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The challenging environments of injury management in construction and coalmining in New South Wales

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Abstract:

Workers’ compensation and disability management in the hazardous occupations of mining and construction are ongoing concerns for employers, employees, insurers and Governments. Rising insurance costs, options of self insurance models, highly competitive tendering, legislative rigidities, and escalating costs of compensation, have contributed to industry practices for injured workers that are driven by cost containment strategies rather than benchmarked disability management processes. In this article a critical review of legislation, industry practices, and published reports is undertaken with a view to outlining the adequacy of current and planned services and practices to meet the needs of injured workers in both sectors. Attention is also given to industrial practices that contra-indicate quality disability management processes. The authors detail a number of industrial and organisational operating environments which have arisen from legislative frameworks, financial constraints, and outdated disability management practices. They comment on the more recently introduced legislation and offer comment on its potential to drive benchmark changes in the building and coalmining sectors. Finally, suggestions are provided for more contemporary approaches to the insurance framework and return to work facilitation for injured workers.
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Introduction

Workers’ compensation and rehabilitation is an ongoing concern for employers, employees, insurers and governments in Australia. In NSW, despite the falling trend in compensated injuries from 1994/95 and declining incidence (number of injuries per 1000 workers) and frequency rates (number of injuries per million hours worked), costs other than the ‘gross incurred’ cost reported as declining by WorkCover NSW in 2000 (Statistical Bulletin 1998-99), continue to rise. Rising costs are a factor of all of Australia’s disparate OHS/workers’ compensation jurisdictions despite their variations of approach. In fact, the gross incurred costs published by WorkCover NSW are only a fraction of the real costs of injured workers, to society and the economy. There are many incalculable macro-economic and intangible social costs even though the National Occupation Health and Safety Commission (NOHSC) has tried spasmodically to calculate the full costs of injuries to the nation unsuccessfully.

At the micro-economic level workplace and workers’ compensation costs and legal requirements are also a major concern to employers specifically as well as the loss of productivity and production. In NSW a specific area of concern to smaller employers in particular is the inability to observe the rehabilitation requirements of the 1987 Workers’ Compensation Act (WCA) (prior to its 2001 amendments) and its companion legislation, the (amended) Workplace Injury Management and Workers’ Compensation Act, 1998, which are perceived as too complicated, too costly and time consuming. All of these requirements hold out alluring, but illegal, incentives to understate the nature of injuries, to under-report incidence, to pass some of as illness or not to report at all. In NSW since the 1987 Act it has been compulsory to rehabilitate and to have injury management procedures in place. Some employers engage in various avoidance activities and some of those undertaken by employers to subvert legal requirements are achieved with the collaboration of employees. Employees collude with employers in these activities for a variety of reasons. One of the objectives of this paper is to examine the process of the observance of legislative requirements perceived by some employers as being resource intensive with unnecessary administrivia that motivate them not to report injuries; another is to determine whether the rehabilitation and associated injury management processes are too onerous and time consuming to encourage their full utilisation. This paper is
specifically concerned with the practice and application of injury management in the construction and coal mining industries of NSW.

**Industrial and Organisational Operating Environments**

*Construction*

The NSW construction industry, like the NSW coalmining industry, is based on inherently hazardous labour processes. The inherent hazards and associated risks of the construction industry are reflected in its high incidence and frequency injury rates demonstrated by the fact that in 1998/99, construction had the third highest incidence based on compensated injuries (WorkCover NSW 2000).

In contrast to the coalmining industry which only has two discrete distinct portions, open cut and underground mining, construction has several sub-sectors ranging from housing to major high-rise buildings as well as bridge, road, tunnel and even under water construction. Each sector has its distinct hazards and risks determined by the particularities of its labour process as indeed every production process does irrespective of whether a good or service is produced. Notwithstanding the individuality of their production processes each sector has extreme hazards in common with the other compared to most other industries outside mining, fishing, forestry and agriculture. Additionally, an aspect in common is that the actual location of production can change daily or even several times within a day so that each change has its inherent and potentially unpredictable hazards (in this regard construction and mining also have commonality and in fact there are many basic similarities between the non-housing sector and open cut mining). Other commonalities between the construction sectors are that they rely heavily on contractors and sub-contractors and that the industry is highly competitive and relies on gaining projects/jobs by putting in the lowest tenders/quotes. Frequently, corners have to be cut and all too often safety is one of the first to suffer budget costs or even workers’ compensation premiums may not be paid.
There are many incentives not to report or to under-report injuries in the construction industry. A prime consideration is financial: Construction being an industry with one of the highest incidence and frequency rates also has one of the highest base rate industry worker’s compensation premiums. The construction industry relies heavily on contractors and sub-contractors whose injury rates and safety systems could determine whether contracts are awarded or not. Over the last few years because it has become mandatory to submit injury records and evidence of safety management systems for government project tenders: Principal contractors increasingly ask for documentation of this nature as well for non-public sector projects. Sub-contractors with high injury rates may be passed over because under the Occupational Health and Safety Act 2000 the principal contractor is held responsible for the oversight of all OHS matters. (Under the Occupational Health and Safety Act 1983, which the 2000 Act replaced in 2001, non and under reporting by sub-contractors were commonplace).

Consequently sub-contractors may resort to many practices to avoid reporting employees’ injuries; some having their basis in deception consisting of claiming days off for injuries as sick leave, not reporting injuries at all or placing injured workers on light office duties instead of their regular work. It is also beneficial for sub-contractors to return injured employees to work prematurely to evade statutory rehabilitation requirements. That smaller employers resort to these measures is not entirely surprising for two reasons: The first is that the statutory rehabilitation and injury management processes insinuate what smaller employers do illegitimately; that is, to get workers back to work early and to find alternative duties if necessary. Second, the rehabilitation requirements, which are onerous, can easily be met by larger employers who generally have the human resources as well as the capacity to pay. As is the case with much workplace legislation (i.e., industrial relations and OHS law) laws of this nature are framed for large employers and quite often disadvantage small employers.

Another factor in under-declaring or non-reporting injuries is that many sub-contractors are sole employers who simply cannot afford to take time off work. In addition, since the introduction of the federal Workplace Relations Act in 1996, NSW construction industry workers subject to federal awards have also entered into
individual Australian Workplace Agreements (AWAs) or other stand-alone contracts whose terms and conditions are confidential between them and their employer. Owing to the individualised nature (and alleged reduced entitlements and less secure conditions) of these employment contracts, AWAs make them much more susceptible not to report an injury for several reasons including non-renewal of contracts or blacklisting in the industry. Construction workers employed under the enterprise bargaining framework/award system may also be persuaded by employers not to report an injury. They may also collude with employers not to report an injury, but to take light duties and claim sick leave, to be paid shiftwork penalties while working on day shift or to work part of their shifts, but to be paid in full.

Stigmatisation of injured employees and incentives to collude with employers not to report an injury is not uncommon and not limited to either the construction or coalmining industries. It is common knowledge that employees who have been injured and compensated find it hard to get re-employed with other employers (vide Bohle and Quinlan; 2000, pp 346, 347 for example), in particular in the same industry. It was brought to the attention of one of the authors of this paper how compensated former employees of a state service provider were prevented from re-entering the service even after a long absence in another stand-alone section because the employees’ details were kept on the shared electronic data base provided by the insurer.

Fraudulent behaviour is not limited to small employers or employees. Employers of all sizes may knowingly avoid taking out the compulsorily required workers’ compensation which is made possible by the transient nature of employment in the construction industry. Employers may also understate the size of their workforce or their payroll or the categories of labour employed to reduce the size of the workers compensation premiums (vide for example Bohle and Quinlan; 2000, p. 348). These practices leave workers uncovered should they be injured and may induce employers not to report.

There is yet another reason why injuries may not be reported. The most prevalent permanent injuries across all NSW industries frequently are, ‘sprains, strains of joints and adjacent muscles’, which accounted for more than 50 % of permanent injuries
recorded in 1998/99 and 54-57% of total compensation payments (WorkCover NSW; 2000, p. 49). Construction is no exception. During 1998/99 out of the total number of 5,232 reported construction industry injuries, 2,858 were sprains and strains with 1,384 sprains and strains to the back whereas there were only 52 sprains and strains to the hands, fingers and thumbs as opposed to 217 fractures, 444 open wounds; 113 contusions and crushing injuries to the hands, fingers and thumbs, but only 37 superficial injuries, 18 burns and 7 dislocations and one superficial injury to the back (WorkCover NSW; 2000, Appendix E, table 3.5 e). Although the statistics of reported injuries reproduced here are only a small sample, the nature of the most prevalent injuries suggests that they are serious. In fact, under the ‘macho’ hegemony which is highly prevalent in a male dominated industry like the construction industry (and as well in coalmining) it would be considered unmanly to report an injury such as a contusion, a dislocation or a burn of the hands, fingers and thumbs.

Coal Mining

Even though mining has a small workforce it had the highest incidence of compensated injury rates during 1998/99 as well as the highest incidence injury rate (54.6 per 1000 workers and the highest cost per case of all industries ($30,359) (WorkCover NSW; 2000, p. 15). In the mining sector which largely comprises coalmining,

“Almost half of the cases in mining and 57% of the costs were reported from sprains, strains of joints and adjacent muscles. 61% of reported injuries and 45 % per cent of costs were due to temporary disabilities resulting in time off work of less than 6 months” (WorkCover NSW; 2000, p. 15).

These kind of injury rates illustrates that it is a hazardous industry. Even so, in all probability the above injury statistics are not a true reflection of actual injuries incurred. In 1994 the industry’s principal union, the Construction Forestry Mining and Energy Union (CFMEU) expressed concern over claims practices;
“…..at the way in which LTI [lost time injuries] statistics are being manipulated through the use of light duties and other devices that prevent injured employees appearing in official statistics. The seeming steep improvement in the record of some mines is the result of changed administrative arrangements as much as any actual improvement in workplace performance” (CFMEU; 1994, p. 78).

These kinds of sleights of hand and others such as conveying injured miners to and from work in taxis to perform little or no non-mining work, resonate with those of the construction industry. One complicating factor of OHS practices and workers’ compensation claims practice in the NSW coalmining industry is that it is a self insurer with a keen eye on minimising workers’ compensation claims under the coordination of the Joint Coal Board (JCB) which however currently does not control the enforcement of OHS in the industry. The other significant factor is that the jurisdiction of WorkCover is ambiguous and not enforced and that the industry was not fully regulated under the ambit of the OHS Act 1983, NSW (Winder, Dingsdag and Dain, 1996, pp.98, 99) in force until September 2001 when it was replaced by the OHS Act 2000.

There is still debate within the coalmining industry as to whether the 1983 Act applied to coalmines and the issue is not yet resolved under the current Act (although the Minister for Industrial Relations was considering the ‘island’ status of the Coal Mines Regulation Act (CMRA) 1982). Section 30 of the OHS Act 1983 stated that provisions of the Act with regard to appointment and powers of inspectors did not apply to, ‘a mine within the meaning of the Mines Inspection Act 1901 or the Coal Mines Regulation Act 1982,’ and similar exclusions are found under Section 49 of the 2000 Act. This proviso has produced a perception among managers in the coalmining industry that they are exempt from all provisions of the OHS Act with regards to safety management. However, with the exception of powers of inspectors, all other provisions of the OHS Act applied to coalmines. Yet, the Act could not be enforced by WorkCover inspectors. Therefore, enforcement of the provisions of the Act technically fell to the inspectors of the Department of Mineral Resources who operate under the CMRA 1982 which makes no provisions for workers’ compensation arrangements. The perception of being exempted from provisions of the OHS Act is
persistent and seems to have isolated the NSW coalmining industry from safety management requirements and workers’ compensation systems and practices that are standard for other industries.

There was and there remains another unresolved complicating factor of overlapping authority of the Department of Mines/Mineral Resources and the Joint Coal Board. The original influence of the JCB over the NSW coalmining industry was all pervasive and premised on resurrecting a largely moribund industry by increasing production and productivity at any cost. Created in 1946 the JCB even had the power to close down mines and take them over on the grounds of safety (Dingsdag, 1989). The JCB never invoked those powers. In 1988 these powers were significantly reduced under the Hawke Government, when one of its main activities became to administer and monitor Coal Mines Insurance, the industry owned workers’ compensation insurer and again in 1992, when the JCB became mainly responsible to monitor industry health and safety. As observed by Dingsdag (1989) the JCB had a less than satisfactory system of recording LTIs although its performance in managing health was exemplary. Notwithstanding the JCB’s unlimited authority until 1988, mine safety was almost exclusively left regulated by the Department of Mines (which became the Department of Mineral Resources) under the NSW Coal Mines Regulation Act 1912, a stand-alone Act in force until 1984. In this instance there is the dichotomy of divergent regulatory authorities rather than the internal contradictions of WorkCover’s functions.
Further, from the outset when the JCB assumed control over the NSW coalmining industry in 1946 the industry continued to rely on the ‘control and command’ style of management predicated on the absolute control of a mine bestowed on managers under coalmining legislation since 1854, 1861 and the first CMRA enacted in 1876 overseen by the Department of Mines inspectorate. In fact, it could be argued that the overlapping authority of the JCB and the Department of Mines, which were never resolved jurisdictionally even under the CMRA 1982 which repealed the 1912 Act, allowed the command and control style of management to flourish. The inherent flaw of all of the successive CRMAs (including the current Act) was that managers are the legislatively responsible person for all matters relating to safety but that the Acts do not recognise that they are also responsible to ensure the maximum production of the mine. These countervailing duality of roles create a precarious responsibility in matters of safety as well as workers’ compensation which is made more uncertain by the manager’s absolute control which as evidence suggests is all too often predicated on putting production first (*vide* Dingsdag 1989; 1993; Hopkins 1995; Hopkins 1999 for example).

**Recent Legislation**

**Context**

In the last decade or so Australian governments have succumbed to pressures from their own depleting treasuries, from unions, employers insurers and their lobbyists to reform workers’ compensation and OHS legislation to reduce the occurrence of injuries and to expedite their treatment when they do occur. Most likely, the majority of corresponding measures have been introduced to reduce the financial burden on governments primarily, rather than to minimise excessiveness of incidence and frequency at the workplace as a co-related, but seemingly secondary objective.

In NSW these objectives are even more complex: The two separate functions of ‘policing and enforcing’ OHS legislation, i.e., the prevention of injuries (and fatalities); and ensuring that injured workers are compensated fairly and expeditiously (and deceased employees’ family compensated) could be seen to be compromised. This compromise arises because the two state instrumentalities that performed these
functions were combined under one state agency, WorkCover in 1988. Arguably, there is a potential for conflict of interests (which is not unique to WorkCover; vide for example Dingsdag and Lee (1999) for the competing functions of the NSW Department of Mines/Mineral Resources and above for other instances). On the one hand, WorkCover, maintains an inspectorate to deal with issues and breaches of the OHS Act 2000 and its associated regulations and codes of practice. However, the enforcement functions consist, among others, of identifying or preventing risks observed by the WorkCover inspectorate based on identified hazards. Yet, the workers’ compensation arm may wish to suppress this knowledge because of the financial implications it may have on costs and claims (Bohle and Quinlan; 2000, pp. 354, 355).

Other examples of reforms in NSW to minimise financial responsibility are the ill-fated attempts by the Unsworth Government to limit claims for injury to workers’ compensation provisions without recourse to common law in 1987 (only to have the legislation overturned by the Greiner Government in 1989). Another instance was the more successful accomplishment by the Kennett Government of Victoria in doing so for a longer period. Despite the introduction in NSW of the Workplace Injury Management and Workers Compensation Act in 1998 to minimise workers’ compensation claims’ duration and their costs, these have not fallen sufficiently to satisfy employers or insurers and successive governments. On the other hand, as far as the trade union movement is concerned injured employees are not receiving their entitlements and related industrial matters are often disputed with employers and are the basis of a great deal of litigation in the industrial relations jurisdictions.

The current NSW Government amended the WCA 1987 in 2001 to do what the Unsworth Government ultimately failed; that is, to prevent or curb recourse to common law for injured workers. It is also intended to limit the statutorily determined lump sum payments under workers’ compensation legislation according to the Table of Disabilities and to minimise or extinguish right of appeal. As in 1987, lawyers were and are fiercely opposed to these changes and the Minister for Industrial Relations was also subject to a fierce industrial campaign from the NSW Trades and Labor Council. Under amended legislation and the auspices of the newly established Workers’ Compensation Commission, claims for injury are determined under the
“North American medical model” under which government appointed medical experts assess the amount of compensation according to the severity of the injury as a portion of ‘total body’ disability. Under the model a 15 % of total body disability threshold for injury qualifies the claimant to seek common law remedy. However, physical injuries and psychological/psychiatric injuries arising from the same incident are not assessed together as they were under the previous legislative provisions. Psychological injury must be separately assessed at 15 % before compensation is granted. Compensation for pain and suffering accompanying the injury, which was the basis for common law claims, can be denied unless the degree of permanent impairment has been assessed by an “approved” medical specialist. Pain and suffering are assessed separately, not as a combined injury or the result of one injury, although more than one physical impairment resulting from the same incident can be regarded as one injury. So far, since the inception of the new workers’ compensation arrangements, to the knowledge of the authors, no injured worker has attained the 15 % threshold.

Financial measures

Financial incentives have been a feature of workers’ compensation arrangements since the introduction of the NSW Workers’ Compensation Act in 1987 and in alignment with the other Australian jurisdictions they are generally based on excess payments and experience ratings for employers with penalties and bonuses. A general critique of workers’ compensation incentives is that they induce a lack of attentiveness with the minimisation of injuries by employers which is contrary to the duty of care required under the OHS Act 2000, as it was under its predecessor (Bohle and Quinlan; 2000; Hopkins; 1995; Johnstone; 1997; Purse; 2000). In NSW employers are levied the first $500 of weekly payments for an injured worker while off work. The thinking is that this kind of ‘incentive’ will encourage employers to manage OHS requirements more conscientiously (Purse; 2000, p.24).

Under experience rating which applies to employers with more than 130 employees, the base industry rate of workers’ compensation premiums is adjusted on the basis of claims experience over three years. These adjustments can make significant differences to the percentage of the pay roll employers pay in premiums, especially
for very large organisations. Some organisations can see the financial and safety gains made by making the workplace safer and have a genuine commitment to safety. Other organisations also recognise the benefit of becoming self insurers in this regard by better managing their safety by preventing injury as well as their compensation claims. Becoming a self insurer however, may also induce managers to under-report or even not to report. Even in large organisations like DuPont, renowned for its commitment to OHS, an over zealous application of approaches like Target Zero in injury prevention could lead to non-reporting of injuries.

Notwithstanding conscientious employers, as it was the case before the introduction of incentives, some employers factor in the projected premium as a necessary and unavoidable cost of production seeing it as cheaper than implementing the legally required, but more costly, process of making the workplace safer. These are calculated risks made on homespun, but experientially related estimates and predicted incidence of injuries: Further, many workplaces almost never (some never) receive a visit from a WorkCover inspector which is hardly surprising seeing there are currently about 400 inspectors in NSW with more than 300 000 workplaces to inspect aside from their other duties. It is largely when there is a critical incident involving a serious injury, a fatality or multiple injuries/deaths that workplace management faces the force of the law and pays in terms of loss of production, replacement of the technology that caused the harm, heavy fines, litigation and workers’ compensation. In the opinion of many employers these are chances well worth taking.

The “Management” Process

There are typically three separate but interlinked concepts that are discerned in the research and practice literature. They are case management, injury management and disability management. All three are important in conceptualising and planning an effective response to accidents and injury in the workplace. A comprehensive overview of these concepts and their application in Australia is provided by Kendall, O’Neill, Murphy, & Bursnell (2001).

Case Management
Case management has become a familiar term over the past decade in most fields of health and welfare practice. Based on a simple principle of fitting services to the needs of clients rather than the reverse, the concept arose from experiments in the delivery of human services in the United States in the late 1960's. Initial use of case management centred on nursing, aged services and disability services and has been extended to include services in employment services, child protection services, primary medical care and legal services.

Case management in rehabilitation services has been a prominent feature of service delivery internationally and in Australia for quite some time. As Biggs (1998) noted several studies over the last decade have examined the competency base of the rehabilitation counsellor and invariably case management skills are a prominent requirement in such professional positions. In addition, as Leahy et al. (1997) report, greater attention in rehabilitation is now being given to micro-skills or sub competencies under the overall benchmark of case management. Further, as Biggs & Flett (1995) have noted in a review of significant rehabilitation competency research from 1969 to 1995, case management has increased its overall importance in both professional practice and in the theoretical underpinning of educational and training courses for case managers.

The underpinning ideals of cost containment and service coordination are key goals in the majority of case management systems (Austin & McClelland, 1996). Case management is essential in the provision of occupational rehabilitation services, as a result of the complex nature of the rehabilitation process itself, and the large number of stakeholders often involved with a worker throughout the post injury/illness phase (Kenny, 1995).

Although the professional responsible for case management varies across jurisdictions, the core functions and underpinning principles of case management often remain similar. The essential functions of case management include (1) assessment of need, whereby an individual’s unmet needs are identified pertaining to a specific situation; (2) planning/goal setting, whereby a realistic and relevant plan is developed with the individual to develop strategies to meet those needs; (3) coordination, whereby services are identified and access to them planned in a timely and logical manner to address individual needs; (4) implementation or linking, which
involves the linking of the client to required services and the operationalisation of the overall case management plan; and (5) monitoring and evaluation, which involves both the formal and informal monitoring of the plan and the related outcomes (Austin & McClelland, 1996; Rothman, 1991).

**Injury Management**

To assist in effectively managing the phenomenon of workplace injury, injury management has been widely adopted in occupational rehabilitation and compensation systems (Shrey & Lacerete, 1995; Kenny & Jones, 1999). This concept is defined as an active process of minimising the injury and the impact of an injury or impairment (resulting from injury or disability) on an individual’s capacity to participate effectively in the work environment (Shrey & Lacerete, 1995). It differs from disability management in that it typically refers to a set of coordinated and managed processes that typically apply from the time and occasion of the injury event (Heads of Workers Compensation Authorities, 1997).

A major catalyst to the introduction of injury management within occupational rehabilitation was the Grellman Report (1997) in New South Wales. This report identified shortcomings in workers’ compensation systems and highlighted the need for early intervention and proactive management to effect a timely return to work. Early intervention involves attention to the employee as soon as the injury occurs. To effect early intervention, immediate contact with all stakeholders involved in the injury management situation (i.e., the worker, the employer, the treating medical practitioner) is essential. This principle has been shown to significantly reduce the costs of managing an injury and minimising time away from the workplace. Indeed, some research has indicated that early access to injury management significantly promotes an early return to work (Heads of Worker’s Compensation Authorities - HWCA, 1997). Furthermore, early intervention strategies and early return to work programmes are more likely to result in decreased worker’s compensation and disability costs, increased employer productivity and minimisation of lost work time (Shrey & Lacerete, 1995). It is important to recognise that to delay injury management is to jeopardise outcomes for the worker, resulting in a deterioration of the worker’s condition and, therefore, their health. Injury management should also
assist in diminishing the likelihood of litigation as there is more potential for the worker to remain aligned with the workplace (Shrey & Lacerte, 1995).

Effective injury management also relies heavily on the principle of proactive management. Proactive management requires the timely use of employer-based resources and community based interventions (i.e., medical management services, gradual return to work programmes, possible modifications to the work place and physical conditioning), if the control and/or minimisation of costs and maintenance of work is to be achieved. The benefit of proactive management in relation to the return-to-work process is reflected in the reduction of time off work. For example, a recent study found that the implementation of proactive management strategies in a specific workplace resulted in a significant reduction in the number of lost work days -- 5000 over an eighteen month period (Smith, 1994). In essence the sooner a worker returns to work – or indeed, remains at work -- the more likely he or she is to recover.

Disability management

A relatively new variant on the case management and injury management processes that has not yet been adequately implemented or tested in Australia is disability management. This concept is defined as a;

“workplace prevention and remediation strategy that seeks to prevent disability from occurring or, lacking that, to intervene early following the onset of disability, using coordinated, cost-conscious, quality rehabilitation service that reflects an organisational commitment to continued employment of those experiencing functional work limitations” (Akabas, Gates & Galvin, 1992, p. 2).

As described by Habeck, Kress, Scully and Kirschner (1994), the rehabilitation community is a natural resource to help employers meet the challenges of disability. Rehabilitation professionals who apply a true disability management approach offer employers the opportunity to examine their occupational health and safety strategies, implement primary prevention programmes, effectively prevent decline among
employees who experience stress, and facilitate efficient return to work for those who are injured. As a result, employer costs will be minimised. However, as pointed out by Habeck and Munrowd (1987), rehabilitation facilitators will need to extend their skills and competencies, particularly in relation to organisational development, if they are to move from traditional case management or injury management to disability management. Westmoreland and Buys (2002), in a discussion of disability management in a selection of Australian self-insured companies, express caution on the unresearched adoption of disability management without accounting for cultural differences. Notwithstanding this, the authors’ argue for a range of organisational based strategies that could be effectively employed by rehabilitation counsellors.

Biggs (2003) has envisioned situations where the rehabilitation professional can be operating in a transitionally leaderless environment, communicating with hostile workers, interacting with distant and resistant fellow professionals, and seeking structure in a very fluid organisational environment. In such challenging circumstances, he argues for a set of sophisticated skills in the areas of disability management, job development and placement, and worker's compensation given that these services are arguably the types of services that are vulnerable as discrete siloed services in today's economic conditions and business climates. Organisations are likely to seek a consolidation of these services to be provided by one broad-based organizational consultant with skills in job design, work flow analyses, organizational development, as well as disability-related issues. This is not unfamiliar territory to rehabilitation counsellors at present, but competency acquisition and retention will need to be undertaken under a continuing education or professional development process.

The application of client-centered processes under the rubrics of case, injury or disability management would enable progressive gains in the construction and coal-mining industries. There is a great deal to be understood and negotiated by all parties if long term absence following injury is to be addressed and remediated. However, the overall goals of employer cost reduction, insurance premium savings, lower employee turnover, more effective workforce practices, safer working environments, and ultimately more efficient and effective industries can only be enhanced by early
and consistent application of such management processes as just discussed and provide opportunities for appropriately skilled rehabilitation counsellors.
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