity to respond to the assessment, • discuss any learning/development needs relevant to performing their role, • in consultation with the employee, determine a strategy to support improvement, • provide the employee with a copy of the Improving Performance Procedure and discuss the process including potential consequences; and • advise the employee of how long the Performance Support period will take including the relevant review dates.
4	The manager must clearly document the strategies and measures for each goal in separate pages in the plan. One dedicated page per goal. The employee must receive a copy of the plan.
5	The manager and employee add comments as required and sign and date the initial discussion section of the plan and agree to review dates. If an employee refuses to sign they can put their objections and any supporting comments in writing but the process continues.
6	The manager implements strategy and conducts regular reviews.
7	The manager provides, at a minimum, weekly feedback on the employee's progress at the review stages and gives the employee the opportunity to comment. Comments must be recorded under each Performance Support goal.



Step	Action
8	<p>At the end of the initial four week Performance Support period, the manager makes a decision on whether the employee:</p> <ul style="list-style-type: none"> • has attained and sustained satisfactory performance against all the Performance Support goals, or • has not attained and sustained satisfactory performance against all the Performance Support goals. <p>The manager should discuss proposed action with the HRBP in the first instance and their Branch Manager.</p>
9	<p>The manager completes assessment against each goal in the Final Performance Support Assessment section of the plan. The manager provides feedback to employee and gives them the opportunity to respond to the final assessment. Manager must consider the employee comments, if any, and advise the employee of their recommendation for future action.</p> <p>The employee is entitled to provide written comments and these must be attached to the Performance Support Plan.</p>
10	<p>The manager and employee comments are added to the final Performance Assessment in stage 1 and both sign the plan.</p> <p>If performance is satisfactory then the process ends and the performance plan resumes.</p> <p>If unsatisfactory the manager will discuss stage 2 of the Performance Support Process with the HRBP in the first instance via the People and Culture Service Desk. The HRBP must contact People & Culture to inform them of the escalation of the Performance Support Process. The employee must be provided with a copy of the Performance Support Plan including the final assessment.</p>

Summary of the Performance Support Process – Stage 2

At the conclusion of stage 1 of the Performance Support Process the manager determines that the employee's performance remains at an unsatisfactory standard and stage 2 of the Process commences.

Or

An employee is assessed as performing unsatisfactorily within 12 months of a previous Performance Support action being finalised and the manager determines that the recurring performance issues will be managed under stage 2.

The table below provides a summary of the second stage of the Performance Support Process.

Step	Action
------	--------



1	The manager must discuss the situation with People and Culture for agreement that action under stage 2 of the Performance Support Process is appropriate.
2	The manager notifies the employee, in writing, that their performance continues to remain below the standard required and further discussions in relation to the unsatisfactory performance are to take place. (The PSP stage two letter template is provided by the People and Culture Service Desk).
3	The manager documents the strategies and measures for each goal in separate pages in the plan. One dedicated page per goal.
4	<p>The manager and the employee discuss the performance issues and determine strategies to assist the employee to reach a satisfactory standard of performance during the period of assessment – having regard to Performance Support action already undertaken.</p> <p>The manager completes the first page of the Performance Support Plan, including the Performance Support goals.</p> <p>Manager and employee complete and sign the Initial Discussion section of the plan, adding relevant comments. The current performance plan is completed and marked as 'Improvement Needed'.</p>
6	The manager implements strategy and conducts weekly reviews at a minimum.
7	<p>The manager provides regular feedback on the employee's progress at the review stages and gives the employee opportunity to comment.</p> <p>Comments and evidence are captured under each Performance Support goal.</p>
8	<p>At the end of the assessment period the manager makes a decision on whether the employee has:</p> <ul style="list-style-type: none"> ● attained a satisfactory standard of performance and the assessment process is complete, or <p>[Note: The process will cease at this point and the employee will be notified in writing including advice that the formal process can be recommenced if further performance issues arise. A new performance plan will commence.]</p> <ul style="list-style-type: none"> ● not attained a satisfactory standard of performance and a recommendation will be made to the Delegate (refer to page 12 for definition of delegate) that the: <ul style="list-style-type: none"> ▪ employee's employment be terminated, or - employee be transferred to other duties at the same/lower classification, or ▪ employee's pay point will be reduced. <p>The manager must discuss proposed action with their Branch Manager and with People and Culture Service Desk.</p>
9	The manager completes assessment against each goal in the Final Performance Assessment stage 2 of the plan. The manager provides feedback to the



	<p>employee and gives them opportunity to respond to the final assessment. The manager considers employee comments, if any, and advises the employee of their final recommendation for future action.</p> <p>The employee is entitled to then provide written comments and these will be attached to the Performance Support Plan.</p>
10	<p>The manager and employee comments are added to the Final Performance Support Assessment and both sign the plan.</p> <p>The employee will be provided with a copy of the plan.</p>
11	<p>Where termination, transfer or reduction in classification or pay point is to be pursued, the Manager must notify People and Culture of the recommendation. The Manager forwards a Performance Assessment Report containing a recommendation and supporting information to the Delegate. (The Performance Assessment Report will be provided by People and Culture Service Desk)</p> <p>Recommendations must be sent to People and Culture - through the Branch Managers.</p> <p>A copy of the assessment is provided to the employee.</p>
12	<p>The Delegate considers the recommendation and all other relevant information and may:</p> <ul style="list-style-type: none"> • proceed with recommended action, or • undertake another action.
13	<p>The Delegate will advise the employee of their intended decision and give the employee 72 hours to provide any relevant additional information that has not already been provided to their manager.</p>
14	<p>The Delegate considers the employee's response, if submitted, and makes a final decision on what action should be taken.</p>
15	<p>The Delegate notifies the employee of the decision and their right to seek a review.</p>
16	<p>The Delegate implements the decision.</p>

Note: An employee may be terminated, with their consent following resignation, at any time after the written notice in Step 2 has been issued. Where this occurs the employee will be entitled to payment of a lump sum for the balance of the assessment period. The normal periods of notice do apply but will be deemed to run concurrently with the balance of the assessment period.

Finalising Recommendations

Performance Assessment Report

At the end of the stage 2 assessment process the manager will complete the final overall assessment in the stage 2 Performance Support Plan. The manager will also prepare a stage 2 Performance Assessment Report/Manager's Checklist (template to be provided by [People and Culture Service Desk](#)) to be forwarded to the Delegate. A copy of the report will also be provided to the employee. The report will include:

- the manager's conclusions about why the employee has not met the expected standard of performance as outlined in the notification to the employee and reinforced through discussions and feedback sessions, and;
 - the recommended action.

Note: if an employee has attained and sustained satisfactory performance as a result of the process a Performance Assessment Report is still required. The employee will be advised in writing that the Performance Support Process has successfully ended, but if they have a recurrence of similar issues within 12 months the process may recommence at stage 2.

Role of the Delegate

The Delegate considers the Performance Assessment Report, recommendation of the manager and the employee's comments and may:

- proceed with recommended action, or;
- undertake another action.

Who is the Delegate?

For the purpose of the Improving Performance Procedures the 'Delegate' is as follows:

Action	Delegate
Transfer to other duties at the same or lower classification. Reduction in pay point.	<ul style="list-style-type: none"> ● General Manager, People & Culture ● Branch Manager, People & Culture ● Deputy Chief Executive Officers Note: General Managers and SES Band 2 may determine at level duties and location where duties are to be performed, for employees within their line of control.
Termination of employment.	<ul style="list-style-type: none"> ● General Manager, People & Culture ● Branch Manager, People & Culture ● Deputy Chief Executive Officers

Disclaimer: The delegations are consistent with the HR delegations matrix.



Advising the employee of the decision

The Delegate advises the employee, in writing, of their decision.

The advice to the employee must include:

- a statement that the employee has failed to attain satisfactory performance,
 - the relevant sanction that the Delegate is going to apply – where applicable,
 - reasons for the decision, and;
- a statement that the employee has 72 hours in which to respond and demonstrate that they have met the required standards or there was a serious defect in the process.

The Delegate will consider the employee response before making a final decision.

A proforma letter is available by contacting the [People and Culture Service Desk](#)

Implementing the Delegate's decision

Transfer of duties

If the Delegate decides to transfer an employee or reduce their classification at the same or lower level, it must be to a specified job which the employee:

- is qualified to perform, and;
- would be able to perform effectively within a reasonable period.

Reduction in pay point

If the Delegate decides to reduce an employee's pay point they will specify in writing the pay point to which it is reduced and any limitations that are to be imposed as a result of the reduction (e.g. employee may or may not be entitled to their next salary advancement).

Termination of employment

Where the Delegate determines that the employee's employment is to be terminated, they issue a letter of termination to the employee.

The date of termination will be:

- the end of the period of notice as set out in the *Workplace Relations Act 1996* (refer below), or;
- where the Delegate directs or the employee requests an earlier termination date within the period of notice, that earlier date.

Note: Where the required period of notice is not given, the employee is entitled to compensation instead of notice for the unexpired portion of the notice period.



Notice periods

The following table sets out the minimum notice periods in the *Fair Work Act 2009* for the purposes of determining the termination date. The periods of notice in the table should be increased by one week if the employee is:

- over 45 years old, and;
- has completed at least two years of continuous service.

Employee's period of continuous service	Period of notice
One year or less	At least one week
More than one year but not more than three years	At least two weeks
More than three years but not more than five years	At least three weeks
More than five years	At least four weeks

Lodging an appeal or a request for a Review of Action

Employee against decision for termination

If the Delegate determines that the employee should be terminated from the NDIA, the employee has no internal appeal rights, however, they may lodge an application to the Fair Work Commission on the grounds that the termination was harsh, unjust or unreasonable. The application must be lodged within 21 days of the employee receiving the notice of termination.

Review of Action request

An employee may lodge a Review of Action request in relation to the action taken under the Performance Support Procedures, except where:

- the employee is terminated, or;
 - the topic of the Review of Action request is excluded within the [NDIA Review Rights Policy](#).

The request for a review of action does not put a stay on proceedings.

Time limits apply. Please refer to the [APSC website](#).

Version change control



Version	Action	Description of Changes	Date
V 1.0	Approved – BM P&C	Draft Updated	17 January 2018
V 1.1	Updated in accordance with new EA		23 April 2020
V 1.2	Updated hyperlinks	Review Rights Policy hyperlink replaced	24 March 2021

.....with a Manager or Team Leader

- Have you engaged with Workplace Supports previously? What was your experience?
- Our role, broadly is.....
- We can tailor create an appropriate support plan with the help of our providers.....
- Thank you for the background story, what is happening today that is concerning you?
- Is there a history or pattern that may help us to better understand what is happening now?
- Do you know if the employee has external medical support (GP, psychologist, physio)?
- Do you have any gut feelings, intuitions about this situation and where it might go from here?
- Where do you think we need to provide support first, what is the support priority?
- Are you ok? How are you taking care of yourself in this situation? We can also provide you support if required....
- Is the person we are talking about today aware you are in touch with us? If not yet, let's talk about when might be an appropriate time to obtain consent to do so.
- It's important for you to understand that we are here to support you also. We follow a balanced approach to all our cases. We have the best interest of employees and the Agency at the forefront of our next steps and support considerations within our guidelines and our EA.

.....with an employee

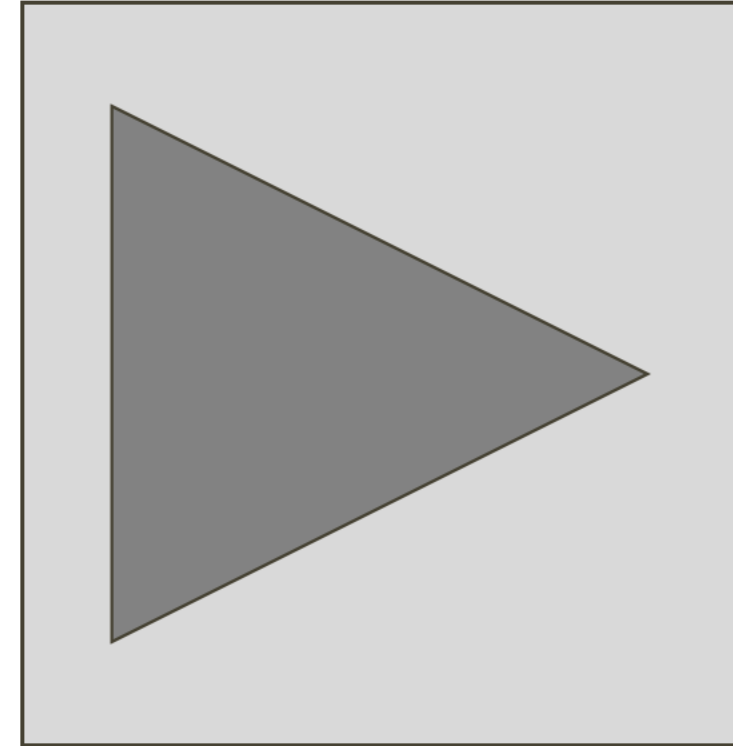
- Have you engaged with Workplace Supports previously? What was your experience?
- Our role, broadly is.....
- How are you? Tell me what's been happening for you recently.
- What does workplace support look like to you? What are your workplace support needs?
- Are there any other issues or concerns that may be impacting you at the moment, or may be impacting you in the future?
- Thank you for the background story, what is happening today that is concerning you?
- Do you have an external medical support network (GP, psychologist, physio)?
- What is the relationship with your manager and colleagues like? What does it feel like coming into work every day?
- We can tailor create an appropriate support plan with the help of our providers with your consent.....
- Your privacy and confidentiality is important to us. Information you provide will only be needed to assist us better understand how we best support you in the workplace. Help us to help you (and your manager/TL also).
- Do you have any concerns or questions about our chat today? I will follow this up with a conversation summary email to ensure what I have heard today is correct and we are on the same page moving forward.

.....successful initial information gathering conversations will allow you to create next steps, build an initial support strategy.

SOV 26-1513

I know.....

- there is a history of Workplace Supports (WHS, PST, S&R, DLO) or not.
- I have provided Workplace Supports services information about our role and what to expect working with us (manage expectations).
- the behaviour/issue a pattern or ongoing.
- the manager does or does not have consent to engage WPS at this stage.
- what the presenting and past (possibly future) concerns are (health, behaviour, performance, attendance).
- the employee is at work/not at work/RTW date or disengaged.
- the employee is safe.
- the employee knows where to go to get immediate and appropriate supports.
- the employee has sufficient/no support already in place externally.
- the employee has/has not got leave balances.
- the employee has or intends to provide consent for me to commence support services (if required).
- the employee has a good/distant rapport with their manager/TL/Team and/or a preferred support person.
- how the manager/TL is feeling about the situation, and if needed, they have a support network/system in place for themselves. If not, they know where to go.
- I have sufficient information to form next support steps.
- I can inform all parties of the next steps (including any agreements made and individual expectations) and timeframes.
- I am confident I have a considered, factual and thorough information base to form an initial support strategy and explore possible risk factors (and mitigations) which may occur along the journey.





WORKPLACE SUPPORTS TRIAGE

How To Guide

April 2025

Workplace Support Team



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Triage Process

Triage is an import process of aligning work to the most appropriate channels.

When work comes through Jira or outlook, it must be investigated. This investigation will yield information on what this work is, what needs to be done and from there we must decide where the work is most appropriately aligned and what will benefit out the team members off the agency to produce a successful outcome.

Workplace Supports

Work will be allocated to the Workplace Supports team that needs to be addressed quickly, this includes mental health. The purpose of the Workplace Supports team is to address and action issues before they become larger, or stopping something before it becomes an issue. This can be also done through spotting trends in the data that highlight issues at certain locations or area’s of the agency so they can be addressed early. Work will also be allocated to our Workplace Supports team for insurance and compensation, this work can be time consuming and complex.

New Starters

New starters to the agency are assisted by both the DLO and Workplace Support teams to address any workplace adjusted and assist in a smooth commencement of employment.

Other teams we work closely with:

DLO



Work will be allocated into the DLO space if the reason for the work is associated with a staff members disability. That is not to say all staff with a disability must go through DLO, as this is not always the most appropriate channel.

WHS

We work closely with the WHS team, on cases involving Mental health, lighting, noise and temperature.

PST

We work closely with PST, on cases involving performance, and questions about leave.

SART

We work with SART, on cases that have speak ups and possible employee complaints around bullying.

1. Purpose

The purpose of the guide is to provide consistent guidance to those undertaking the triage role and tasks.

2. Helpful Links

Workplace Supports Tracker - [MASTER Workplace Support tracker v2.xlsx](#)

Early Intervention Tracker [EARLY INTERVENTIONS TRACKER.xlsx \(sharepoint.com\)](#)

JIRA PC: Workplace Support ([ndis.gov.au](#))

JIRA Referral Process - [Referral Process - WHS to WST.docx](#)

Triage Allocations - [Triage Tracker - Allocation cases.xlsx](#)

Newstarter details - [Creating Newstarters in Jira.docx](#)

Sit Stand property - [2024 Property Locations - Sit Stand desks 1.xlsx](#)

ORAMs locations [ORAMS-locations.xlsx](#)

3. Triage Step by Step Guide

Step 1. Start day, open JIRA workplace supports queue.

Identify any new tickets, See created date/ last updated. And fill in the allocation table using key. Contact/ message any new cases if necessary to gather further information for triage meeting. This is now ready for daily allocation meeting. Monitor throughout the day and escalate when necessary.



When a ticket is received, prior to a triage call being made, our team should:-

- Check Active Tracker to see if they are a current or closed case.
- Check JIRA to see if there are any other tickets – for similar requests – and link the tickets.

Triage team to advise the AD's of any previous RCM involvement, and await instruction from AD who to allocate to.

After the triage meeting, for determined cases: (make sure you have the location pinned for sharepoint "Workplace Support Cases" folder - OPEN CASE FILES) create sharepoint file structures and obtain all information from ESS for the front page of case notes. Add to Tracker, fill in all applicable details and allocate to RCM

Contact RCM's by individual message about cases assigned to them that day. Allocate the correct cases to RCM's in JIRA under business owner EI.

Step 2. Checking shared inboxes. Healthy@work (categorise, action triage and individual)

Yourworkplace supports – move across to healthy at work, categorize and then action Triage (newstarters). Monitor throughout the day.

Step 3. Creating New starters tickets in JIRA using recruitment tracker and health decs. Contacting new starters. Responding to new starter emails from previous days including obtaining consent.

Step 4. Triage messages and calls to deep dive and gather information. Solve enquiries as needed. (Currently completed by APS6 RCM's and EL1 AD's, will now be completed by APS6 Triage)

Step 5. Categorise each JIRA ticket, using the categories below:

- **Category A** – High complexity comp or non-comp, performance/conduct/behaviour issues and/or workplace conflict. Spans multiple jurisdictions (internal or external), co-morbidity or disability, in- depth investigation/s (e.g., s71, FOI requests, IMEs, reconsiderations, AAT cases), WRP engagement.
- **Category B** – Moderate complexity comp or non-comp (WRP engaged, may involve one or more "Category A" elements, regular stakeholder engagement and meetings)
- **Category C** – Low complexity comp or non-comp (WRP engaged, proactive provider, minimal meetings, monthly progress reports, non-compensable)



- **Category D** – light-touch comp e.g., nil rehab, long-tail claims, inactive compensation claim, Comcare follow-ups)
- **Category E** – light-touch non-comp, e.g. work coming up in 6 months. Leave coding and medical certificate follow-ups required.

Step 6. Ad hoc contact from other stakeholders (DLO's, PST, WHS etc). Both.

Step 7. Sending and receiving consent prior to allocating a case. APS5.

APS5 Triage	APS6 Triage
<p>After the triage meeting, for determined cases: create sharepoint file structures and obtain all information from ESS for the front page of case notes or if obtained information during consent. Add to Tracker, fill in all applicable details and allocate to RCM.</p>	<p>open JIRA workplace supports queue. Identify any new tickets, See created date/ last updated. And fill in the allocation table using key. Contact/ message any new cases if necessary to gather further information for triage meeting. This is now ready for daily allocation meeting. Monitor throughout the day and escalate when necessary.</p> <p>Contact RCM's by individual message about cases assigned to them that day. Allocate the correct cases to RCM's in JIRA under business owner EI.</p>
<p>Checking shared inboxes. Healthy@work (categorise, action triage and individual) Yourworkplace supports – move across to healthy at work, categorize and then action Triage (newstarters). Monitor throughout the day. Escalate when necessary</p>	<p>Triage messages and calls to deep dive and gather information. Solve enquiries as needed. Escalate to cases as necessary (Currently completed by APS6 RCM's and EL1 AD's, will now be completed by APS6 Triage).</p>
<p>Creating Newstarters tickets in JIRA using recruitment tracker and health decs. Contacting newstarters.</p>	
<p>Sending and receiving consent prior to allocating a case.</p>	<p>Sending and receiving consent prior to allocating a case.</p>



4. New Starter template for Jira creation

Open Newstarter details prepopulate table [Table location](#)

First name	
Last name	
Role	
Start date	
Status/Transfer/Engagement Type	
Disability/ condition (optional disclosure)	
Supports required	
Preferred contact method	Preferred method
	Email
	Phone
Other information	
AGS number	
Location	

Copy line from New Starter Workplace Tracker and copy into top line of Newstarter populate table.

Label – NEW_STARTER

Create



5. Templates

Refer to **Canned Responses** - [Canned Responses for Triage Enquiries - 2025.docx](#)

6. FAQ - Ergonomic Evaluations conducted at an Employee's Home

If a Line Manager provides approval for an Ergonomic Evaluation to be conducted within the employee's home, do we:-

Obtain the approval in writing from the LM and attach to the JIRA ticket?

Yes

Does the agency pay for any equipment / reasonable adjustments that is recommended?

Yes, as per the EA 220. The NDIA may provide equipment necessary for, or reimbursement, for all or part of the costs associated with establishing a working at home arrangement.

Could we have the scenario where the LM approves the assessment to be conducted at their home, but the employee is responsible for purchasing all the equipment recommended*.

Yes as above

Can Triage staff seek approval from you, Director of Workplace Supports, if they have evidence that the LM are not complying with a reasonable request for the assessment to occur at home.

I would consider that as guidance as opposed as approval. The business area still needs to be consulted in decisions.

Does the employee have to provide evidence of their injury / illness / disability to their LM?

Not necessarily, it may be considered reasonable to request it.



Summary* Melody M [redacted] - new starter

Description

First name	Melody
Last name	M [redacted]
Role	NDIA APSS PLANNER
Start date	19/08/2024
	Section 26 - Temporary Reassignment at level
Disability/ condition (optional disclosure)	no
Supports required	yes
Preferred contact method	Email Preferred [redacted]@gmail.com
Other information	[redacted]
AGS number	[redacted]

Reporter W [redacted] Katrina

Step 5.

If for workplace supports and NOT DLO. Assign to self in Assignee category.

Create Issue Configure Fields

Visual Text

Reporter W [redacted] Katrina

Assignee W [redacted] Katrina Assign to me

Approvers

Step 6.

Fill in Labels NEW_STARTER

Priority

Labels

Step 7.

Fill in business owner team

EI for Workplace supports

DLO for DLO team



Labels ▼
Begin typing to find and create labels or press down to select a suggested label.

Business Owner
 Team

Full Name

Step 8.

Contact newstarter using preferred method. If email see below. If phone go to step ten.

Email Template:

Hi xxx

My name is xxx and I work in the Triage team within the Workplace Supports Team at National Disability Insurance Agency (NDIA).

my role is to make contact with new Australian Public Service employees who may require supports or adjustments in the workplace.

I have received confirmation from the Recruitment team that you have been successful and accepted an offer of employment with the NDIA. Congratulations!

I understand you have indicated during the recruitment process that you may require workplace adjustments and I am contacting you to discuss how I can assist in implementing any necessary adjustments for when you start.

Can you let me know your requirements in terms of workplace adjustments, and we can investigate if we can accommodate your request.

To: email address of newstarter

CC: Healthy@Work

Subject: First Name (preferred name) Last Name – Workplace supports



Send	From	Katrina.WF [REDACTED]@ndis.gov.au
	To	[REDACTED]@gmail.com
	Cc	[REDACTED] - certain operations of agencies
	Subject	Melody M [REDACTED] workplace supports

Hi Melody,

My name is Katrina and I'm a part of the Workplace Supports Team at NDIA. Part of my role is to [make contact with](#) new APS employees who may require supports or adjustments in the workplace. I have received confirmation from the Recruitment team that you have been successful and accepted an offer of employment with the NDIA. Congratulations!

I understand you have indicated during the recruitment process that you may require workplace adjustments and I just wanted to reach out and get that discussion happening soon.

Can you let me know what you feel you need in terms of workplace adjustments, and we can look to see if we can accommodate them for you.

Send email

Step 9.

Attach email to JIRA

Drag and drop email from sent items.

Step 10.

Create ticket

Create another

Step 11. Go to ticket, call employee and annotate

Phone script:

Hi xxx, My name is xxx and I'm a part of the Workplace Supports Team at NDIA. Do you have some time to chat?

I have received confirmation from the Recruitment team that you have been successful and accepted an offer of employment with the NDIA. Congratulations!

I understand you have indicated during the recruitment process that you may require workplace adjustments and I just wanted to reach out and get that discussion happening

They will usually take the conversation from there.

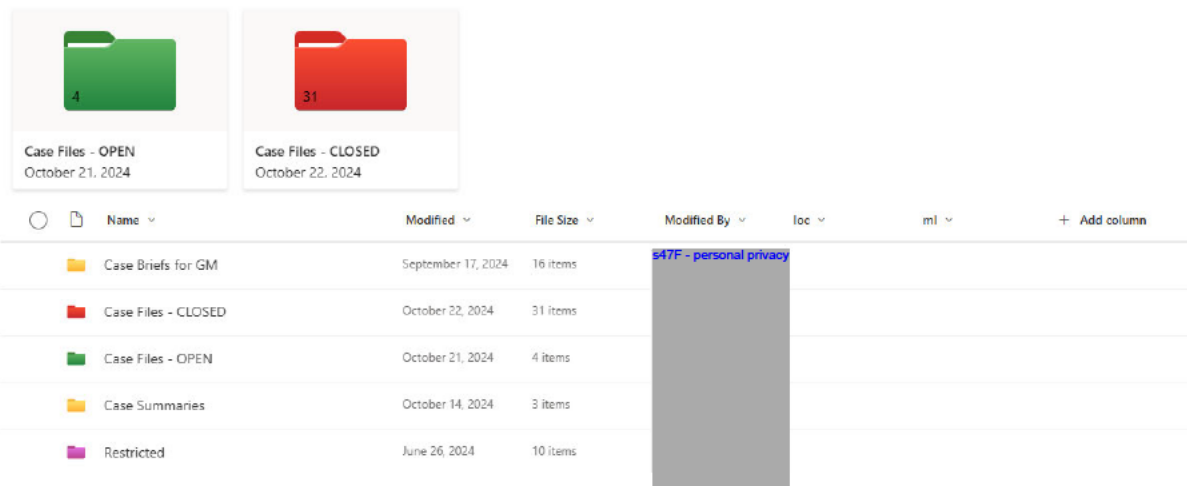
Annotate JIRA with response or if call unsuccessful. If unsuccessful send email (Step 8 and 9)

8. Creating a File Structure

Cases will be listed on the Triage Tracker – Allocation spreadsheet - [Triage Tracker - Allocation cases.xlsx](#). Column J will reflect if a File Structure has been completed. Use the Case Notes – RCM template - [Case Notes - TEMPLATE.docx](#) and open the JIRA ticket link is in the Triage Tracker – Allocation.

Save the file in your own drive with naming convention – SURNAME, Christian name (Geelong, VIC), update the details from the completed Assessment Request form in the JIRA ticket.

Workplace Support Cases sharepoint page and copy the File Structure and paste into either Case Files – Open or Case Files – Closed – Non Comp or Comp – first letter of surname folder which relates to the surname, paste into the correct folder and change the name to be in the naming convention SURNAME, Christian name (Geelong, VIC) - [Home](#)



Name	Modified	File Size	Modified By	loc	ml	+ Add column
Case Briefs for GM	September 17, 2024	16 items	547F - personal privacy			
Case Files - CLOSED	October 22, 2024	31 items				
Case Files - OPEN	October 21, 2024	4 items				
Case Summaries	October 14, 2024	3 items				
Restricted	June 26, 2024	10 items				

Save the Case Note document into the File Structure with naming convention SURNAME, Christian name (Geelong, VIC) Case Notes.

Copy completed documents into the File Structure from JIRA (Consent Forms, Early Intervention Forms).

Go to H&W Outlook Mailbox and create a new folder in Open Case Files under the first letter in the surname using the naming convention – SURNAME, Christian name (Geelong, VIC).

Open MASTER Workplace Support Tracker [MASTER Workplace Support tracker v2.xlsx](#) – Non-comp or Comp and complete the first blank line after the data details are on the Case Notes. Sort alphabetically to update the spreadsheet.



9. Creating a new category

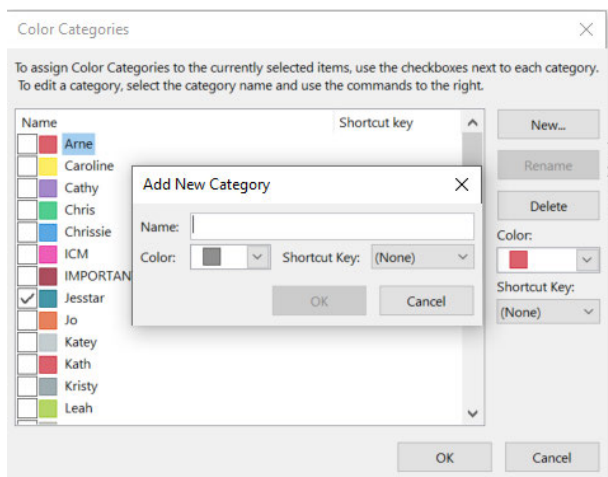
When a new RCM or Triage person commences a new category needs to be set up in the H@W mailbox.

Click on the H@W Inbox

Categories

All categories

New – add name and a colour which is not assigned to anyone – OK



10. Useful tables for flowcharts

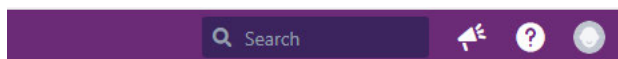
Where to look on the recruitment tracker to see if the employee requires adjustments

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Date Created	Date Entered	First Name	Preferred Name	Last Name	Gender	Email Address	Start Date	Contact number	Candidates Preferred Method of Contact	Identified Disability	Workplace Adjustment Requested	Candidate AGS Number	NDIA or External	Status/Transfer/Engage
2	26/7/2024	26/7/2024						2024-09-19		Email Preferred	no	no	84682378	external	Promotion - External

Where to look on the recruitment tracker to see if the employee identifies with a disability

	J	K	L
iber	Candidates Preferred Method of Contact	Identified Disability	Workplace Adjustment Requested
	Email Preferred	no	no

Where to look on JIRA to find the search (top right corner)





11. Relocating Furniture and Equipment between NDIA offices

If the whole site you are based in is moving to a new location, the Property Team will arrange for all furniture and equipment to be relocated.

If you are moving to a new location due to personal circumstances such as moving house or a new job offer, you will be responsible for arranging the relocation of your personally issued equipment. If your equipment is small and easily moveable (for example an ergonomic mouse, mouse pad, keyboard) please pack and move with your other items.

If the items are larger and you cannot safely pack and move them, please speak with your line manager and make arrangements for a courier to deliver to your new location.

The content of this document is **OFFICIAL**

Early Intervention, Rehabilitation and Return to Work: A Guide for Case Managers

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1. Document Control

Document Control

Document Name	Early Intervention, Rehabilitation and Return to Work: A Guide for Case Managers
Date	30/05/2023
Status	FINAL
Version	3
Owner	Workplace Support Team

Approval Status Log

Version	3
Reviewed and approved by	Assistant Director, Workplace Supports
Approval date	30/05/2023

- *Note: Document uncontrolled in hardcopy*

2. Purpose

The information contained within this guide outlines best practice processes in the management of National Disability Insurance Agency (NDIA) employees, following an incident, illness or injury. The information is to be used as a guide only, and is designed to complement the knowledge and experience of Disability Liaison Officers (DLOs), Early Intervention Officers and Rehabilitation Case Managers (RCMs).

3. Who does this guide apply to?

This guide applies to:

- NDIA DLOs, EI Officers and RCMs; and
- HR Personnel within the People and Culture (P&C) Division who provide advice to NDIA employees.

4. What legislation is relevant to this guide?

The information contained in this guide is based on the responsibilities of the NDIA under the following legislation:

- *Public Service Act 1999* (PS Act)
- *Safety Rehabilitation and Compensation Act 1988* (SRC Act)
- *Superannuation Act 1976*
- *Superannuation Act 1990*
- *Superannuation Act 2005*
- *Fair Work Act 2009*
- *Privacy Act 1988* (Privacy Act)
- *Work Health and Safety Act 2011* (WHS Act)
- *Disability Discrimination Amendment Act 2002*

5. Review of employment actions

Employees should speak to their manager in the first instance in relation to employment related decisions and actions.

Employees may be entitled to request a review of decisions and/or actions as per the NDIA Review Rights policy.

People and Culture Division can provide support and assistance to both employees and managers involved in a review process.

6. Rehabilitation Management Systems

6.1. Rehabilitation Management System

A Rehabilitation Management System (RMS) is the framework of processes and procedures used to ensure that an organisation can achieve its rehabilitation objectives.

A RMS includes a documented statement of senior management's commitment to provide effective rehabilitation to their employees. It assesses the employer's performance against rehabilitation objectives and is used to inform strategic direction. A RMS will help the NDIA to:

- Assist injured employees to achieve a durable return to work (RTW);
- Recognise and strengthen successful steps in workplace rehabilitation;
- Demonstrate compliance with relevant legislation;
- Recognise and understand compliance obligations;
- Provide effective rehabilitation arrangements;
- Promote continuous improvement;
- Ensure good communication with employees;
- Provide for internal and external accountability;
- Put adequate control structures in place to manage risk.

6.2. Audit Program

The NDIA will undertake annual audits of the Rehabilitation Management System (RMS) as required by the guidelines.

Further information can be found in the RMS Audit Procedure.

6.3. Rehabilitation Authority

Under the SRC Act, the CEO is the rehabilitation authority for employees who have suffered a workplace illness or injury.

Under section 41A of the SRC Act, the rehabilitation authority (CEO) delegates in writing all or any of its functions and powers under Part III to an officer or person employed by the rehabilitation authority's employer.

6.4. Workplace Rehabilitation Provider

A Workplace Rehabilitation Provider (WRP) is a person or organisation, approved under section 34F of the SRC Act by Comcare to provide workplace and vocational rehabilitation services.

Employees are referred to a contracted Workplace Rehabilitation Provider by the Rehabilitation Case Manager.

6.5. Employee

These guidelines apply to all employees of the NDIA including non-ongoing employees. Some parts of this policy in relation to the SRC Act apply to former employees, where NDIA is the rehabilitation authority for a compensation claim. In relation to rehabilitation programs under the SRC Act, all employees are advised of their rights and responsibilities in writing. Employees have a responsibility to attend assessments and undertake the rehabilitation program.

7. Rights and Responsibilities

7.1. The Employee

The employee has a right to:

- Receive appropriate compensation entitlements and rehabilitation for compensable injuries under the SRC Act;
- Privacy in accordance with the Privacy Act;
- Access documents that relate to their claim under s 59 of the SRC Act;
- Seek a reconsideration of certain determinations (as defined under s 60 of the SRC Act);
- Request reasonably practicable adjustments to the workplace; and
- To be supported by a Disability Liaison Officer (DLO), Early Intervention Officer (EI Officer) Rehabilitation Case Manager (RCM), and/or a Workplace Rehabilitation Provider (WRP), if required.

Employee responsibilities include:

- Notifying their supervisor at the first opportunity after becoming ill or injured;
- Reporting work-related illnesses or injuries via an incident report to the Work Health and Safety team;
- Maintaining ongoing contact with their supervisor and RCM throughout the absence and the RTW process;
- Submitting a leave request and associated medical certificates for all absences in line with the leave policy;
- Indicating to their supervisor and/or RCM when they require assistance to remain at work and/or RTW;
- Cooperating in the rehabilitation and RTW process;
- Undergoing independent medical assessments as required by the NDIA;
- Actively participating in all rehabilitation and RTW processes; and
- Performing their duties in accordance with *Work Health and Safety Act 2011* and/or medical restrictions.

7.2. National Disability Insurance Agency (The Employer)

The NDIA has a primary duty of care to ensure, so far as is reasonably practicable, the health and safety of its employees under the *Work Health and Safety Act 2011*. This includes ensuring that the health and safety of people is not put at risk from work carried out as part of the conduct of the business.

If an employee's health status presents a risk to the health and safety of themselves and/or others whilst engaged in work, they can be stood down by the appropriate delegate until such time that they are deemed medically fit to return to work.

The Workplace Support team will offer support to the employee, including having their capacity for work assessed and their rehabilitation and return to work arrangements established and implemented.

7.3. Supervisors

Supervisors of NDIA employees are responsible for the health, wellbeing and safety of their staff. They are required to participate in, and monitor the progress of the, the rehabilitation and RTW of their employees.

Responsibilities include:

- Notifying the Workplace Support Team as soon as it is identified that an employee may require support;
- Ensuring that an Incident Report has been sent to the Work, Health and Safety Team if the illness or injury is work related;
- Providing a safe work environment in line with the *Work Health and Safety Act 2011*;
- Maintaining ongoing contact with their employees and the RCM throughout the absence from work and RTW process;
- Actively working with the RCM and other parties to identify suitable duties for ill and/or injured employees;
- Ensuring that leave is approved where required, with appropriate supporting documentation;
- Cooperating in the rehabilitation and RTW process;
- Managing workloads to ensure that team members are not adversely disadvantaged by the absence of the ill or injured employee;
- Ensuring that administrative requirements are completed as required. This may include but is not limited to:
 - o Completing relevant section of claims for compensation within 5 days of receiving it;
 - o Employer Statements;
 - o Statement of Claims;
 - o Incident Reports; and
 - o Work Reports for medical assessments.
- Actively working with all relevant stakeholders to identify alternate work arrangements for their employee based on the medical recommendations.

7.4. Disability Liaison Officer (DLO)

The DLO is responsible for assisting new and existing employees with disability who require workplace adjustments to enable them to fulfil the requirements of their role. This supports access and inclusion for all employees of the NDIA. DLOs may source Assistive Technology for employees and arrange associated training for its use. DLOs provide ongoing supports for up to twelve weeks.

7.5. Early Intervention (EI) Officer

The EI Officer is responsible for acting early to prevent, or to provide early assistance to employees with illness or injury. These may be work-related or non work-related illnesses or injuries (physical or psychological), that are low complexity and non-compensable in nature.

EI Officers may engage Workplace Rehabilitation Providers to conduct Ergonomic Workstation Assessments and Early Intervention Assessments (EIA) in order to identify workplace adjustments, modifications and/or strategies to support an employee's rehabilitation and/or return to work.

EI Officers also provide assistance to supervisors with short-term absence management and RTW arrangements for their employees (for absences less than 13 weeks, where a sustainable RTW is likely).

When critical psychosocial incidents occur, the EI Officer may work with the business area and the Work Health and Safety Team to provide immediate assistance and support to those involved.

7.6. Rehabilitation Case Manager (RCM)

The RCM is responsible for coordinating and managing the rehabilitation and return to work of employees with an illness or injury, on behalf of the NDIA. As part of this process, they provide guidance to the supervisor on the day-to-day management of the rehabilitation and return to work process.

The illness or injury may be compensatory (i.e. any cases where a claim for compensation is lodged, whether accepted, or declined) or non work-related. The complexity of the case can vary. Examples of cases managed by RCMs includes:

- Cases where the employee has both physical and psychological conditions;
- Cases where the employee has a disability and there are additional, long-term support requirements at work;
- Cases where the employee has a psychological condition/s and there are behavioural and or performance issues at work;
- Cases where the employee has a psychological condition/s and there are bullying and/or harassment issues at work;
- Cases where the employee has had a long-term absence from work (3-6 months or longer);
- Cases where the employee has "Long Covid", lasting over twelve weeks post-virus (with earlier management of these cases being overseen by an EI Officer);

The RCM acts on behalf of NDIA to meet its injury management responsibilities and obligations under both of the Acts outlined above.

Responsibilities include:

- Initiating, coordinating and monitoring the rehabilitation and/or RTW process in consultation with all stakeholders; including Workplace Rehabilitation Providers;
- Assisting supervisor/s to access appropriate supports to facilitate the employee's RTW process;
- Providing advice, assistance and professional guidance on absence management;
- Making decisions under delegation in relation to rehabilitation responsibilities under the SRC Act and the Public Service Act;
- Coordinating Independent Medical Examinations (IMEs), which may include Fitness for Duty (FFD) Assessments;
- Coordinating Work Trials or Work Placements when the ill/injured employee will not be returning to their original (pre-injury) role;
- Overseeing invalidity and partial invalidity processes, where an employee has permanent or partial disability or incapacity due to an injury at work;
- Ensuring that rehabilitation and RTW process are cost effective and within industry standards;
- Ensuring that Comcare have up-to-date information relating to a claim at all times, including relevant documentation (e.g. medical certificates, s37 Rehabilitation Programs, reports from treating doctors, WRP Progress Reports, Closure Reports, etc.)

7.7. Workplace Rehabilitation Provider (WRP)

The WRP may be engaged to assist the employee in their safe and durable RTW, or if they are already at work, that there has been workplace adjustments to assist them in remaining at work. The WRP will assist in with both compensable and non-compensable illness/injuries and will be requested to conduct an Early

Intervention Assessment (EIA) in line with either the Public Service Act or SRC Act to ensure that all essential information regarding the rehabilitation and RTW is gathered from all stakeholders.

Responsibilities include:

- Providing expert, objective advice to the RCM to assist the timely, safe and durable RTW of an injured employee;
- Engaging the injured employee, treating doctor and supervisor in the development and implementation of a tailored RTW plan or rehabilitation program;
- Actively monitoring the RTW plan or rehabilitation program and regularly talking with all parties to ensure that the goals are achieved; and
- Complying with Comcare's criteria and standards for Workplace Rehabilitation Providers.

7.8. HR Business Partners (HRBP)

Responsibilities include:

- Providing direction and intervention on bullying/harassment cases;
- Providing direction and intervention on performance related matters;
- Providing direction and intervention on cases where there are issues with supervisor compliance (e.g. failure to offer suitable duties and or failure to support/monitor the employee through the RTW process);
- Providing direction and intervention on cases where there are issues with employee compliance; and
- Acting as a central point of contact for disputes that may arise during the RTW/absence process.

7.9. Treating Medical Practitioners

Treating medical practitioners provide medical assessments and treatment and provide advice regarding fitness for work, rehabilitation and work capacity.

Treating medical practitioners play a vital role in the rehabilitation and RTW.

7.10. Legally Qualified Medical Practitioners (LQMP)

Legally Qualified Medical Practitioners (LQMPs) are registered medical practitioners who are under contract to the NDIA to provide impartial medical assessments (Independent Medical Examinations) to employees where required.

The medical practitioner will provide a report about the nature of an employee's condition, the treatment they may require and/or the type of work (if any) they may be able to undertake.

7.11. Comcare

The SRC Act established Comcare as the Federal Government's workers' compensation authority. Comcare manages compensation claims for Australian Government employees.

Comcare makes determinations regarding liability, incapacity payments, treatment expenses, permanent impairment and non-economic loss, aids and appliances, household services and attendance care services, and approval of other payments and services under the SRC Act.

7.12. Commonwealth Superannuation Corporation (CSC)

The Commonwealth Superannuation Corporation (CSC) may determine that an employee is eligible for medical treatment on the basis that they are permanently or partially incapacitated for work.

Eligibility and payments of benefits differ across the three superannuation schemes – Commonwealth Superannuation Scheme (CSS), Public Sector Superannuation Scheme defined benefit (PSSdb), and Public Sector Superannuation Scheme Accumulation Plan (PSSap).

8. Delegations

8.1. Safety, Rehabilitation and Compensation Act 1988 (SRC Act)

For the Commonwealth, Commonwealth Authority or licensee, section 41A of the SRC Act allows the rehabilitation authority to delegate in writing all or any of its functions and powers under Part III to an officer or person employed by the rehabilitation authority's employer.

Rehabilitation Case Manager Delegations

- Sub-sections 36(1) & (3) of the SRC Act – may arrange for assessment of an employee's capability of undertaking a rehabilitation program or shall do so at the written request of the employee. The employee may also be required to undergo an examination.
- Sub-section 37(1) of the SRC Act – determine that an employee should undertake a rehabilitation program.

In determining if an employee should undertake a rehabilitation program, a RCM shall have regard to the requirements of section 37 (3) of the Act. The matters for consideration are:

- (a) *any written assessment given under subsection 36(8)*
- (b) *any reduction in the future liability to pay compensation of the program is undertaken*
- (c) *the cost of the program*
- (d) *any improvement in the employee's opportunity to be employed after completing the program*
- (e) *the likely psychological effect on the employee of not providing the program*
- (f) *the employee's attitude to the program*
- (g) *the relative merits of any alternative and appropriate rehabilitation program*
- (h) *any other relevant matter.*

and:

- a) If an employee is determined to undertake a rehabilitation program (whether it be in respect of the same or a different injury), a RCM shall have regard to whether:
 1. the employee completed the program;
 2. the program resulted in any improvement in the employee's capacity to work or activities of daily living; or
 3. if the employee did not complete that program, whether the employee had a reasonable excuse for failing or refusing to complete that program; and

- b) Section 15 of the *Disability Discrimination Act 1992*

Non-compliance

Where the RCM considers that the employee may have, without reasonable excuse, refused, failed to attend or undertake, or obstructed an examination or rehabilitation program, the RCM shall:

- (a) assess the extent of the refusal, the manner in which the employee failed to cooperate or the nature of the obstruction to ascertain the severity of the employee's non-compliance;
- (b) as soon as reasonably practicable, ask the employee to provide an explanation for such refusal, failure or obstruction; including in that request adequate guidance or instruction as to the evidence required and timeframes for response;

and

- (c) consider whether the employee had a reasonable excuse for such refusal, failure or obstruction taking into account the employee's explanation or failure to provide one.

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- Sub-section 36(4) of the SRC Act – rehabilitation programs – suspend rights to compensation and proceedings under the SRC Act for refusal or failure to undergo an examination (without reasonable excuse) or obstructing an examination.
- Sub-section 37(7) of the SRC Act – rehabilitation programs – suspend rights to compensation and proceedings under the SRC Act for refusal or failure to undertake a rehabilitation program, without reasonable excuse.

8.2. Public Service Act 1999 and Public Service Regulations 2023

Independent Medical Examinations and outcomes are managed in accordance with section 20 of the *Public Service Act 1999* and section 11 of the *Public Service Regulations 2023* (Public Service Regulations). RCMs and Directors within the People and Culture Division hold the delegation for this and can direct an employee to undergo a medical examination.

9. Risk Identification, Assessment and Control

Risk identification, assessment and control is the cornerstone of not only workplace health and safety practitioners, but also business operations in general. For injury management and the Rehabilitation Management System (RMS), the RMS Risk Profile outlines potential risk impacts to the RMS.

10. Records Management

10.1. Case Notes and Record Keeping

All phone conversations, discussions, and/or meetings that occur during the course of managing a case or claim for compensation, must be recorded in writing by the DLO, EI Officer, or RCM as an accurate record, made at the time, or as soon after the event (incident, discussion, phone call, meeting) as practicable.

Case notes will:

- State who the RCM has spoken to, the purpose of the conversation and discussion;
- Contain the date of the conversation/discussion;

- Accurately record any explanations or undertakings that were received or given;
- Capture emerging barriers or trends;
- Contain objective observations;
- Be confined to the facts, and
- Be brief, clear and concise.

Records pertaining to injury reports, RTW, rehabilitation and medical treatment will adhere to privacy and confidentiality requirements as defined in the Privacy Act 1988.

Case notes must not:

- State any irrelevant personal observations or views, particularly any comments of a non-factual nature;
- Contain personal information relating to another person unless that information is relevant.

DLOs, EI Officers and RCMs have a professional, ethical and legal responsibility to ensure follow the guidelines above, noting that case records can be subpoenaed as court documents (e.g. AAT, Fairwork.)

DLOs, EI Officers and RCMs also have an administrative responsibility of ensuring that their case folders in MS Outlook, the shared drive and the active case tracker/spreadsheet are up-to-date.

RCMs are responsible for using the Workload Resource Tool to accurately categorise each of their cases in the Active Tracker on a weekly basis, and to review this with their Assistant Director during fortnightly case reviews.

The purpose of this tool is to ensure accurate and qualitative reporting of workloads and to enable suitable work allocation to Case Managers.

- **Category A** – High complexity comp or non-comp, performance/conduct/behaviour issues and/or workplace conflict. Spans multiple jurisdictions (internal or external), co-morbidity or disability, in-depth investigation/s (e.g., s71, FOI requests, IMEs, reconsiderations, AAT cases), WRP engagement.
- **Category B** – Moderate complexity comp or non-comp (WRP engaged, may involve one or more “Category A” elements, regular stakeholder engagement and meetings)
- **Category C** – Low complexity comp or non-comp (WRP engaged, proactive provider, minimal meetings, monthly progress reports, non-compensable)
- **Category D** – light-touch comp e.g., nil rehab, long-tail claims, inactive compensation claim, Comcare follow-ups)
- **Category E** – light-touch non-comp, e.g. work coming up in 6 months. Leave coding and medical certificate follow-ups required.

*N.B. Case categories are interchangeable (cases may move between categories at different points of the lifecycle of the case).

For each case, the RCM must also add the employee’s superannuation fund to the spreadsheet.

10.2. New Case Administration

When a new case comes into any work stream (DLO, EI or RCM), the receiving team member must establish whether the case has previously been managed within Workplace Supports. To do so, they must check all records, including archived files and closed files. If the employee has been managed as a case in the past, the case manager must examine the previous records to gain an understanding of the history. This, coupled with the new information, should be used to determine where the re-opened case should sit, i.e. within the DLO, EI, or RCM work stream.

10.3. Case Handovers

When a case needs to be referred from a DLO or EI Officer to a RCM, the DLO or EI officer must complete a Case Handover document with all relevant information to provide to the RCM. They must also ensure that the employee's case file in MS Outlook and SharePoint folder is up-to-date.

In SharePoint, there should be a primary folder for the employee, which contains three subfolders named DLO, EI and RCM. If a search in the shared drive reveals that there is historical information relating to the employee, it must also be stored in this location in a folder titled "Historical". The Case Manager must file all case notes and correspondence (reports, medical certificates, etc.) in the relevant subfolder, depending on the case management area that it relates to.

Case Management Arrangements During Periods of Leave

During periods of leave taken by members of the Workplace Support Team (e.g. annual leave), case handover arrangements must be made.

Team members must add all of their cases to the Case Handover Template which is saved in SharePoint/R: drive, and have a case handover discussion with the Assistant Director (AD), Workplace Supports, prior to going on leave. When completing the Case Handover Template, the Case Manager must note any follow-up actions required while they are on leave.

The assisting Case Manager must update the template with any actions that occur during the primary Case Manager's absence (e.g. email filed in Outlook, report received and filed in the "Open Case" folder in Sharepoint).

When the primary Case Manager returns from leave, they can review the actions completed on each case and any follow-up actions required of them.

10.4 Naming Conventions

The following naming conventions should be adhered to when naming documents.

YYYY.MM.DD, Description, Surname, First Name

E.g. 2022.05.10 Medical Certificate, Smith, John

10.5 Case File Security

All emails related to a case must be filed in the relevant MS Office folder. All documentation relevant to the case must be saved in the relevant Sharepoint folder.

11. The Comcare Scheme - SRC Act

The rehabilitation and workers' compensation regulatory functions provide an integrated and cost-effective approach to prevention, compensation and workplace rehabilitation across the jurisdiction.

The rehabilitation and compensation components of the Comcare scheme are characterised by:

- A 'no fault' scheme, with limited access to common law;
- An integrated and cost-effective approach to injury prevention, occupational rehabilitation and workers compensation;
- Employer responsibility for the occupational rehabilitation and RTW of injured employees;
- Comcare approval of rehabilitation program providers;
- A comprehensive benefit structure with an entitlement to incapacity payments for 45 weeks at 100 per cent of normal weekly earnings, and a graded reduction thereafter, from between 100 per cent and 75 per cent of normal weekly earnings, depending on the hours worked during a given week;
- Coverage of allowable medical, rehabilitation and related costs associated with the treatment of work related Injury and diseases;
- Lump sum payments for permanent impairment due to work related injury or disease; and
- Entitlement to incapacity payments until age 65.

11.1. Comcare Premium

The premium is the amount of money that an agency (e.g. NDIA) is required to pay to Comcare to cover the provision of benefits provided to injured employees for things such as income support, medical and home help assistance and other benefits. Comcare will assess each agency's claim performance as an estimate of the lifetime cost of each claim. Lifetime cost means payments to date plus an estimate of future costs for each claim.

Estimates of lifetime costs increase or decrease for each claim, depending on the changing pattern of actual costs and time off work for the claim. While most claimants have only days or weeks off work, some will accumulate many months off work and a small percentage will continue to receive benefits and accumulate time off work over many years.

At the time the claim is accepted, the estimate of the lifetime cost is based on the minimal information available about the claim. This includes the claimant's age, gender, normal weekly earnings, type of injury, and the delay between the injury and acceptance of their claim.

As more information about the development of each claim becomes available, the estimate of lifetime cost for each claim is updated. Important factors in claim estimation include:

- The claimant's cumulative time off work and the pattern of time off work (the number and length of periods off work);
- Whether the claimant is at work or off work, and how long that has been the case;
- If the claimant is on a graduated RTW program, the number of hours they spend at work each week;
- The claimant's pattern of medical and rehabilitation costs; and
- Whether a third party recovery action has been initiated, and the progress of that action.

The premium responds to trends in the claim performance for the individual agency, as well as trends across the whole system, and is intended to act as a direct financial incentive for agencies to reduce workers' compensation costs by effective health, safety and rehabilitation measures.

To reduce premium rates, the following must occur:

- A reduction the number of claims, by preventing injuries in the first instance; and
- Returning injured employees back to work as quickly as possible (even just a few hours a week), as payments for time off work make up the largest component of the costs.

12. Early Intervention

The NDIA recognises that early intervention is about identifying the early signs of work-related injury or illness and taking quick and effective action to support employees, which in turn:

- Prevents long term absence from the workplace and the development of chronic illness;
- Supports a positive and supportive workplace culture;
- Recognises staff and the value of their contribution to the workplace; and
- Reduces workers compensation costs.

The earlier it is observed that an employee is experiencing potential signs of ill health or injury, the sooner the NDIA can take steps to support them. The NDIA has early intervention funding which may be used for particular medical costs, or to engage a Workplace Rehabilitation Provider (WRP) to provide rehabilitation and RTW services.

The success of Early Intervention requires employees to:

- Report any illness or injury to their manager as soon as possible;
- Participate in Early Intervention Assessments (EIAs) and RTW programs where required; and
- Keep their manager informed about their injury and treatment.

The NDIA's Early Intervention approach aims to embrace the following principles:

- A timely and appropriate response, with a focus on workplace interventions;
- Managers and team leaders play a central role;
- Collaboration between key stakeholder is required to identify solutions that will maintain the staff member at work or to RTW;
- Early and professional assessments will assist with identifying employees' needs; and
- All staff have responsibility to create a supportive work environment for work colleagues who may be affected by injury or illness.

12.1. Early Intervention Funding

The NDIA has established a centralised funding and payment model for approved workplace adjustments and early intervention expenses. The Workplace Support Team are responsible for the assessment, approval and payment of workplace adjustments and EI expenses for APS employees, with the exception of Auslan and Live Captioning. This remains the responsibility of the employee's business area.

EI expenses are generally covered by the staff reimbursement process. In some circumstances, it may be appropriate for the NDIA to organise an upfront payment to the health provider.

The NDIA's early intervention funding may be used for:

- Short-term external WRP services such as Early Intervention Assessments (EIAs), RTW services, including Early Intervention Rehabilitation Programs (EIRPs) and workstation ergonomic assessments. For example, for a period of up to 12 weeks;
- Reimbursing the costs of medical intervention such as:
 - o General practitioner consultation(s)
 - o Limited treatment by registered allied health professionals. For example, up to six treatment sessions of physiotherapy, psychology or occupational therapy
- Providing support aids, including ergonomic equipment, non-standard furniture, equipment or software.

Generally, early intervention funding will not be provided for

- Investigative medical costs, such as CT scans or MRIs;
- Invasive treatment such as surgery;
- Prescription medication; and
- Massage, unless a medical practitioner makes a referral for remedial massage to a registered allied health professional.

Please refer to the *WHS&S Centralised Purchasing and Payment of Workplace Adjustments and Early Intervention Support Payments* Standard Operating Procedure (SOP) for detailed funding approval and purchasing instructions.

When an Early Intervention Rehabilitation Program (EIRP) is required for a case where there is no claim for compensation, the ongoing funding for the program must be tracked by the Rehabilitation Case Manager (RCM). The steps for recording this is outlined below when a Workplace Rehabilitation Provider (WRP) recommends an EIRP:

- RCM receives a funding request from the WRP for an EIRP
- RCM saves the funding request to the shared drive (R drive)
- RCM requests funding approval from their Assistant Director and case notes this request
- Once the funding is approved, the RCM completes the below funding request template and returns it to the WRP
- When the WRP requests more funding and submits another request, this amount is added the other funded amount and is reflected as a total amount in the second row "Total costs approved including this request – GST inclusive). This enables the RCM to track how much money has been spent on the rehabilitation program at any given time.

SECTION 4: Agency delegate approval – for agency use only

Costs approved to date – GST inclusive	
Total costs approved including this request – GST inclusive	
Comments	
Agency representative name	
Agency representative signature	
Phone	
Date	Enter details
ORAMS Referral ID Number	

12.2. Early Intervention Assessments

An Early Intervention Assessment (EIA) may be conducted by a Workplace Rehabilitation Provider (WRP) for non-compensable physical or psychological injuries or illnesses. The aim of an EIA is to identify early signs of injury or illness and recommend strategies for the employer to take quick and effective action to support the employee. This in turn:

- prevents further or long-term absence from the workplace and the development of chronic illness
- supports a positive and supportive workplace culture
- recognises staff and the value of their contribution to the workplace.

The assessment should include the following information-gathering activities:

- appraisal of the workplace ergonomic environment (onsite or at a home location)
- discussion with the supervisor and treating practitioner
- identifying barriers to return to work (including consideration of workplace issues) and proposed strategies to address these barriers
- information on a medical diagnosis and expected recovery timeframe, and a concise and relevant history of injury and/or illness
- workplace restrictions
- potential suitable duties where appropriate

Following the assessment, the WRP will email the report to the Case Manager for review. After reading the report, the Case Manager should determine, with involvement of the WRP, whether the report should be released directly to the employee, or through their treating medical practitioner. In some cases, where there is particularly sensitive information contained within the report, it may be best to release it through the employee's doctor.

13. Workers Compensation Claims

Compensation can be claimed if an APS employee sustains an illness or injury that they believe was caused, or contributed to, by their work. The claim must be lodged with Comcare who will determine liability. The claim will be administered under the Safety, Rehabilitation and Compensation Act 1988.

Where an employee has an illness or injury that has not been accepted as compensable by Comcare, the management of the case is dealt with under the Public Service Act 1999 and APS and NDIA policies.

13.1. Employee and Supervisor Responsibilities

Employee

When an injury or illness occurs in the workplace, the employee should seek medical attention and obtain a medical certificate. The Comcare 'Medical Certificate for Workers Compensation (SRC132)' is the preferred certificate as it contains information required by Comcare. However, any original medical certificate is acceptable providing it contains the following information:

- The date of injury and the date medical treatment was first obtained
- A clear medical diagnosis of the claimed condition
- An explanation of how the doctor considers the condition is related to employment

- Any pre-existing or contributory factors to the medical condition
- Any treatment or restrictions required for the condition and the likely duration of the treatment including specialist referrals and rehabilitation
- Any period of time required off work
- A medical opinion of employee's capacity for work including what duties can be undertaken and any work modifications required
- A review date by the doctor

Once an employee has completed a claim for compensation they are to provide the claim to their supervisor to complete the appropriate section including signature before sending it back to the RCM.

Incapacity Payments and Employee Claims for Time Off Work (CFTOW)

The employee may be entitled to receive income support while they are unable to work or are on a rehabilitation program. This is known as incapacity payments.

To claim incapacity payments, the employee must either submit an online CFTOW form or submit a paper-based form with their corresponding medical certificate. Further guidance on how to complete these claims can be found on the [Comcare website](#).

To ensure timely and accurate coding of compensation leave, the RCM should note when the employee's medical certificates are due, and remind the employee to send their latest medical certificate with their CFTOW form to Comcare as soon as possible.

If an employee suffers a work-related compensable injury two years prior to age pension age, they may be entitled to payments for a maximum of 104 weeks (whether consecutive or not) during which time they are incapacitated.

Supervisor

Supervisors have a responsibility to assist in the claims process by completing the appropriate part of the claim form and providing relevant information in relation to the cause of the illness or injury as requested by Comcare under s71 of the SRC Act in line with the stipulated timeframes.

Leave Coding Responsibilities for Supervisors

Supervisors also have responsibility for coding leave relating to compensable conditions where the employee is absent from work due to incapacity.

There are two types of leave that can be accessed for any absence from work associated with a compensation claim that is yet to be determined:

- **Personal Leave Compensation Related without evidence**
- **Personal Leave Compensation Related with evidence**

Both of these leave types will reduce the employee's personal leave credits until such time that the claim has been determined. The Personal Leave will be re-credited if the employee's claim is accepted and will be recoded by payroll to Compensation Leave once they have been notified of the change in claim status by the employee's Rehabilitation Case Manager.

Compensation Leave must be coded by the supervisor when an employee has a claim for workers compensation that has been accepted. There are two types of compensation leave:

- **Compensation Leave < 45 weeks** is leave relating to an absence for an accepted claim where the employee has been absent from work for less than 45 weeks.
- **Compensation Leave > 45 weeks** is leave relating to an absence for an accepted claim where the employee has been absent from work for more than 45 weeks.

The 45 weeks of leave accrual commences at the end of the *pre-determination period*. This means that the day after Comcare issue the section 14 determination is the day that the countdown towards 45 weeks begins. This is when *post-determine compensation leave* begins. Section 116 of the SRC Act states that an employee is not entitled to be granted any kind of leave of absence with pay during, or in respect of, any period when the employee is or was on *post-determination compensation leave*.

Once incapacity payments reach 45 weeks, the rate of incapacity compensation payments is reduced by an 'adjustment percentage'. This also impacts on Personal Leave and Annual Leave accruals for the employee, so accurate coding is essential. When the employee has surpassed 45 weeks of incapacity, it may be more beneficial for them to claim their own leave entitlements rather than claiming incapacity from Comcare (e.g. an employee on a GRTW may wish to apply for their own leave for the hours they would normally be working.)

Long service leave continues to accrue both during and at the expiry of the first 45 weeks of compensation leave.

Supervisors must appropriately code all leave related to workers compensation in Essentials. Failure to do so may result in the employee being overpaid.

Once a claim reached 40 weeks of **paid** incapacity payments, Comcare will send a notification letter to both the employee and employer. The intention of issuing these letters at this point in time is to enable sufficient time for the supervisor to change the employee's leave coding In Essentials from **Compensation Leave < 45 weeks** to **Compensation Leave > 45 weeks**.

Further letters are forwarded to both the employee and employer once the payment has been adjusted when paid incapacity payments reach 45 weeks.

13.2. New Claim Process

The NDIA is required to submit new workers compensation claim forms (Comcare SRC016 form – 'Claim for Workers Compensation') to Comcare within five working days of a claim being lodged by an employee. The five day timeframe is measured from the time that the first employee at the NDIA receives the claim (e.g. manager).

A RCM will sometimes be contacted about a new workers compensation claim by the employee's supervisor or by the employee lodging the claim. In these cases, the RCM must respond to and contact the supervisor or the employee who has requested their assistance within a 24-hour business period.

If the injury or illness is, or could be work related, provide the employee with the *Claim for Compensation Guide* and ensure that both the employee and supervisor are aware of their responsibilities in the process.

Manual claim form:

Step 1

On receipt of a manual compensation claim form, the RCM must check that the employee section of the claim has been completed and the following documents have been attached:

- Medical release authority
- Employee location details
- Medical certificate relevant to the absence period on claim form.

Step 2

The RCM completes the employer section of the claim form (including the date that the claim was received by the line manager or RCM) and sends it to the line manager to review and sign. Where the RCM, in considering the supervisor's statement (or absence of statement), believes that further information should be provided to Comcare, tick 'yes' at question 9 of the employer section.

Step 3

If the claim is not complete, it is the responsibility of the RCM to return it to the employee and/or their supervisor for completion. Note the incomplete areas to the employee and/or supervisor, and ensure that they are aware of Comcare's timeframes (five days from receipt of claim) regarding timely lodgement of claims.

Step 4

The RCM must obtain salary and Normal Weekly Earnings (NWE) details from payroll and ensure that this information is provided to Comcare as part of the claim process.

Step 5

The completed claim can be emailed to Comcare:

General.enquiries@comcare.gov.au

Step 6

Engage a Workplace Rehabilitation Provider (WRP) for the ill/injured employee. An Early Intervention Assessment (EIA) may be appropriate for some new compensable injuries.

Complete the ORAMS referral in the ORAMS online portal (Rehabilitation Assessment Examination form (SRC116)), which will automatically be sent to the employee, Comcare, the supervisor, WRP and the RCM.

If, due to exceptional circumstances (e.g. employee is not away from work), a decision is made to not engage a Workplace Rehabilitation Provider to conduct an EIA, the RCM must document the decision and reasons for this.

Step 7

Comcare will advise the employee and RCM of the following in relation to the claim:

- Compensation claim status
- Any delays relating to the claim (if applicable).

Step 8

The RCM must email payroll once a claim has been determined at pay.compservice.centre@servicesaustralia.gov.au to provide the following information:

Employee name	
Date of birth	
AGS number	
Claim number	
Claim accepted or denied	
Date of determination	
Date of injury (only include if claim the claim is accepted): If accepted, date of incapacity (S19)	
Accepted condition/s (physical/psychological)	

Electronic claim form:

An email will workflow to the Workplace Supports Team inbox once a claim is submitted by an employee electronically. The RCM must then log into the Comcare Online Forms portal, open the claim and complete the employer section online, seeking additional information from the employee's supervisor where relevant.

The RCM should follow steps 4, 6, 7 and 8 outlined above, noting that step 5 is not applicable for electronic claims, because the claim is automatically sent to Comcare once the claim is submitted through their online portal.

Notifying the Workplace Integrity and Work, Health and Safety Teams of a new claim

Upon receipt of a new claim for compensation, the Rehabilitation Case Manager must contact People and Culture's Workplace Integrity and Work, Health and Safety Teams to determine whether they have any

involvement with the employee (e.g. notification of an incident and/or injury) that might be relevant to the claim. This can be done by emailing [s47E\(d\) - certain operations of agencies@ndis.gov.au](mailto:s47E(d) - certain operations of agencies@ndis.gov.au) and [s47E\(d\) - certain operations of agencies@ndis.gov.au](mailto:s47E(d) - certain operations of agencies@ndis.gov.au).

13.3. Actions required when a non-compensable condition becomes compensable

Where a case that was initially non-compensable becomes compensable, funding relating to the compensable case must be recovered from Comcare. Refer to [Accounts Receivable Procedures](#) on the intranet.

13.4. Submission of an Employer Statement under a s71 Notice

Comcare has the authority, under section 71 of the SRC Act to obtain documents and information from an employer relating to a claim. The Comcare Claims Officer will specify the information required, along with a deadline to the NDIA's Rehabilitation Case Manager (RCM) assigned to the claim. The statement provided by the employer in response to the claim must be factual, objective, and supported by documentary evidence where applicable.

The RCM must email the employee's supervisor to obtain the information requested on Comcare's s 71 notice. The RCM must compile this information into a Statement of Facts and provide it to Comcare with the additional documentation as attachments.

The SRC Act provides that in some situations, injured workers are excluded from receiving compensation.

Comcare will consider exclusionary provisions under the Act when determining a claim. These areas include:

- A reasonable appraisal of the employee's performance
- A reasonable counselling action (formal or informal) taken in respect of the employee's employment
- A reasonable suspension action in respect of the employee's employment
- A reasonable disciplinary action (formal or informal) taken in respect of an employee's employment
- Anything reasonable done in connection with the employee's failure to obtain a promotion, reclassification, transfer, or benefit, or to retain a benefit, in connection with his or her employment (section 5A (2))

Compensation is also not payable to an injured employee if the injury is:

- intentionally self-inflicted (section 14(2))
- caused by that employee's serious and wilful misconduct (section 14(3))
- the result of that employee making a false representation, connected with their employment, that they did not suffer from a disease (section 7(7)).

If the employee is not longer working for the NDIA, but their information that was formerly contained within Essentials is required (e.g. leave history report, etc.), the RCM can email the Workplace Planning and Reporting team at [s47E\(d\) - certain operations of agencies@ndis.gov.au](mailto:s47E(d) - certain operations of agencies@ndis.gov.au).

13.5. Arranging and Managing a s37 Rehabilitation Program

When a compensation claim has been accepted and/or a s36 assessment or examination is completed, a s37 Rehabilitation Program may be developed. The NDIA, being the Rehabilitation Authority, may make a determination under the SRC Act that an employee who has suffered a work related injury or illness, which results in an incapacity for work or impairment, should undertake a rehabilitation program (s37).

The rehabilitation program is developed in consultation with the RCM, WRP, employee, supervisor and medical treaters. It documents the rehabilitation goals, WRP services and costs, the responsibilities of all parties, and the expected outcome and timeframes for the rehabilitation program. A date is agreed upon for the program to begin, and when it is expected to end.

After this process has been completed, the employee, RCM, WRP and supervisor all sign the program to acknowledge their involvement in it. Copies of the rehabilitation program are then provided to the employee, the treating medical practitioner, the RCM, the WRP and the Comcare Claims Manager.

The RCM has overall responsibility for completing this document and has delegation and responsibility under the SRC Act for reviewing the draft, ensuring consultation with all parties and completing and signing the determination section.

The employee, RCM and supervisor sign the rehabilitation program to indicate that they have been involved in the consultation and development of the program. The *only* signature required to render this a legal determination under s37 (3) is the signature of the RCM, having delegation under the SRC Act. It must be signed and dated by the RCM *prior to or on* the start date of the program in order to be valid.

The RCM is also responsible for ensuring that the determination under section 37(1) of the SRC Act is documented correctly. In doing so, the RCM needs to ensure that all the matters have been considered as detailed in subsection 37(3)(a)–(h), and in particular that section 37(3)(f), the employee’s attitude to the program, has been considered. Failure to consider all the matters and to adequately document this may lead to the rehabilitation program being invalid.

The RCM must ensure that a proposed rehabilitation program is discussed with the employee. The employee must be given adequate time to consider the proposed rehabilitation program, before all parties sign it. Every concern raised by the employee must be considered, and these discussions must be carefully and thoroughly documented. This is generally addressed in Part 3 a–h considerations.

The table below contains some of the considerations that may be relevant in addressing s37(3)(a)-(h) when developing a rehabilitation program:

<p>S37(3)(a) Any written assessment given under s36(8)</p>	<p>Consider:</p> <ul style="list-style-type: none"> • Current medical certificates • Current medical reports • Any other rehabilitation or specialist assessments, for example, Early Intervention Assessment (EIA) reports, section 36 assessments • Any additional comments (if there are conflicting medical opinions).
<p>S37(3)(b) Any reduction in future liability to pay compensation if the program is undertaken</p>	<p>Consider:</p> <ul style="list-style-type: none"> • Whether achieving a durable return to work (particularly if a person returns to pre-injury capacity) will result in a reduction/cessation of incapacity benefits

	<ul style="list-style-type: none"> The potential for short-term and long-term activities to enable a return to work.
S37(3)(c) The cost of the program	<p>Consider:</p> <ul style="list-style-type: none"> The goal of the rehabilitation program The nature of the proposed rehabilitation services Whether the program's cost is reasonable and within industry standards.
S37(3)(d) Any improvement in the employee's opportunity to be employed after completing the program	<p>Consider:</p> <ul style="list-style-type: none"> Both long and short-term goals, such as provision of alternative duties or work trials to allow the employee to upgrade physical or psychological work capacity.
S37(3)(e) The likely psychological effect on the employee of not providing the program	<p>Consider:</p> <ul style="list-style-type: none"> The person's current psychological state and medical recommendations The potential for worsening of symptoms if a program isn't provided.
S37(3)(f) The employee's attitude to the program	<p>Consider:</p> <ul style="list-style-type: none"> The employee's attitude to the proposed rehabilitation program, including the reasons given by the employee, with appropriate weight being given to the issues raised.
S37(3)(g) The relative merits of any alternative and appropriate rehabilitation program	<p>Consider:</p> <ul style="list-style-type: none"> If the rehabilitation program and its activities are consistent with the most appropriate rehabilitation goal Whether the hierarchy of return to work has been followed when considering any alternative rehabilitation program.
S37(3)(h) Any other relevant matters	<p>Consider:</p> <ul style="list-style-type: none"> Medical support for the program, particularly if this is conflicting The requirement for the relevant authority to provide suitable employment or to take all reasonable steps to help the employee find suitable employment

	<ul style="list-style-type: none"> • Family or other psychosocial issues • Workplace issues such as workplace investigations, grievances, conflict.
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When determining a rehabilitation program, the RCM should take into consideration the purpose of the program, which is to assist an employee to be maintained at or return to work. This should be guided by the Return to Work Hierarchy:

- same employer, same job (same duties)
- same employer, similar job (modified duties)
- same employer, different job (different duties)
- new employer, same job (same duties)
- new employer, similar job (modified duties)
- new employer, different job (different duties)

13.6. Workplace Rehabilitation Provider Service Codes

Comcare have several WRP Service Codes, which are used for billing purposes depending on the type of service or assessment provided. The codes can be found on [Comcare's website](#).

The Service Code to be used for the consultation period during which a s37 Rehabilitation Program is under development is **Code 90** – non-billable charges of XXX (number of hours on consulting). Once the s37 Rehabilitation Program is signed off and in place, the WRP should then add a line on **Code 92** – development of Rehabilitation Program of XXX (number of hours on consulting). **Code 92** should also be used for any Rehabilitation Program Alterations,

In addition to this, **Code 90** is to be used for return to work support services (i.e. third party services such as vocational counselling not provided by the WRP, external training, etc.) and **Code 94** is to be used for WRP travel, where applicable.

13.7. Managing non-compliance

Under section 36(4) of the SRC Act, an employee can be found to be non-compliant if they fail, refuse or obstruct, without reasonable excuse, to attend or participate in a rehabilitation examination or assessment with the purpose of determining their capability to undertake a rehabilitation program.

Under section 37(7) of the SRC Act, an employee can be found to be non-compliant if they fail, refuse or obstruct, without reasonable excuse, to undertake and participate in their rehabilitation program.

Non-compliance under the SRC Act can lead to suspension of compensation entitlements excluding compensation for medical treatment. The authority to make a determination to suspend compensation under the SRC Act is with the appropriate delegate from the rehabilitation authority.

Non-compliance may include, but is not limited to:

- failure to attend a rehabilitation assessment or examination;
- failure to comply with the requirements of a rehabilitation program;
- failure to seek suitable work.

A person delegated by the rehabilitation authority may make the decision to suspend benefits under the SRC Act. This delegation sits with EL2 level or above within the People and Culture division.

13.8. Superannuation and leave accrual for employees on incapacity payments or income protection

Incapacity payments from compensation are not a pension and in general do not include any superannuation entitlements. However, this is determined by the Superannuation Scheme that the employee belongs to. It is the responsibility of the employee to check with their Superannuation fund to determine if payments will be made during periods of compensation leave.

Similarly, if an employee is in receipt of any income protection payments through a personal insurer, employer superannuation contributions would not be paid to the employee. This is because income protection is not paid by the employer, but by the insurer.

Section 130 of the Fair Work Act 2009 (the Fair Work Act) bars the accrual of any National Employment Standards (NES) leave (including 'sick leave' as paid personal leave and 'recreation leave' as paid annual leave) during a period when an employee is absent from work because of an injury for which the employee is receiving workers' compensation. However, it does not bar accrual of NES leave during such a period if permitted by a compensation law.

Section 116 of the SRC Act is a compensation law that permits the accrual of sick leave and recreation leave entitlements during each of the first 45 weeks of post-determination compensation leave; and the accrual of long service leave entitlements during the whole of the post-determination compensation leave period. Annual leave and personal leave cease to accrue once 45 weeks of incapacity has been reached, except for public holidays (annual and personal leave do accrue on these days).

13.9. Closure of a compensable case and/or return to pre-injury hours

Upon closure of a compensation case and/or a return to pre-injury hours, the Rehabilitation Case Manager must notify Payroll as soon as possible and complete all other administrative tasks, including finalising case notes, closing the case on the case tracker and moving the case record into "closed case files".

14. Managing Non-compensable Cases

When required, rehabilitation programs need to be developed for ill and injured employees who are not the subject of a compensation claim, or where a claim has not yet been lodged or determined. These procedures support both the employee and the NDIA by ensuring that rehabilitation occurs in a timely manner by acting early.

Step 1

Referral received from either the employee, supervisor or HR Business Partner via the HR Service Desk. This will be triaged by the Early Intervention Team and referred to Workplace Supports when required.

In circumstances when an RCM receives a case handover from the Early intervention team, the RCM must ensure that the consent forms have been obtained and signed by the employee and are still valid. The RCM must also ensure that these consent forms are filed appropriately.

Step 2

The RCM contacts the supervisor to gather information:

- Is the employee at work?
- If not, do they have medical certification?
- Have they been advised of the rehabilitation process and are they willing to participate?
- What is the nature of their condition?
- Is the condition work related?

Step 3

RCM contacts the employee to gather information, discuss the rehabilitation process and advise them of the next steps. After speaking with the employee, the RCM should consider whether the case is suitable for in-house case management, where engagement of an external WRP is not required.

Step 4

If a rehabilitation program is required, and the RCM needs to engage a WRP, they should review the ORAMS portal to select an appropriate provider and to obtain service costs. They should then do the following:

- Obtain funding approval from the delegate for the associated costs.
- Provide an overview of the rehabilitation/return to work process to the employee and supervisor.
- Select an WRP from the ORAMS portal.

Selecting a WRP may also be beneficial if the case becomes compensable in the future. The choice of WRP should be influenced by their:

- Level of expertise with the injury/illness suffered by the employee;
- Gender or ethnicity if this is relevant to the employee;
- Location; and
- Availability

RCMs are to record all case activity on the case notes template.

Step 5

The Rehabilitation Program is developed by relevant stakeholders. The elements of a sound RTW program may include:

- Structured graduated return to work details
- Workplace assessment/s
- Contact with supervisor and health practitioners
- Work related issues which may impact on a successful RTW
- Pre-injury duties
- The availability of suitable duties
- Any potential barriers to RTW

Stakeholders include:

- Employee

- Supervisor/manager
- WRP
- Medical practitioner/s
- HR Business Partners (HRBPs)

When developing the Rehabilitation Program, take into account:

- Any written assessment provided by a medical practitioner or rehabilitation provider;
- Any potential improvement in the injured or ill employee's opportunity to be employed after completing the plan;
- The relative merits of any alternative and appropriate Rehabilitation Program;
- The expertise required to assist the injured or ill employee to return to sustainable work as quickly and safely as possible.

The Program should also include administrative details such as regular meetings with the supervisor, WRP (and RCM if required), to confirm progress towards the rehabilitation goals.

Step 7

Once the Rehabilitation Program has commenced, the RCM must monitor the employee's progress and review on a regular basis until the rehabilitation goals are achieved. Regular contact should also be maintained with the supervisor during this time.

The WRP is expected to maintain regular contact with the employee and their medical provider and to keep the RCM informed of the employee's progress. The WRP is also expected to provide regular updated RTW plans to key stakeholders. The RTW plans reflect any improvement in the employee's condition and their increased work capacity, as certified by the employee's medical practitioner.

Step 8

When the employee has been medically cleared to return to pre-injury hours and duties, the WRP completes a final review then provides a Closure Report. The RCM may arrange a final meeting with relevant stakeholders prior to proceeding to formal closure of supports.

Step 9

If the employee was not found fit to undertake a Rehabilitation Program, the RCM should consult with their Assistant Director for guidance on management of the case.

Step 10

If the employee continues to be unfit for work based on medical evidence, it may be appropriate to consider an Independent Medical Examination to establish the employee's capacity for employment.

15. Referral for Rehabilitation Services

Referrals for rehabilitation services are only valid if made by members of the Workplace Support Team via the Occupational Rehabilitation and Medical Services (ORAMS) Portal.

The *Occupational Rehabilitation and Associated Medical Services (ORAMS) Service Requirements* document outlines all of the assessments, evaluations, examinations and programs that can be requested under the ORAMS servicing arrangements.

16. Suitable Duties for Compensation Cases

Employees may not always be able to return to their pre-injury duties or hours straight away, therefore, managers will need to identify and provide suitable duties to accommodate any medical restrictions, with a focus on the duties that the employee can do, the inherent requirements of the job and the workplace adjustments that can be provided.

The NDIA has an obligation, under section 40 of the SRC Act, to provide suitable duties for employees who have a compensable injury or disease and, is undertaking or has completed a rehabilitation program.

Suitable duties means duties which are appropriate to the employee's capacities, skills, age, training, language and experience and in consideration of medical limitations. Providing suitable duties may involve:

- Modification of current duties
- Alternative duties, and/or
- Modified hours while on a RTW plan.

RCMs may also consider a Work Trial as part of a Rehabilitation program. If an employee is unable to return to the NDIA, the RCM should investigate alternative strategies in order to ensure successful RTW. A 'work trial' involves the placement of the injured or ill employee with a host employer for a defined period of time (generally not in excess of three months), however the employee continues to be employed and paid by their respective area within NDIA.

The RTW hierarchy states the goal of a Rehabilitation program, starting with the aim of returning the employee to their original duties at the same workplace. Where the goal is not attainable, the program goals to be implemented under the hierarchy are as follows:

- same employer, same job (same duties)
- same employer, similar job (modified duties)
- same employer, different job (different duties)
- new employer, same job (same duties)
- new employer, similar job (modified duties)
- new employer, different job (different duties)

For non-compensable cases, employees are required to actively pursue redeployment opportunities.

Step 1

In consultation with the WRP, supervisor/manager and the ill/injured employee (if appropriate), evaluate the medical evidence to decide whether the employee should return to the same (or similar) job in the same workplace. If it is not possible to continue with the Rehabilitation Program - go to Step 2.

Step 2

Based on the medical evidence, decide if it is possible for the employee to perform modified duties in the same workplace:

- Discuss the possibilities with the supervisor/manager and employee;
- Based on medical evidence, agree on any modifications required – the provision of ergonomic equipment, limiting keyboard work, working from a quiet room etc.;
- Assist the work area with providing and required workplace modifications. This needs to be actioned quickly to enable the RTW to occur as soon as the employee is medically fit to return to the workplace;
- Continue with the Rehabilitation program.

If modified duties/same workplace is not possible – got to Step 3.

Step 3

Based on medical evidence, decide if it is possible for the employee to undertake alternative duties in the same workplace:

- Discuss the possibilities with the supervisor/manager and the employee to assist in identifying suitable duties;
- Agree on suitable duties to be performed by the employee;
- Continue with the Rehabilitation program and ensure that the employee is closely monitored.

If different duties/same workplace is not possible – go to Step 4.

Step 4

Based on medical evidence, decide if it is possible for the employee to perform the same or modified duties in a different workplace within NDIA:

- Discuss the possibilities with the supervisor/manager and the employee (if appropriate) to assist in identifying any suitable positions/duties;
- Based on medical evidence, identify any modifications required for the employee to undertake the duties of an appropriate position, or to perform suitable duties in a different workplace;
- Assist the work area with providing any required workplace modifications to enable the employee to undertake the duties of an identified position or undertake suitable duties, in the alternate workplace;
- Continue with the Rehabilitation Program and ensure that the employee is closely monitored.

If same or modified duties/different workplace is not possible – go to Step 5

Step 5

Based on medical evidence, decide if it is possible for the employee to perform a different job in a different workplace within NDIA.

- Discuss the possibilities with the supervisor/manager and the employee (if appropriate) to assist in identifying any suitable positions/duties;
- Determine the position to be filled, and/or the suitable duties to be performed by the employee;
- Continue with the Rehabilitation Program and ensure that the employee is closely monitored.

If the medical evidence advises that the employee cannot perform the same, modified or new duties within their current or other NDIA workplace – go to Step 6.

Step 6

At this stage, the RCM should investigate a work trial placement.

Where an employee, for medical reasons, is unable to return to NDIA, an option to be explored is a placement for the injured employee with a host employer. In such circumstances, the employee continues to be paid by NDIA, with NDIA being responsible for rehabilitation and any compensation matters.

This option provides the injured or ill employee with the opportunity to explore more permanent opportunities whilst building new skills and allows the employee to establish a positive working relationship with a potential new employer.

Step 7

Conduct reviews monthly in order to:

- Review outcomes of the Rehabilitation program or placement;
- Determine further rehabilitation or RTW activities; and
- Ensure all activities and decisions are noted in the case notes.

16.1. Medical Redeployment

If the employee's capacity has not resulted in a return to pre-injury duties and it is likely that this incapacity will continue, it is recommended that the RCM advise the work area that the employee should be considered for medical redeployment status, and profile the case for suitable employment via a work trial.

If the case relates to an accepted compensation claim, the decision to deem an employee as a medical redeployee, commences the suitable employment profiling process.

The Rehabilitation Case Manager and/or Workplace Rehabilitation Provider should seek to empower the employee to be proactive in their own job-searching and provide them with the skills and confidence required

to do so. Vocational rehabilitation services should be tailored to the employee based on their assessed needs in order to assist them to achieve a meaningful and sustainable employment outcome.

16.2. Work Trials

Work Trial Phase

The work trial phase may achieve a number of outcomes for the injured employee. It may enable an injured employee to gradually increase their capacity for work in an environment better suited to their physical or psychological restrictions. It may provide an injured employee with an opportunity to gain new skills and the opportunity to demonstrate capacity and capability for certain duties and/or work hours. It may provide allow the injured employee to gain work experience and a recent employment referee if they have been unable to work for some time.

With these goals in mind, a work trial placement should always be time limited to the achievement of these goals, and actively monitored and reviewed to ensure it remains a valuable activity for the injured employee. Extension of a work trial placement beyond 12 weeks requires justification of the continued benefits to be gained from the extension.

At the conclusion of a temporary work trial placement, the employee and the host manager/supervisor are able to make an informed decision in relation to permanent redeployment, if this is deemed appropriate.

Australian Public Service Work Trials

If a suitable position cannot be sourced within NDIA, consideration should then be given to sourcing a work trial placement within another APS Agency. It is recommended that an offer of a worksite assessment be arranged prior to the commencement of any work trial placement. Independent Medical Examinations.

17. Independent Medical Examinations (IME)

17.1. Non-compensable Conditions

Where a non-compensable condition is affecting an employee's performance or ability to remain at work, the employee can be directed by a NDIA delegate to attend a medical examination for a health assessment under section 20 of the Public Service Act 1999 and section 11 of the Public Service Regulations 2023 (Public Service Regulations).

11 Direction to attend medical examination

(1) *This section applies if:*

(a) *an Agency Head believes that the state of health of an APS employee in the Agency:*

- (i) *may be affecting the employee’s work performance; or*
 - (ii) *has caused, or may cause, the employee to have an extended absence from work; or*
 - (iii) *may be a danger to the employee; or*
 - (iv) *has caused, or may cause, the employee to be a danger to other employees or members of the public; or*
 - (v) *may be affecting the employee’s standard of conduct; or*
- (b) *an APS employee is to be assigned new duties and the Agency Head believes the employee’s state of health may affect the employee’s ability to undertake the duties; or*
- (c) *an APS employee is to travel overseas as part of the APS employee’s employment.*

Note: Examples of absences that could be treated as extended absences are:

- (a) *an absence from work of at least 4 continuous weeks; and*
- (b) *a combined total of absences from work, within a 13-week period, whether based on a single or separate illness or injury, of at least 4 weeks.*

Delegation for Independent Medical Examinations (to assess an employee’s fitness for duty) are listed below in the current Schedule of HR Delegations, which have been updated due to the new *Public Service Regulations 2023*.

Column 1: Item	Column 2: Subject	Column 3: Power, function and/or duty	Column 4: Position(s)	Column 5: Source(s)
19.2	Fitness for duty	Where any of the circumstances in s11(1) of the PS Regs apply, direct an employee in writing to undergo an examination, within a specified timeframe, by a nominated medical practitioner to assess the employee’s fitness for duty and direct the employee to provide a report of	SES Band 1 or above for employees under their control; and APS 5 or above in People and Culture.	PS Regs s11(2)

		the examination within a specified timeframe.		
19.3	Nominate a medical practitioner	Nominate a registered medical practitioner to assess an employee's fitness for duty in the NDIA.	SES Band 1 or above for employees under their control; and APS 5 or above in People and Culture.	PS Reg 10 and 11
13.7 (Listed under Recruitment)	Medical – health clearance	For APS employees whose engagement in the NDIA is subject to a condition dealing with health clearances ¹⁹ , direct an employee, in writing, to undergo a medical examination by a nominated medical practitioner to assess the employee's fitness for duty and/or provide a report of the examination within a specified timeframe.	EL2 or above for employees under their control; and SES Band 3; and APS5 or above in People and Culture.	PS Regs 1020

An Independent Medical Examination (IME) is a health assessment conducted by a Legally Qualified Medical Practitioner (LQMP) who is nominated by the RCM and who is not the employee's treating doctor. Therefore, they can provide an unbiased opinion. The LQMP will liaise with the employee's treating doctor if required.

The purpose of an IME is to provide advice to the NDIA on an employee's fitness for duty, including their ability to comply with their mutual responsibilities under NDIA's Enterprise Agreement (EA) and Public Service Act responsibilities. It provides a basis for managing the case.

Failure to comply in a direction to attend an IME may result in action under the NDIA's Code of Conduct.

Step 1

Arrange a time with a Legally Qualified Medical Assessor (LQMA).

Step 2

Complete the following documents:

- An appointment letter for the employee;
- An email to the Manager outlining the details of the appointment and requesting relevant information, which may include a Work Report, Timeline of Events, etc.

Provide a copy of all documents to the employee and the treating GP.

Step 3

Develop the IME letter and questions for the LQMA, include all relevant information (e.g. Work Report, Timeline of Events, leave summary, Position Description, EIA, medical certificates) and supply to the LQMA prior to the assessment, in accordance with the company's timeframes. Ensure that a copy of the information sent to the LQMA is also supplied to the employee and the treating GP.

Step 4

Once a copy of the report has been received from the LQMA, develop outcome letters/emails for the employee, the treating GP and supervisor. Ensure that a copy of the report is released to the employee in line with the LQMA's recommendations. If appropriate, ensure that a RTW plan is also developed.

17.2. Compensable Conditions

Where a compensable condition is affecting an employee's performance or ability to remain at work, the employee can be directed by an NDIA delegate to attend a medical examination for a health assessment under the s36 of the SRC Act.

A s36 assessment is conducted by Legally Qualified Medical Practitioner (LQMP) who is nominated by the NDIA and is not the employee's treating doctor. Therefore, they can provide an unbiased opinion. The LQMP will liaise with the employee's treating doctor if required.

The purpose of a health assessment under s36 of the SRC Act is to provide advice to NDIA on an employee's ability to participate in a rehabilitation program, including their ability to comply with their mutual responsibilities under both the SRC Act and Public Service Act.

Failure to comply with a direction to attend an s36 assessment may result in suspension of compensation payments. Recommendations and information in the s36 report will be managed in accordance with the SRC Act.

An NDIA delegate should consider the following before directing an employee to attend an examination:

1. The adequacy of the information and opinions provided by:
 - a. any available reports from medical practitioners or other treatment providers relating to the employee's injury or fitness for work; and
 - b. any previous rehabilitation assessments;
2. The nature of the employee's injury;
3. Any apparent restrictions on the employee's capacity to work and activities of daily living; and
4. Whether the employee has failed or refused to undertake or complete a rehabilitation program without a reasonable excuse.

Step 1

Arrange an appointment with a LQMP for a s36 assessment.

Step 2

Complete the following documents:

- Comcare's 116 Form
- An s36 appointment letter for the employee¹
- A letter to the manager outlining the details of s36 appointment and requesting a Work Report.

Provide a copy of all documents to the employee, the treating GP and Comcare.

Step 3

Develop the s36 IME letter and questions, include all relevant information (i.e. 116 Form, workplace statement, EIA, medical certificates) and supply to the LQMA in accordance with the timeframes required.

¹ That letter should identify the assessor or panel, date, time and place of the examination; and setting out the reasons for, and rights to request a review of the determination.

Ensure that a copy of the information sent to the LQMP is also supplied to the employee, the treating GP and Comcare.

Step 4

Once a copy of the report has been received from the LQMP, develop outcome letters/emails for the employee, the treating GP and supervisor. Ensure that a copy of the report is released to the employee in line with the LQMP's recommendations. If appropriate, ensure that a suitable Rehabilitation Program is also developed. Ensure that a copy of the documents are provided to Comcare.

17.3. IME Supplementary Reports

Once the IME has been completed and the IME Report has been received by the RCM, a Supplementary Report can be requested if additional questions need to be asked of the LQMP. There are additional costs associated with requesting a Supplementary Report.

If clarification relating to one or more of the original questions is required, the RCM may request this from the LQMP. This is separate from a Supplementary Report request and additional charges should not be applied.

If either a clarification or Supplementary Report is required, the RCM should contact the Account Manager of the company (e.g. MLCOA) to discuss this and to make a formal request.

18. Partial Invalidity

In non-compensable cases and where an employee is under age 65, a partial invalidity pension (PIP) may be payable by CSC to Commonwealth Superannuation Scheme (CSS) and Public Sector Superannuation defined benefits (PSSdb) members who experience a decrease in salary due to permanent physical or psychological incapacity. The decrease in salary may be due to a reduction in working hours or a reduction in classification (or both).

A PIP is a separate supplementary benefit and is not deducted from any future super entitlements.

In order to access a PIP, an ongoing decrease in salary due to the medical condition is to be demonstrated to the CSC.

Step 1

The RCM must be satisfied that the injured employee has been maintaining the same hours and/or reduction in classification for at least six months and that the medical condition is stable and/or is not likely to improve significantly. The RCM must also be satisfied that genuine attempts to return the injured employee to pre-injury hours and/or duties have been made.

Step 2

The employer refers the injured employee to a CSC Approved Medical Practitioner (AMP) for an IME to assess their fitness for duty.

If the IME recommends Partial Invalidity, follow the steps below.

Step 3

Ensure that the appropriate application to is provided to the employee, based on their superannuation fund. Once the employee has completed their section they are to forward the form to the RCM for completion.

Step 4

The RCM sends the following documents to PSS or CSS for determination:

- Covering letter
- Application form
- Position Description
- Evidence of reduction in hours and/or classification
- Medical documentation, including IME Report
- Leave records

Step 5

If a PIP is approved and a certificate has been received, the RCM must forward the information to payroll to action.

19. Invalidity Retirement

Invalidity retirement refers to termination under the *Public Service Act 1999* on the grounds of an employee's inability to perform duties because of physical or mental incapacity. Invalidation Retirement is only considered when all other options for managing illness and injury have been exhausted.

The decision as to whether an employee should be invalidity retired is based on medical advice. An employee can only be invalidity retired when the employee has been medically deemed to be totally and permanently incapacitated for employment (i.e. the employee's ill health, whether physical or psychological, makes it unlikely that they will engage in gainful employment for which they are reasonably qualified by education, training or experience). CSC will consider medical recommendations and issued an Invalidation Retirement Certificate (IRC) if they are satisfied that an employee can be retired on invalidity grounds.

Age parameters apply for invalidity retirement, depending on the CSC fund that the employee is part of:

Commonwealth Superannuation Scheme (CSS) employees under age 65 will need an IRC for invalidity retirement;

Public Sector Superannuation Scheme (PSS) employees under age 60 will need an IRC for invalidity retirement;

Public Sector Superannuation Accumulation Plan (PSSap) employees under age 60 will need an IRC for invalidity retirement.

Employees over these age limits complete the age retirement application form and should provide medical evidence.

Documentation required for an IRC application to CSC varies, depending on the scheme which the employee is covered under. This is outlined below.

Required for **all** schemes:

- Any medical records
- Duty statement
- Any other relevant medical documents, including rehabilitation reports, graduated return to work reports, and any other treating doctor or independent specialist reports

Required for **CSS** and **PSS**:

- Treating doctor's report dated within last six months
- Accredited Medical Practitioner (AMP) report dated within the last six months
- Recommendation by compensation provider

Required for PSSap:

- Reports from at least two registered medical practitioners dated within the last twelve months
- Employee's resume
- Documents related to compensable conditions (e.g. Comcare decisions or medical reports)

If the employee is approved for an IRC by CSC, a copy of the IRC and decision are sent to the NDIA and the employee.

The invalidity retirement date should be set by the employer in consultation with the employee. The benefit cannot be accessed until a termination date has been set. The delegation for invalidity retirement is held by EL2 and above in the People and Culture Division.

Invalidity retirement may be considered for compensable injuries however, Comcare need to be consulted as part of the process. Comcare's support for an invalidity retirement is not essential for an application to CSC.

For employees with a terminal illness, the usual documents are required for an application, however, you can seek a report from the employee's treating medical specialist instead of an Approved Medical Practitioner (AMP).

An employee who is retired due to permanent invalidity will be required to pay tax on their superannuation.

If a Rehabilitation Case Manager is assisting an employee to apply for an IRC, the RCM can contact the Commonwealth Superannuation Corporation (CSC) by emailing employer.service@csc.gov.au for any enquiries. This may also include requesting an estimate of what their benefit would be.

19.1. Invalidity Retirement for Compensable Injuries

Step 1

The RCM must be satisfied that the injured employee has been absent from work for at least six months and that the medical condition is stable and/or is not likely to improve significantly. The RCM must also be satisfied that genuine attempts to offer suitable employment to the injured employee have been made.

Step 2

The employer refers the injured employee to a CSC approved medical practitioner for an Independent Medical Examination (to assess the employee's fitness for duty).

If the outcome is a recommendation of invalidity retirement, follow steps 3 onwards.

Step 3

The RCM requests, in writing, that Comcare support an application for invalidity retirement. The employer provides documentary evidence (i.e. IME Report and any other relevant medical documentation) to support the request. Comcare has 28 days to provide a response regarding an application for invalidity retirement.

Step 4

Comcare will review the medical evidence to determine whether they support the application.

Step 5

Comcare will advise the RCM, in writing, of the decision to support (or not support) the application.

Step 6

If supported by Comcare, the employee completes the invalidity retirement application form based their superannuation fund.

Step 7

The completed form, along with all relevant evidence (including Comcare's response) is forwarded to CSC for determination.

Step 8

If an IR certificate has been received, the RCM is to inform the employee of this and request a nominated separation date in writing. Once this has been received, complete a “Notice of Termination of Employment” (under subsection 29(1) of the Public Service Act 1999) to be signed by the delegate (EL2 or above in the People and Culture Division) which includes:

- The employee's medical history
- A copy of the IR certificate
- The date of termination specified in the notice
- A separate “Notice of Termination of Employment” letter to the employee for the delegate to sign

Step 9

Once the letter to the employee has been signed by the delegate, provide the original to the employee and a copy to Comcare.

Step 10

The IRC must be emailed to payroll (payroll.services@servicesaustralia.gov.au) as soon as it is received. If employee is not ceasing employment immediately, they may be in receipt of Pre-Assessment Payments (PAP). Entitlement to PAP ceases on the pay day after the date on the IRC. Payroll must be informed immediately to ensure that the employee is not overpaid.

19.2. Invalidity Retirement for Non-compensable Injuries**Step 1**

The RCM must be satisfied that the injured employee has been absent from work for at least six months and that the medical condition is stable and/or is not likely to improve significantly. The RCM must also be satisfied that genuine attempts to offer suitable employment to the injured employee have been made.

Step 2

The employer refers the injured employee to a CSC approved medical practitioner for an Independent Medical Examination (to assess the employee's fitness for duty).

If the outcome is a recommendation of invalidity retirement, follow steps 3 onwards.

Step 3

The employee completes the IRC application form, based on their superannuation fund. Once the employee has completed their section, they are to forward the form to the RCM for finalising.

Step 4

Forward the completed form, along with all relevant evidence to CSC for determination.

Step 5

If an IR certificate has been received, the RCM is to inform the employee of this and request a nominated separation date in writing. Once this has been received, complete a “Notice of Termination of Employment” (under subsection 29(1) of the Public Service Act 1999) to be signed by the delegate (EL2 or above in the People and Culture Division) which includes:

- The employee's medical history
- A copy of the IR certificate
- The date of termination specified in the notice
- A separate “Notice of Termination of Employment” letter to the employee for the delegate to sign

Step 6

Once the letter to the employee has been signed by the delegate, provide the employee with the original copy.

Step 7

The IRC must be emailed to payroll (payroll.services@servicesaustralia.gov.au) as soon as it is received. If employee is not ceasing employment immediately, they may be in receipt of Pre-Assessment Payments (PAP). Entitlement to PAP ceases on the pay day after the date on the IRC. Payroll must be informed immediately to ensure that the employee is not overpaid.

20. Other Relevant Information**20.1. Leave**

Leave can be disruptive to the rehabilitation and RTW process as such, NDIA does not encourage employees taking any kind of leave (other than maternity or personal leave) whilst they are on incapacity payments or undergoing a graduated RTW for either a compensable or non-compensable illness or injury. Employees are required to have a conversation with their RCM prior to booking any leave outside of maternity or personal leave to deem if the leave is appropriate.

20.2. Dispute in Medical Evidence

Concerns regarding the validity or authenticity of medical evidences provided should be referred to the People and Culture’s Employee Relations Team for appropriate investigation and action. If the medical evidence relates to a compensable illness or injury, the matter should be referred to Comcare.

20.3. Reduction of Classification

The appropriate delegate may reduce an employee's classification in accordance with s23 (4)(f) of the *Public Service Act 1999* on the ground that the employee is unable to perform duties at the higher classification level because of physical or mental incapacity if:

- The employee's health precludes a transfer at their substantive level, or
- It is considered that it would be in the interests of the efficient administration of NDIA to transfer the employee at leave, and
- Any medical restrictions have been considered.

Any reduction in classification is to result in duties which the employee:

- Is qualified to perform
- Is able to perform (either immediately or within a reasonable period)
- Could reasonably be expected to perform.

An employee cannot be assigned duties at a lower classification without their consent, other than in exceptional circumstances such as those described above. Such a reduction cannot be for a specified time (i.e. it is an ongoing reduction).

The delegate must inform the employee in writing of a reduction of classification and the reason for the reduction of classification.

By agreement between the NDIA and the employee (and with their written consent), an employee can be assigned duties at a lower classification for a temporary period. In these cases, the substantive classification of the employee remains the higher classification.

If, based on agreement, the employee's reduction in classification is for an ongoing period, any subsequent move by the employee to a higher classification is a promotion and must be a process based on merit.

It may be necessary to provide training to help the employee perform efficiently in the new position.

21. Privacy

The NDIA is legally obliged to protect the privacy participants and past and present employees by placing restrictions on the use and/or disclosure of personal information. All information, including medical information will be managed in accordance with the Privacy Act 1988.

The NDIA has a few key documents relating to privacy:

- The NDIA's [Privacy Policy](#), which provides you with information about how the NDIA handles, and protects, personal information;
- The NDIS [Information Handling Operational Guidelines](#), which explains how the NDIA collects, stores, uses and shares personal information, including sharing information outside the NDIA; and

- The NDIA's [Privacy Management Plan](#). The implementation of a Privacy Management Plan is a requirement under section 9 of the [Privacy \(Australian Government Agencies – Governance\) APP Code 2017](#) (the Code) developed under section 26G of the [Privacy Act 1988](#) (Cth). The NDIA's Privacy Management Plan is a document that identifies specific, measurable goals and targets that the NDIA is taking to meet its ongoing privacy compliance obligations.

The [Information Law and Privacy team](#) can be contacted for specific advice relating to privacy matters.

21.1. Information Handling and Consent

In the Workplace Supports area, relevant information relating to an employee will be provided to those individuals or organisations who have a need to access the information if it directly:

- Relates to an employee's work and/or
- Impacts on the way the employee interacts with people in the workplace.

Access should not extend automatically to supervisors or managers but should follow the need-to-know principle.

When there is a need to engage a WRP in relation to a claim for compensation, there is no requirement for the employee to provide their written consent on a separate Consent Form. By lodging their claim, they are consenting to the provision of rehabilitation and/or return to work support under the SRC Act, which may involve liaising with their treating doctor/s and engaging the services of external rehabilitation providers.

For non-compensable claims, there are two separate consent forms that the employee must sign before the DLO, EI Officer or RCM can liaise with their treating doctor/s or engage WRP services. These are the *Authority and Consent for the Collection and Release of Medical Information* and *ORAMS Employee Consent Request* forms.

21.2. Privacy Breaches

Any potential or actual breaches of privacy should be reported to the NDIA's Privacy Team at privacy@ndis.gov.au. The responsibilities of the Privacy Team include:

- Responding to the privacy incident including, which includes coordinating remediation to address the incident;
- Working with the NDIA relevant area to action the required remediation;
- Assessing privacy incidents against the Australian Privacy Principles (APPs) to consider whether a breach has occurred and the nature of the breach;
- Seeking legal advice as needed, including advice on whether a Notifiable Data Breach has occurred, in particular where there is a potential risk of harm;
- Recording privacy incidents on the NDIA's Privacy Incident Register once closed;
- Notifying affected individuals where necessary.

Workplace Adjustments Policy

Version 1.1

This policy applies to:

- All employees covered by the National Disability Insurance Agency Enterprise Agreement 2024-2027 (NDIA EA): full time, part-time, casual (irregular/intermittent), ongoing, non-ongoing.
- All Senior Executive Service employees (SES).

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1. Principles

- 1.1. The NDIA strives to be a world-leading employer of choice and a leading employer for access and inclusion.
- 1.2. The NDIA is committed to ensuring its culture and work practices role model and exemplify an inclusive and diverse workplace that is reflective of the community the Agency serves. This includes enabling people with disability, illness and injury to participate in and contribute their best in the workplace.
- 1.3. All requests for workplace adjustments will be handled in a sensitive and collaborative manner. Where a request cannot be facilitated, the NDIA will endeavour to provide alternative solutions to support you.
- 1.4. This policy is to be read in conjunction with the [Disability Discrimination Act 1992 \(external\)](#) (DDA). The [NDIA HR delegations](#) contains the authorisations for decisions and determinations.
- 1.5. You may be entitled to request a review of decisions and/or actions as per the [NDIA Review Rights Policy](#).

2. Workplace Adjustment entitlement

- 2.1. A workplace adjustment is any form of assistance or adjustment that is necessary, possible and reasonable, to reduce or eliminate barriers at work.
- 2.2. The NDIA provides workplace adjustments to ensure the workplace is accessible and inclusive where you have a disability, illness or injury.
- 2.3. Where it is identified that workplace adjustments are required, the adjustments may further support and empower you to:
 - perform your duties;
 - be considered for transfer, promotion, training or other employment opportunities;
 - access workplace facilities; and
 - participate in work-related programs.

- 2.4. Your request for workplace adjustments will be considered; however, in some cases it may not be reasonably practicable to provide the workplace adjustment as they have been requested. Where your requested workplace adjustment cannot be supported, the NDIA will work with you to find an alternative solution.
 - 2.5. Your manager will provide you with support by discussing your needs and implementing your approved workplace adjustments.
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3. Types of Workplace Adjustments

- 3.1. There is no exhaustive list of what types of workplace adjustments you may require. There are many types of disabilities, illnesses and injuries and they affect people in individual ways. Your adjustment needs will be considered individually.
- 3.2. Some examples of different types of workplace adjustments that allow you to do your job safely, access career development opportunities and be included in all aspects of the workplace may include:
 - Modification to your physical workplace
 - Modifications on how you enter, engage with, and exit your workplace, which includes under normal working conditions and during an emergency,
 - Modifying design of your workstation to accommodate carers, assistants, assistance animals and/or disability aids,
 - Modifying design to prevent manual handling.
 - Modification to workplace equipment
 - Modifications to ensure you can access necessary emergency and welfare facilities,
 - Providing you with assistive technology.
 - Modifying your work environment
 - Facilitate rest and recovery,
 - Support sensory requirements.

- Presentation of information
 - Present information in way that is accessible for screen readers.
- Job or task modification
 - Rostering and scheduling.
 - Work organisation.
 - Remote working arrangements.
 - Working from home arrangements.

4. Recruitment and Workplace Adjustments

- 4.1. To maintain and continue to build a truly inclusive and culturally capable organisation, it is fundamental the NDIA supports employees of all diversity groups, beginning with recruitment processes.
- 4.2. The Agency and any accredited recruitment partners the Agency may engage, will consider all workplace adjustment requests to support every candidate's equitable participation in NDIA recruitment processes.
- 4.3. Further information about how the NDIA supports diverse recruitment is provided on the [Inclusive Recruitment](#) intranet page.

5. Support

- 5.1. Getting the right support is important. You and your manager can:
 - Contact the [P&C Service Desk](#) for advice on workplace adjustments, access and inclusion,
 - Access confidential counselling from the [Employee Assistance Program \(EAP\)](#),
 - Have a [support person](#) present during workplace discussions.

6. Accessing Workplace Adjustments

- 6.1. You are to advise your manager if you require workplace adjustment(s).
- 6.2. In line with the NDIA's culture and values, and the [Disability Discrimination Act](#), your manager must speak with you about what workplace adjustments you may need to perform your duties, if your manager observes, has knowledge of, or is informed that you may have disability.
- 6.3. To support you where you have identified a requirement for a workplace adjustment(s), your manager and/or the Workplace Support or Disability Support Team will consult with you, and your representatives and other duty holders as applicable.
- 6.4. Where additional support is required to explore your workplace adjustments requirements, either yourself or your manager can contact the [P&C Service Desk for further assistance](#).
- 6.5. Some adjustments may require formal assessment. If you are an APS employee, these requests must be submitted to the Workplace Support or Disability Support Team via the [P&C Service Desk](#) (WHS and Workplace Support options). If you are a labour hire worker, please refer to section 11 below.
- 6.6. If you have been provided with workplace adjustments in the office, these will need to be replicated at home, where there is a [working from home](#) agreement in place. Maintaining any required home office equipment is your responsibility. The NDIA may provide you with equipment, this will be considered on a case-by-case basis. Your manager and the Disability Support Team or Workplace Supports Team should be consulted in the first instance regarding provision of equipment for your home office, to assist in assessing the suitability of the provision of equipment. To initiate discussions regarding this, you can submit a query through the [P&C Service Desk](#).
- 6.7. It is your responsibility to confirm that adjustments have been made in your home as required. In some circumstances, the [Job Access Employment Assistance Fund \(external\)](#) may provide funding assistance. Please refer to the Working from Home Procedure for further information.

7. Considering Adjustments

7.1. In deciding whether to approve a workplace adjustment, your manager, supported by the Workplace Supports Team or Disability Support Team, will consider all relevant circumstances, including but not limited to:

- How it benefits you in your role,
- Identification of barriers preventing you from doing your job,
- How the adjustment might affect you, others and the Agency,
- Identification of any potential workplace health and safety hazards and risks to you, and others, associated with implementing an adjustment or not implementing an adjustment. Including eliminating or minimising risks or hazards as far as is reasonably practicable,
- Ensuring the provision, maintenance, and access of workplace facilities, such as toilets, drinking water and washing facilities,
- The inherent requirements of your role and whether you will be able to meet those requirements with the assistance of the workplace adjustment,
The Agency's obligations under the [Work Health and Safety Act 2011 \(external\)](#), and
- The cost, including the proper use and management of public resources under the [Public Governance, Performance and Accountability Act 2013 \(external\)](#).

7.2. A failure to make reasonable adjustments for you, including those categories outlined above, if you have a disability, may constitute direct or indirect discrimination (the precise definitions of which are set out in the Disability Discrimination Act 1992).

7.3. If your proposed adjustments are considered unreasonable to implement, your managers will discuss this possibility with you. Your manager must seek support and advice through the [P&C Service Desk](#) before declining your request for workplace adjustments.

- 7.4. In very limited cases, where you are unable to perform the inherent requirements of your role and no adjustment can reasonably be made to allow you to perform the core requirements of your role, your manager or the Workplace Supports Team or Disability Support Team will consult with you in relation to alternative work options. You can contact the [P&C Service Desk](#) in the first instance for assistance. For completeness, it may not be unlawful discrimination to terminate your employment or engagement if it is found that you cannot perform the inherent requirements of your role either:
- after workplace adjustments have been implemented; or
 - where no workplace adjustments can be implemented.
- 7.5. Should you wish to have the outcome of your Workplace Adjustment request reviewed, you can do so through the [Review Rights process](#), or through an informal process. The informal process will involve teams within People, Culture and Wellbeing Division reviewing the matter with the goal of resolution or provision of alternative supports. To initiate an informal review, please submit a ticket to the Workplace Support or Disability Support Team via [P&C Service Desk](#).

8. Timeframes

- 8.1. The NDIA aims to provide you with your workplace adjustments as quickly as possible.
- 8.2. Decisions about requests for workplace adjustments will be notified in writing within 21 calendar days, by either your manager or the Workplace Support or Disability Support Team.
- 8.3. Due to the complex nature of some workplace adjustment requirements, additional time may be required to consider your requests. In these cases, the NDIA will organise your approved adjustments as soon as practical. You and your manager will also be updated periodically as the workplace adjustments are being considered and implemented where applicable.

9. Reviewing Adjustments

- 9.1. You and your manager should review your workplace adjustments regularly to ensure they are properly implemented and continue to be appropriate for your needs.
 - 9.2. The Workplace Support and Disability Support Teams will ensure that any control measures introduced to eliminate or minimise any health and safety risks associated with your adjustments are properly maintained and remain effective, as far as is reasonably practicable. This will include ensuring any such measures are fit for purpose, suitable for the nature and duration of your work, and installed, set up and used correctly.
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10. Labour Hire Workers

- 10.1. If you are a labour hire worker (LHW), you should discuss your request for workplace adjustments with your employer (labour hire agency). Your employer should liaise with the relevant NDIA manager on the best way to support you in the workplace.
 - 10.2. Your employer is responsible for the provision of your workplace adjustments. For further information, please refer to the Labour Hire Workers: Terms of Assignment or Contract intranet page.
 - 10.3. The NDIA will provide workplace adjustments such as basic headsets, networked devices including Laptops and iPads, standard ergonomic chairs, sit/stand workstations and Assistive Technology Software e.g., JAWS, Dragon Naturally Speaking, Zoomtext, Read and Write, Openbook.
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11. Suitable Evidence, Document Storage and Privacy

- 11.1. You may need to provide medical evidence to support your request.

- 11.2. You should keep a record of your approved workplace adjustments. The [Workplace Adjustment Passport](#) is the NDIA's endorsed tool that allows you to record your workplace adjustments. The Passport also supports the continuation of agreed workplace adjustments in the event your role or manager changes.
 - 11.3. You should take physical adjustments, such as equipment, when moving to a new position within the Agency. If the cost for the equipment has been reimbursed to the Agency through the [Job Access Employee Assistance Fund \(external\)](#), the equipment belongs to you.
 - 11.4. The storage and use of your personal information is consistent with the [Australian Privacy Principles \(external\)](#).
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12. Definitions

- 12.1. **Assistant** - the DDA defines assistant in relation to a person with a disability, as one of the following who provides assistance or services to the person because of the disability: a carer; an assist; an interpreter; a reader.
- 12.2. **Assistance animals** - the DDA defines an assistance animal as a dog or other animal that is accredited under a law of a State or Territory that provides for the accreditation of animals trained to assist a person with a disability or accredited by an animal training organisation, and trained to assist a person with a disability to alleviate the effect of the disability and to meet the standards of hygiene and behaviour that are appropriate for an animal in a public place.
- 12.3. **Carer** - the DDA defines carer in the same way as an **Assistant**.
- 12.4. **Direct discrimination** - occurs when a person who has, or is alleged to have, a disability is treated less favourably than a person without that disability would be treated in the same or similar circumstances.
- 12.5. **Disability** - the DDA defines disability as:
 - Total or partial loss of the person's bodily or mental functions; or
 - total or partial loss of a part of the body; or
 - the presence in the body of organisms causing disease or illness; or

- the presence in the body of organisms capable of causing disease or illness; or
- the malfunction, malformation or disfigurement of a part of the person's body; or
- a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
- a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour.

12.6. And includes a disability that:

- presently exists; or
- previously existed but no longer exists; or
- may exist in the future (including because of a genetic predisposition to that disability); or
- is imputed to a person.

12.7. To avoid doubt, a disability that is otherwise covered by this definition includes behaviour that is a symptom or manifestation of the disability.

12.8. **Disability aid** - the DDA defines a disability aid in relation to a person with a disability, as equipment (including a palliative or therapeutic device) that is used by the person and provides assistance to alleviate the effect of the disability.

12.9. **Discrimination in relation to carers, assistance animals and disability aids** - the DDA applies in relation to having a carer, assistant, assistance animal or disability aid in the same way as it applies in relation to having a disability, such that any obligation to do something because of a disability applies to a person who has a carer, assistant, assistance animal or aid (unless a specific exemption applies).

12.10. **Indirect discrimination** - indirect discrimination occurs when a policy, practice or procedure is established to apply to all and the impact or

outcome of that policy, practice or procedure unintentionally disadvantages a person with a disability.

- 12.11. **Inherent Requirements** - are the essential activities and tasks that must be carried out to get a job done. Inherent requirements relate to results, or what must be accomplished rather than means, or how it is accomplished.
- 12.13. **Unjustifiable hardship** - the DDA does not explicitly define unjustifiable hardship but does provide some guidance for decision-makers. To determine if a workplace adjustment would incur unjustifiable hardship for the NDIA, the worker's manager and/or the [Workplace Supports](#) and Disability Support Teams must take account of all relevant circumstances of each case, including the:
- nature of the benefit to or disadvantage suffered by any worker,
 - effect of the worker's disability,
 - financial circumstances, and estimated amount of expenditure required to be made, by the NDIA, and
 - the availability of financial and other assistance to the NDIA.

13. Other Relevant Information

- 13.1. Other relevant to this entitlement can be found in the following documents:
- [Public Service Act 1999](#)
 - [Fair Work Act 2009](#)
 - [Disability Discrimination Act 1992](#)
 - [Safety, Rehabilitation and Compensation Act 1988](#)
 - [Safety, Rehabilitation and Compensation Regulations 2019](#)
 - [Privacy Act 1988](#)
 - [Public Service Regulation 3.2\(2\)](#)
 - [Work Health and Safety Act 2011 \(Cth\)](#)
 - [WHS Regulations](#)
 - [APS Values, Employment Principles and Code of Conduct](#)

14. About this Policy

Status	Final
Policy Owner	Workplace Support Team and Disability Supports Team
Approval Date	16 August 2024

- 14.1. The Agency will review this policy within 12 months of the policy commencement date.