



safe work australia

Comparative Performance Monitoring Report



Comparison of work health and safety and workers'
compensation schemes in Australia and New Zealand

16th Edition

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workers' compensation schemes
in Australia and New Zealand

Sixteenth Edition
October 2014

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Important Notice

Safe Work Australia provides the information given in this document to improve public access to information about work health and safety information generally. The vision of Safe Work Australia is Australian workplaces free from injury and disease. Its mission is to lead and coordinate national efforts to prevent workplace death, injury and disease in Australia.

Foreword

The Labour Ministers' Council released the first Comparative Performance Monitoring (CPM) report in December 1998. The CPM project was transferred to Safe Work Australia when it was established in 2009. The CPM reports provide trend analysis on the work health and safety and workers' compensation schemes operating in Australia and New Zealand. This is the 16th annual report of the CPM project.

The CPM is complemented by the [Australian Workers' Compensation Statistics](#) report, which provides more detailed analysis of national workers' compensation data using key variables such as occupation, industry, age and sex with supporting information on the circumstances surrounding work-related injury and disease occurrences. The CPM is also complemented by the [Comparison of Workers' Compensation Arrangements in Australia and New Zealand](#), which discusses the way that each scheme deals with key aspects such as coverage, benefits, self-insurance, common law and dispute resolution. The publications can be found at the Safe Work Australia website.

Statement of purpose

The purpose of the CPM is to provide measurable information to support policy making and program development by governments on work health and safety and workers' compensation in order to meet the goal of Australian and New Zealand workplaces being free from injury and disease and to enable durable return to work and rehabilitation for injured and ill workers. The information should provide:

- (a) measurement of progress against national strategies
- (b) identification of factors contributing to improved work health and safety and workers' compensation performance (which includes consideration of resources), and
- (c) measurement of changes in work health and safety and workers' compensation over time, including benchmarking where appropriate.

Data

The data used in this report were most recently supplied by jurisdictions for the 2012–13 financial year plus updates back to 2007–08. Readers should be aware that the data presented here may differ from jurisdictional annual reports due to the use of different definitions and the application of adjustment factors to aid the comparability of data. Explanatory commentary on the data items is contained within each chapter with additional information included in Appendix 1 - Explanatory Notes, at the end of this publication.

The data in this report were collected from:

- workers' compensation schemes and work health and safety authorities as follows:
 - New South Wales — WorkCover New South Wales
 - Victoria — Victorian WorkCover Authority
 - Queensland — Workplace Health and Safety Queensland, Department of Justice and Attorney General, Q-COMP and WorkCover Queensland
 - Western Australia — WorkCover Western Australia and WorkSafe Division, Department of Commerce
 - South Australia — WorkCover Corporation South Australia and SafeWork SA
 - Tasmania — Workplace Standards Tasmania and WorkCover Tasmania
 - Northern Territory — NT WorkSafe and Department of Justice
 - Australian Capital Territory — WorkSafe ACT and the Office of Regulatory Services within the Justice and Community Safety Directorate

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- Australian Government — Comcare
 - Seacare — Seacare Authority (Seafarers Safety, Rehabilitation and Compensation Authority), and
 - New Zealand — Accident Rehabilitation and Compensation Insurance Corporation and New Zealand Department of Labour
- the Return to Work Survey that replaced the Return to Work Monitor previously published by the Heads of Workers' Compensation Authorities. The New Zealand Accident Compensation Corporation and all Australian jurisdictions except for the Northern Territory and the Australian Capital Territory took part in the survey, the full results of which can be accessed at swa.gov.au.
 - The Australian Bureau of Statistics (ABS) provides estimates of the number of employees and hours worked based on the Labour Force Survey, the Survey of Employment and Earnings and data provided by Comcare. Further adjustments are performed using data from the Census, the Forms of Employment Survey and the Survey of Employment Arrangements, Retirement and Superannuation.

There are two important changes that have been implemented in this report:

- (a) The estimates of the number of employees and hours worked that are used to calculate incidence and frequency rates have been revised back to 2007-08 by the ABS in line with the 2011 census and other new employment information. Incidence and frequency rates published in this report will differ to those previously published in earlier editions of the report
- (b) The definition of a serious claim has been revised to align with the Australian Work Health and Safety Strategy 2012-2022. The change in the definition means that two sets of rates are presented in this report. In chapter 1, the previous definition of a serious claim applies for final reporting against the National Occupational Health and Safety Strategy 2002-2012 (National Strategy). In chapters 2 and 6, the new definition of a serious claim applies. Use of either definition of serious claims shows similar patterns of improvement at the national and jurisdictional level.

Coordination

This report has been compiled and coordinated by Safe Work Australia with assistance from representatives of all work health and safety and workers' compensation authorities in Australia and New Zealand.

Through a partnership of governments, employers and employees, Safe Work Australia leads the development of national policy to improve work health and safety and workers' compensation arrangements across Australia.

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Summary of findings

Performance against the National Occupational Health and Safety Strategy 2002–2012

The reduction in the incidence rate of injury and musculoskeletal claims between the base period (2000–01 to 2002–03) and 2011–12 was 26%. Therefore the target of a 40% improvement by 30 June 2012 was not achieved on a national basis. South Australia recorded a 40% improvement and was the only jurisdiction to achieve the improvement target. The Australian Capital Territory was the only jurisdiction to record an increase in its incidence rate of serious injury and musculoskeletal claims from the base period.

The number of compensated fatalities has continued to fall against a backdrop of increasing employment. This has resulted in a 41% improvement in the incidence of compensated fatalities from injury and musculoskeletal disorders from the base period to 2011–12. This is more than double the target of a 20% reduction by 30 June 2012.

Work health and safety performance

Over the past four years the incidence rate of serious injury and disease claims has fallen 6% from 12.8 claims per 1000 employees in 2008–09 to 12.0 in 2011–12. The preliminary data for 2012–13 indicates a further fall is most likely. While the preliminary incidence rate is 11.1, it is expected to rise by around 2% when the liability on all claims submitted in 2012–13 is determined.

The preliminary data also show that compensation has been paid for 178 worker fatalities in 2012–13 of which 133 involved injury and 45 were the result of work-related diseases. It is expected that this number will rise slightly when all claims are processed. The number of compensated fatalities decreased 20% from 281 in 2008–09 to 226 in 2011–12. These numbers are an under count as not all work-related fatalities are compensated. The Traumatic Injury Fatalities database compiled by Safe Work Australia shows that 229 workers died of injuries in 2011–12 which is more than one and a half times higher than the 149 injury fatalities recorded in the compensation system for the same period.

The preliminary workers' compensation claims data for New Zealand indicate that in 2012–13 the incidence rate of serious injury and disease claims was 10.6 claims per 1000 employees. New Zealand recorded a 23% decrease in incidence rates from 2008–09 to 2011–12.

There were 66 compensated fatalities in New Zealand in 2012–13. New Zealand recorded a 31% drop in the number of compensated fatalities from 108 in 2008–09 to 75 in 2011–12. The number of fatalities in 2010–11 was unusually high because of the Pike River disaster and the Christchurch earthquake, which together accounted for 84 deaths.

In Australia *Body stressing* continued to be the mechanism of injury/disease that accounted for the greatest proportion of claims (41%) although the number of claims due to this mechanism has decreased by 11% since 2008–09.

The highest incidence rate of serious injury and disease claims was recorded in the Agriculture, forestry & fishing industry (21.0 serious claims per 1000 employees) followed by Transport, postal & warehousing (19.1), Manufacturing (17.9) Construction (17.0) and the Health care & social services industry (14.1).

In 2012–13 close to 213 600 workplace interventions were undertaken by work health and safety authorities around Australia. Australian jurisdictions issued 46 935 notices, 338 legal proceedings against businesses were finalised and \$14.5 million in fines were handed out by the courts.

Workers' compensation scheme performance

The Australian standardised average premium rate fell 2% from 1.56% of payroll in 2008–09 to 1.53% of payroll in 2012–13. All Australian jurisdictions with the exception of Queensland, the Australian Government, Tasmania and the Northern Territory recorded falls in premium rates over this period. Comcare scheme recorded the lowest premium rate of all jurisdictions at 1.16% of payroll in 2012–13 while the Seacare scheme recorded the highest at 2.76%.

The New Zealand standardised average premium rate was 0.79% of payroll in the financial year 2012–13, a 7% decrease since 2008–09. The New Zealand rate remains lower than the Australian rate. One reason for the lower rate in New Zealand is that it does not provide the same level of coverage for mental disorders that Australian schemes provide.

The Australian average funding ratio for centrally funded schemes increased 10% from 102% in 2011–12 to 112% in 2012–13. With the exception of Comcare all centrally funded schemes recorded increases in their funding ratios compared to the previous year. Comcare's funding ratio stabilised in 2012–13 after declining in 2011–12 due to a substantial increase in the valuation of claim liabilities.

The average funding ratio for privately underwritten schemes increased by 6% from 92% in 2011–12 to 97% in 2012–13. Tasmania recorded a decrease (down 6%) from the previous year decreasing from 111% to 105% while the Northern Territory recorded a substantial increase in their funding ratio (up 15%) from 79% 2011–12 to 91% in 2012–13.

In 2012–13 Australian workers' compensation schemes spent \$7.979 billion of which 53% was paid directly to the injured worker as compensation for their injury or illness and 23% was spent on medical and other services costs. Insurance operations expenses made up 19% of the total expenditure by schemes, slightly higher than the percentage recorded in 2008–09. Regulation costs made up 1.5% of total scheme expenditure, while dispute resolution expenses accounted for 1.1% and other administration expenses accounted for 2.0%.

The 2012–13 Current Return to Work rate (equivalent to the Durable Return to Work rate reported in earlier CPM reports), was 77%. This is slightly higher than the 75% seen in 2011–12. Queensland and Comcare recorded the same Current Return to Work rate as in the previous year, while Tasmania and Seacare recorded decreases and the rest of jurisdictions recorded increases.

The rate of disputation on claims increased to 6.6% of all claims lodged in 2012–13 compared to 5.0% in 2011–12. The percentage of disputes resolved within 1, 3, 6, and 9 months decreased between 2008–09 and 2012–13.

Chapter 1 – Progress against the National Occupational Health and Safety Strategy

Collective efforts to improve Australia's work health and safety performance have been guided by the *National Occupational Health and Safety Strategy 2002–2012* (the Strategy). This report presents the final data on progress against targets in the Strategy. The strategy for the next decade – the [*Australian Work Health and Safety Strategy 2012–2022*](#) – was launched in October 2012. Reporting has continued until this edition of the report (CPM 16) owing to the time lag in compilation of workers' compensation data. Reporting against the *Australian Work Health and Safety Strategy 2012–2022* targets will commence in CPM 17 (2015).

The Strategy set national targets to reduce the incidence of work-related injury fatalities by at least 20% and to reduce the incidence of workplace injury (including musculoskeletal disorders) by at least 40% by June 2012. Achievements against the national targets for injury and fatality are measured using the National Data Set for Compensation-based Statistics (NDS). A standard definition of 'serious claims due to injury or musculoskeletal disorders' has been used for analysis to enable greater comparability between jurisdictions. Serious claims include all fatalities, all permanent incapacity claims (as defined by the jurisdictions) and temporary claims for which one or more weeks of compensation has been recorded. This definition takes into account the different employer excesses that exist in the various schemes.

The baseline for the national targets was calculated as the average incidence rate for the three-year period 2000–01 to 2002–03. A three-year base period smooths the volatility in the data, resulting in a more typical starting point at which to measure progress against the targets.

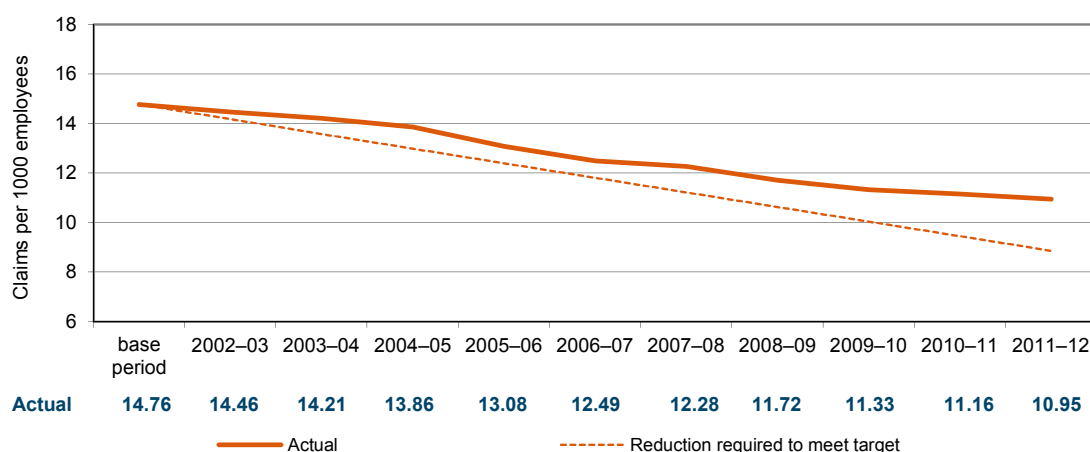
Since its adoption in May 2002, the Strategy has informed the work and strategic plans of all Australian work health and safety authorities as well as driving the work of Safe Work Australia. Safe Work Australia has worked to achieve the goals of the Strategy through leading national harmonisation of work health and safety legislation, developing a compliance and enforcement policy to ensure nationally consistent regulatory approaches across all jurisdictions, encouraging excellence in work health and safety through the National Safe Work Australia Awards and improving the collection and analysis of work health and safety data and research to inform the development or evaluation of work health and safety policies and programs.

Readers should be aware that the Australian incidence and frequency rates presented in this edition of the report back to 2007–08 are not comparable with the rates reported in the previous edition. This is due to the recent update of the number of employees and hours worked by the Australian Bureau of Statistics (ABS) back to 2007–08. Refer to Appendix 1 (Explanatory notes) for further information.

Injury and musculoskeletal target

Indicator 1 shows a 26% decrease in the incidence rate of injury and musculoskeletal claims between the base period (2000–01 to 2002–03) and the final 2011–12 data. Australia did not meet the target of a 40% reduction in the incidence rate of injury and musculoskeletal claims by 30 June 2012.

Indicator 1 – Incidence rate of serious* compensated injury and musculoskeletal claims, Australia, base period (2000–01 to 2002–03) to 2011–12



* Includes accepted workers' compensation claims for temporary incapacity involving one or more weeks compensation plus all claims for fatalities and permanent incapacities. Claims arising from a journey to or from work are excluded.

Jurisdictional progress

Indicator 2 shows the jurisdictions' achievements against the injury and musculoskeletal target of a 40% improvement from the base period.

Indicator 2 – Incidence rates (serious claims per 1000 employees) and percentage improvement of serious* compensated injury and musculoskeletal claims by jurisdiction.

Jurisdiction	Base period	2007–08	2008–09	2009–10	2010–11	2011–12	Percentage improvement (%)**
South Australia	18.3	12.7	11.6	11.2	10.4	11.0	39.9%
New South Wales	17.1	12.7	12.4	12.2	12.1	11.5	32.5%
Victoria	11.4	9.6	8.8	8.7	8.6	8.4	26.3%
Australian Government	8.7	5.5	6.8	6.4	6.4	6.7	23.0%
Queensland	16.6	16.1	15.2	14.2	13.6	13.5	18.7%
Northern Territory	12.2	13.0	11.2	11.7	11.5	10.0	18.0%
Tasmania	16.1	14.6	14.8	14.0	14.1	13.3	17.4%
Seacare	36.3	27.4	35.2	39.7	41.3	32.9	9.4%
Western Australia	12.5	12.3	11.6	11.0	11.5	11.5	8.0%
Australian Capital Territory	11.3	11.3	11.7	12.0	12.2	12.0	-6.2%
Australia	14.8	12.3	11.7	11.3	11.2	10.9	26.4%

* Includes accepted workers' compensation claims for temporary incapacities involving one or more weeks compensation plus all claims for fatalities and permanent incapacities.

** Percentage improvement from base period (2000–01 to 2002–03) to 2011–12.

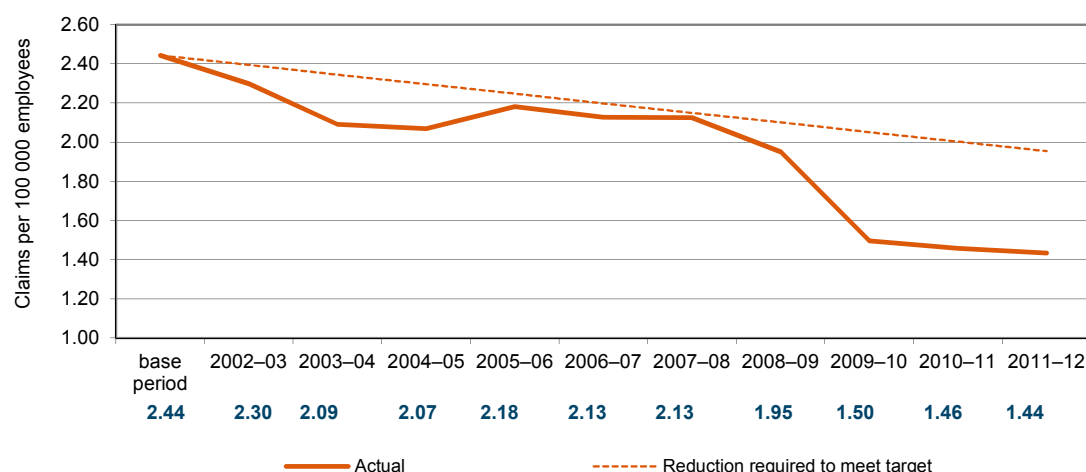
These data show that South Australia was the only jurisdiction that met the target. However, with the exception of the Australian Capital Territory all other jurisdictions recorded improvements since the introduction of the Strategy.

Changes to scheme operations since the base period can affect the percentage improvements shown in this indicator. Achievement of the target was more difficult in the Australian Capital Territory because reforms were introduced during the base period that resulted in a higher level of reporting of serious claims since 2001–02.

Fatalities target

Indicator 3 shows that fatality incidence rates have been falling steadily over the past seven years. Since the base period there has been a 41% decrease in the incidence rate of compensated injury and musculoskeletal fatality claims. This improvement is more than twice the target of a 20% reduction by 30 June 2012.

Indicator 3 – Incidence rates of compensated injury & musculoskeletal fatalities, Australia, base period (2000–01 to 2002–03) to 2011–12



Note that a table of jurisdictional improvements in fatalities has not been included due to the volatility of these data. Information on the number of traumatic injury fatalities recorded by each jurisdiction can be found in Indicator 9 while information on compensated fatalities due to occupational diseases recorded by each jurisdiction can be found in Indicator 10.

Chapter 2 – Work health and safety performance

The data used in this chapter are accepted workers' compensation claims lodged in each financial year plus fatalities information from additional sources. Workers' compensation data are currently the most comprehensive source of information for measuring work health and safety performance. While there are some limitations, most notably that the data reflect the injury experience of employees only and under-report the incidence of disease, workers' compensation data still provide a good indication of work health and safety trends. The estimates of the number of employees and hours worked (supplied by the ABS) have been recently revised back to 2007–08. This change and the change in the definition of serious claims (outlined below) means that incidence and frequency rates published in this report will differ to those previously published.

Serious claims

There are two major changes to the data in this report that affect comparison with previous reports:

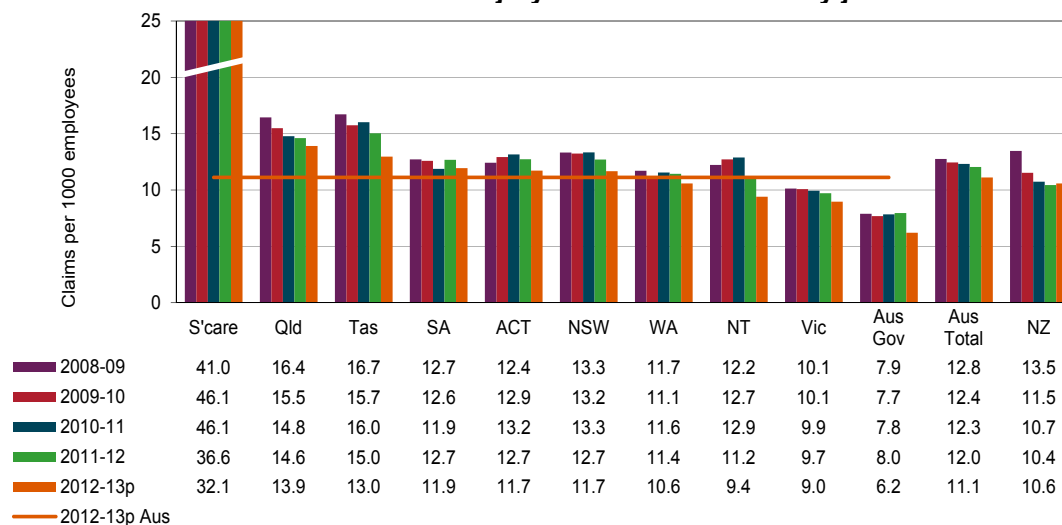
1. The estimates of the number of employees and hours worked that are used to calculate incidence and frequency rates have been revised back to 2007–08 by the ABS. Incidence and frequency rates published in this report will differ to those previously published.
2. The definition of a serious claim has been revised to align with the *Australian Work Health and Safety Strategy 2012–2022* (the Australian Strategy). Under the new definition, a serious claim is one that results in compensation being paid for an absence from work of one working week or more. This definition excludes claims arising from a work-related fatality or claims for injuries that occurred during a recess period away from the workplace. It also excludes claims for permanent impairment that did not result in one or more weeks off work. As with the previous definition, claims for injuries incurred on a journey to or from work are not included. The new definition of serious claims results in fewer claims than the previous definition, but a higher level of median compensation and time lost. Refer to Appendix 1 (Explanatory notes) for further information.

The change in definition of a serious claim means that two sets of rates are presented in this report. In Chapter one, the previous definition of a serious claim applies for final reporting against the National OHS Strategy. In Chapters two and six the new definition of a serious claim applies. Use of either definition of serious claims shows similar patterns of improvement at the national and jurisdictional level.

Indicator 4 shows that the Australian incidence rate for serious claims has steadily declined over the past four years, decreasing 6% from 12.8 to 12.0 claims per 1000 employees between 2008–09 and 2011–12. Preliminary data for 2012–13 show an incidence rate of 11.1 claims per 1000 employees. While it is expected that this rate will rise when updated data are available, the preliminary data indicate a 8% improvement in incidence rates compared to the previous year.

Substantial falls in the incidence rates of serious claims from 2008–09 to 2011–12 were recorded by Queensland (11%), Seacare (11%), Tasmania (10%) the Northern Territory (9%), New South Wales (5%), Victoria (4%) and Western Australia (2%). Increases were recorded for the Australian Capital Territory (up 2%) and the Australian Government (up 1%). Seacare recorded the highest incidence rate of serious claims in 2011–12 with 36.6 claims per 1000 employees, while the Australian Government recorded the lowest rate with 8.0 claims per 1000 employees followed by Victoria with 9.7 claims per 1000 employees.

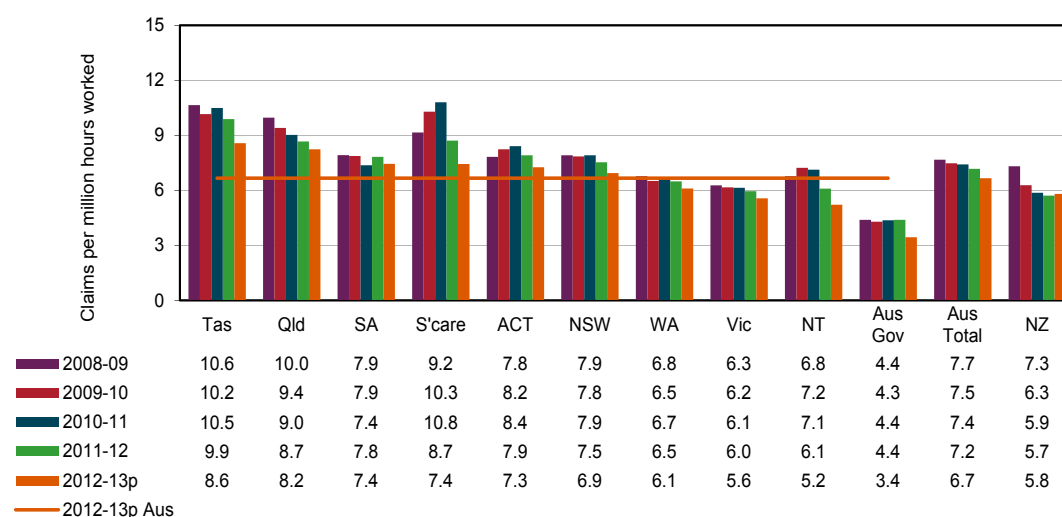
Over the period 2008–09 to 2011–12 New Zealand recorded a 23% decrease in the

Indicator 4 – Incidence rates of serious* injury and disease claims by jurisdiction

* Includes all accepted workers' compensation claims for an incapacity that results in a total absence from work of one working week or more.

incidence rate of serious claims, dropping from 13.5 to 10.4 claims per 1000 employees.

Indicator 5 shows that the Australian frequency rate of serious claims decreased 7% from 7.7 claims per million hours worked in 2008–09 to 7.2 in 2011–12. Preliminary data for 2012–13 shows that the Australian frequency rate of serious claims was 6.7 claims per million hours worked. Although the frequency rate data show a similar level of improvement to incidence rates, there are differences in the ranking of jurisdictions. Tasmania recorded the highest frequency rate at 8.6 claims per one million hours worked but the third highest incidence rate. Seacare also changed position due to the 24-hour basis on which their frequency rates are calculated. Refer to Note 1 in Appendix 1 (Explanatory notes) for further information.

Indicator 5 – Frequency rates of serious* injury and disease claims by jurisdiction

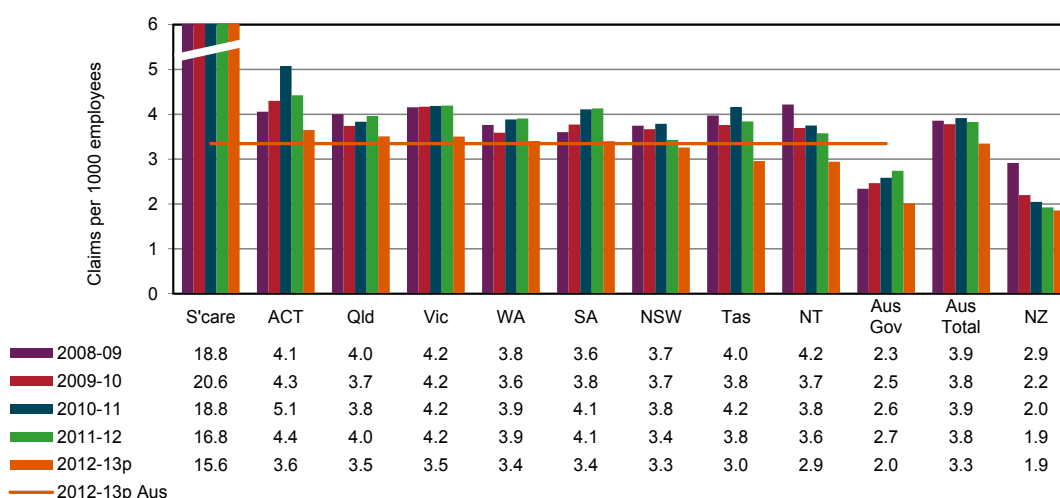
* Includes all accepted workers' compensation claims for an incapacity that results in a total absence from work of one working week or more.

Long term claims - twelve or more weeks of compensation

Indicator 6 shows that the incidence rate of long term injury and disease claims in Australia was relatively steady over the 2008–09 to 2011–12 period. While the 2012–13 results show a 13% decrease in the incidence rate. These data should be treated with caution due to the shorter development time these claims have had compared to claims from previous years. On average 31% of serious claims resulted in 12 or more weeks of compensation over the five year period.

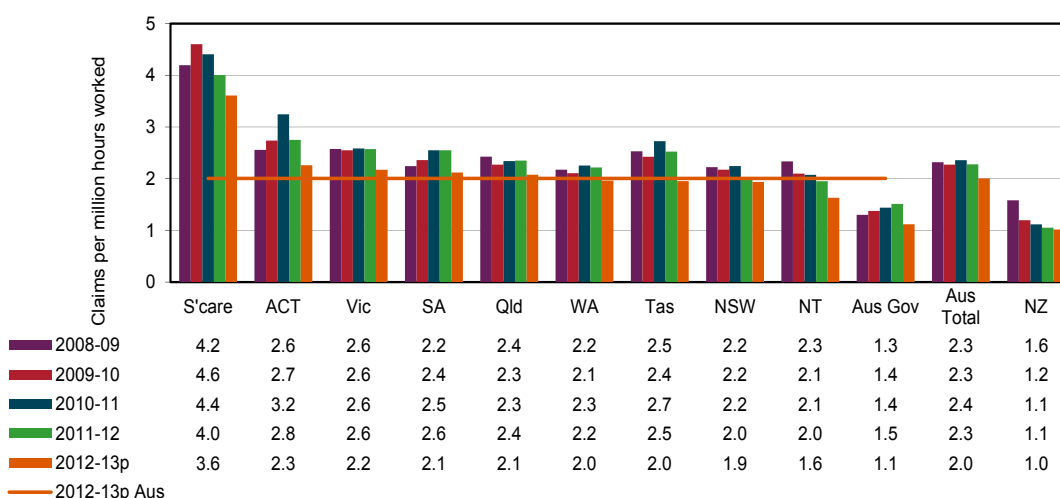
The Australian Government, South Australia, Victoria, the Australian Capital Territory and Western Australia recorded increases in incidence rates of long term claims over the period 2008–09 to 2011–12. New Zealand recorded a substantial decrease over this period (down 34%) with its rate remaining lower than that of Australia.

Indicator 6 – Incidence rates of long term (12 weeks or more compensation) injury and disease claims by jurisdiction



With the exception of Western Australia (which was stable over the period) the frequency rates of long term claims in Indicator 7 show a similar pattern to the incidence rates during the comparative period.

Indicator 7 – Frequency rates of long term (12 weeks or more compensation) injury and disease claims by jurisdiction



Duration of absence

The duration of absence associated with claims provides an indication of the severity of injuries occurring in Australia. Indicator 8 shows the variation across the jurisdictions in the percentage of claims involving selected periods of compensation. These data are based on claims lodged in 2010–11, which is the most recent year that reliable data are available for this indicator.

Indicator 8 – Serious* claims: Percentage involving selected periods of compensation, 2010–11

Jurisdiction	Less than 6 weeks	6 weeks or more	12 weeks or more	26 weeks or more	52 weeks or more
New South Wales	57	43	28	17	10
Queensland	57	43	26	12	4
Tasmania	57	43	26	13	7
Northern Territory	56	44	29	14	5
Western Australia	51	49	34	20	11
Commonwealth	50	50	33	19	10
South Australia	50	50	35	23	16
Australian Capital Territory	45	55	39	23	14
Victoria	42	58	42	29	19
Seacare	34	66	41	19	9
Australian Average	52	48	32	19	11
New Zealand	68	32	19	8	3

* Includes all accepted workers' compensation claims for an incapacity that results in a total absence from work of one working week or more.

Indicator 8 shows that 52% of claims in Australia resulted in less than six weeks of compensation. The jurisdictional rates were similar except for Seacare where only 34% of claims were resolved in this time. The Australian Capital Territory (45%) and Victoria (42%) also had low percentages. Injured workers in the Seacare scheme face unique problems in return to work that need to be considered when interpreting the Seacare results for this indicator. Refer to Note 4 at Appendix 1 (Explanatory notes) for further information.

Victoria had the highest percentage of claims continue past 52 weeks of compensation (19% of claims) followed by South Australia (16% of claims). Queensland had the lowest percentage (4%) of claims continuing past 52 weeks of compensation, partly due to the lump sum nature of the Queensland scheme.

The New Zealand scheme finalised a higher proportion of claims within six weeks (68%) than did Australian schemes on average (52%).

Work-related traumatic injury fatalities

This edition of the CPM reports on work-related injury fatalities in a different way to previous editions. Previous editions provided a comparison of compensated fatalities whereas this edition sources information from the Traumatic Injury Fatalities (TIF) collection. The TIF collection provides the most accurate information on work-related injury fatalities because the data are sourced from workers' compensation data, fatality notifications to the various work health and safety authorities and information in the National Coronial Information System (NCIS). Only around 60% of work-related fatalities recorded in the TIF collection are typically compensated. This is in part due to self-employed workers not being covered by workers' compensation schemes. Many self-employed workers work in high risk sectors such as Agriculture, Transport and Construction. Information presented in this report is consistent with the Work-related Traumatic Injury Fatalities, Australia publication series. Further information about the

Traumatic Injury Fatalities collection and a detailed analysis of the data can be found at swa.gov.au.

There is no change to the source of information in this edition of the CPM on disease-related fatalities. This information is only available through the NDS

Indicator 9 shows that between 2008–09 and 2012–13 there was a 25% decrease in the number of workers killed while working. Incidents that did not occur on a public road decreased by 23% while incidents that occurred on public roads recorded a 29% decrease. Of the 212 worker deaths identified in 2012–13, 136 were compensated.

New Zealand supplied data for 2008–09, 2009–10 and 2010–11. Incidents not involving a motor vehicle increased by 38% between 2008–09 and 2010–11 while incidents involving a motor vehicle increased by 14% during the same period.

Indicator 9 – Traumatic Injury Fatalities by jurisdiction

	2008–09	2009–10	2010–11	2011–12	2012–13	5yr Average
Incidents not on a public road						
New South Wales	48	38	40	48	48	44
Victoria	32	30	29	27	23	28
Queensland	47	34	47	43	37	42
Western Australia	30	13	25	18	18	21
South Australia	19	9	15	9	11	13
Tasmania	5	4	6	5	3	5
Northern Territory	5	6	6	5	1	5
Australian Capital Territory	1	0	1	2	1	1
Australian Government	4	5	0	6	5	4
Seacare	0	0	0	0	0	0
Australian total	191	139	169	163	147	162
New Zealand*	53	82	73	u/a	u/a	
Incidents on a public road						
New South Wales	29	22	16	31	18	23
Victoria	19	16	16	10	9	14
Queensland	24	17	13	15	14	17
Western Australia	5	13	7	4	10	8
South Australia	0	7	4	1	6	4
Tasmania	7	4	4	2	1	4
Northern Territory	2	2	0	2	4	2
Australian Capital Territory	1	0	0	0	0	0
Australian Government	5	4	3	1	3	3
Seacare	0	0	0	0	0	0
Australian total	92	85	63	66	65	74
New Zealand*	7	9	8	u/a	u/a	
Australia	283	224	232	229	212	236
New Zealand	60	91	81	u/a	u/a	

* New Zealand work-related fatalities are identified by motor vehicle and non-motor vehicle. Figures are three year moving averages. Data for 2011–12 and 2012–13 are not available and are denoted by "u/a".

Work-related disease fatalities

Workers' compensation data contain some information on disease-related fatalities but are known to understate the true number of fatalities from work-related causes. It can be difficult to associate a disease that becomes evident later in life with exposure to a chemical or substance that occurred many years earlier while at work. Some

occupational diseases such as asbestosis and mesothelioma are compensated through separate mechanisms while many other diseases go unreported and/or uncompensated.

Indicator 10 shows that in 2012–13 there were 45 accepted workers' compensation claims for a work-related fatality involving an occupational disease in Australia. The number of occupational disease-related fatalities is expected to rise as more claims lodged in 2012–13 are accepted. There was a 11% decrease in the number of fatalities related to occupational diseases in Australia from 2008–09 to 2011–12.

New Zealand recorded 20 disease-related compensated fatalities in 2012–13. Over the period 2008–09 to 2011–12 New Zealand recorded a 15% decrease in the number of compensated disease fatalities.

Indicator 10 – Compensated Fatalities involving occupational diseases by jurisdiction

Jurisdiction	2008–09	2009–10	2010–11	2011–12	2012–13p	5yr Average
New South Wales	21	12	6	11	3	11
Victoria	22	19	15	11	5	14
Queensland*	31	18	19	26	15	22
Western Australia	5	9	10	6	2	6
South Australia	1	2	3	0	0	2
Tasmania	0	0	2	0	0	0
Northern Territory	1	0	0	0	1	0
Australian Capital Territory	1	1	1	0	0	1
Australian Government	5	21	20	23	19	18
Seacare	0	0	0	0	0	0
Australian Total	87	82	76	77	45	74
New Zealand	34	50	30	29	20	33

* The majority of compensated fatalities for occupational diseases in Queensland and the Australian Government are due to mesothelioma or asbestosis. Queensland compensates more of these fatalities through its scheme than is the case in other jurisdictions where compensation is more often sought through separate mechanisms including common law.

Fatalities are recorded in the NDS against the date of lodgement of the claim, not the date of death. Data revisions from previous years can occur where a claim is lodged in one year but not accepted until after the data are collected for that year, or for an injury or disease in one year, where the employee dies from that injury or disease in a subsequent year. This is particularly the case with disease fatalities where considerable time could elapse between diagnosis resulting in a claim being lodged and death.

Safe Work Australia reports annually on mesothelioma using data from the National Cancer Statistics Clearing House. The most recent Mesothelioma in Australia: Incidence 1982 to 2009, Mortality 1997 to 2011 is available from swa.gov.au.

Claims by mechanism of incident

Claim patterns can be analysed using the Type of Occurrence Classification System (TOOCS), which is a series of codes providing information on the cause of the incident and the type of injury or disease sustained. Coding for the Mechanism of incident is intended to identify the overall action, exposure or event that best describes the circumstances that resulted in the most serious injury or disease. More information on TOOCS can be found at swa.gov.au.

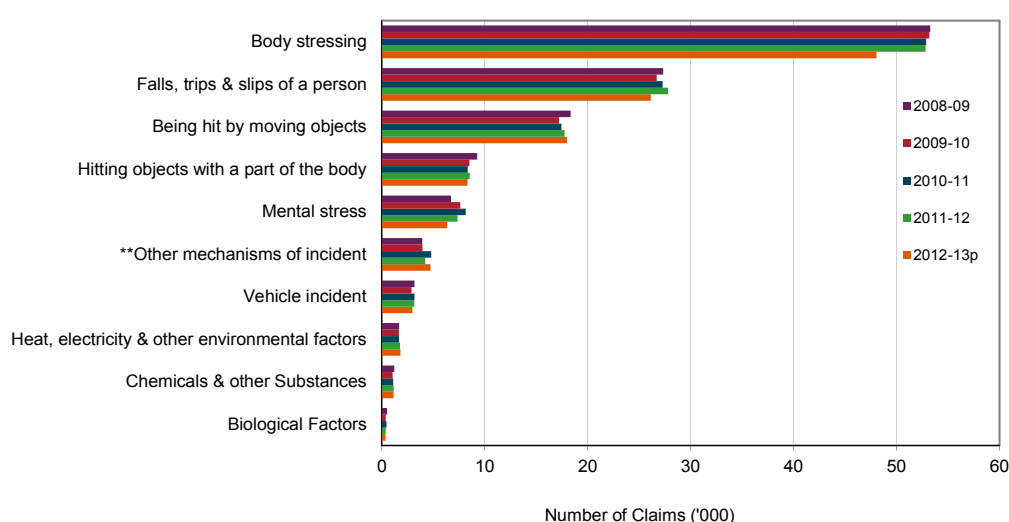
Indicator 11 shows the number of serious claims by Mechanism of incident over the past five years. *Body stressing* accounted for 41% of the 117 817 serious claims in 2012–13. *Hitting objects with a part of the body* and *Being hit by moving objects*

showed the only notable decreases in claims between 2008–09 to 2011–12 (down 8% and 4% respectively), while claims associated with *Falls, trips & slips of a person* increased by 1%.

Readers should be aware that the new definition of serious claims results in fewer claims than the previous definition. Almost all the claims due to the mechanism of *Sound & pressure* have been excluded from the new definition as very few of them have one week or more time lost from work. Claims due to the mechanism *Mental stress* increased by 9% over the four years from 2008–09 to 2011–12 and accounted for 6% of claims in 2011–12. Claims due to the mechanism sub-group *Vehicle incident was steady from 2008–09 to 2011–12* and accounted for 2.5% of claims in 2011–12.

More detailed information on claims by Mechanism of incident can be found in the Australian Workers' Compensation Statistics, report published at swa.gov.au.

Indicator 11 – Mechanism of incident: number of serious* claims by year, Australia



*Includes all accepted workers' compensation claims for an incapacity that results in a total absence from work of one working week or more.

**Other mechanisms of incident include Sound & pressure, Other & multiple mechanisms of incident, Roll over, Slide or cave-in and Unspecified mechanisms of incident.

Claims by size of business (in the private sector)

Indicator 12 compares the incidence of serious workers' compensation claims by size of business in 2008–09 and 2012–13. Eight Australian jurisdictions and New Zealand collect compensation data by size of business. However there are differences in the methodologies used by schemes to collect this information and caution should be exercised when making jurisdictional comparisons. This indicator reports on the private sector only and excludes those industry sectors that are wholly or substantially public sector industries i.e. Public administration & safety, Health care & social assistance, Education & training and Financial & insurance services.

Victoria and Queensland have been excluded from this indicator as they do not provide these data. The Australian data therefore excludes these jurisdictions.

In 2008–09 the lowest incidence rate of serious claims for Australia was recorded by the 1-19 employees group (13.3 claims per 1000 employees) followed by the 200 or more group. Western Australia, Tasmania, the Australian Capital Territory and Seacare followed this pattern, while in New South Wales and the Northern Territory the lowest incidence rate was recorded by businesses with 200 or more employees. In 2008–09 the highest incidence rates were recorded by businesses with 20–199 employees in all

jurisdictions.

In 2012–13 Australian businesses with 200 or more employees recorded the lowest incidence rate of serious claims (8.1 claims per 1000 employees). The lowest rate in each jurisdiction followed the same pattern as in 2008–09. With the exception of the Northern Territory the 20-199 employees group had the highest incidence rate of serious workers' compensation claims in 2012–13 in each jurisdiction. Overall there was a substantial decline in the incidence rate of serious claims in the 20-199 and the 200 or more employee groups from 2008–09 to 2012–13.

With the exception of Seacare all jurisdictions recorded a decrease in the incidence rates of serious claims for businesses with 200 or more employees between 2008–09 and 2012–13.

In New Zealand the incidence rate of serious claims decreased for all size of business groups between 2008–09 and 2012–13.

Indicator 12 – Size of business: incidence rates (claims per 1000 employees) of serious* claims by jurisdiction (private sector only)**

	1–19 employees	20–199 employees	200 or more employees
2008–09			
New South Wales	11.1	15.1	8.5
Western Australia	9.7	18.5	11.6
South Australia	10.3	22.3	10.5
Tasmania	9.9	32.7	18.7
Northern Territory	18.6	22.7	4.0
Australian Capital Territory	7.9	27.2	13.5
Seacare	0.0	127.2	16.7
Australia***	13.3	26.1	15.9
New Zealand	20.6	15.5	11.8
2012–13p			
New South Wales	9.9	11.5	6.8
Western Australia	9.1	11.6	10.7
South Australia	8.8	17.7	8.9
Tasmania	8.2	17.2	14.0
Northern Territory	15.3	12.9	2.1
Australian Capital Territory	8.0	18.5	8.3
Seacare	0.0	104.3	16.9
Australia***	9.6	12.8	8.1
New Zealand	14.2	13.1	9.4

* Includes all accepted workers' compensation claims for an incapacity that results in a total absence from work of one working week or more.

** This indicator shows patterns at two points in time. Selecting different points may show a different pattern.

*** Consists only of the Australian jurisdictions listed above.

Chapter 3 – Work health and safety compliance and enforcement activities

Jurisdictions encourage work health and safety compliance using a variety of mechanisms ranging from education, advice and information through to prosecution. Inspectors appointed under legislation may visit workplaces for the purpose of providing information, presentations, training and advice, investigating incidents or dangerous occurrences and ensuring compliance with work health and safety legislation. Where breaches are detected the inspector, based on risk, may issue notices or escalate the action to formal procedures, which are addressed through the courts for serious contravention of the legislation.

Indicator 13 provides details on specific work health and safety compliance and enforcement activities undertaken by jurisdictions each year from 2008–09 to 2012–13. The reader should note that the compliance and enforcement data for Indicator 13 do not include the mining sector. Mines inspectors have a different mechanism for enforcement measures and have been excluded from the data due to different legislation operating across jurisdictions. Due to this exclusion it is possible that the number of field active inspectors shown in this report may differ to inspectorate numbers shown in jurisdictional reports.

A summary of the compliance and enforcement activities shows that in 2012–13 there were:

- 82 047 proactive workplace visits around Australia
- 54 914 reactive workplace visits around Australia
- 1097 field active inspectors employed around Australia
- 46 935 notices were issued by Australian jurisdictions
- 338 legal proceedings against duty holders were finalised
- 293 legal proceedings resulted in a conviction, order or agreement, and
- \$14.5 million in fines were handed out by Australian courts.

Interventions

Not all jurisdictions were able to provide five years of data based on the new definitions that were introduced in 2009–10 (please refer to Note 2 of the Explanatory notes for more details). Queensland, Western Australia, South Australia and Tasmania were the only jurisdictions that supplied proactive and reactive workplace intervention data for the five financial years while New South Wales, the Australian Government and Seacare supplied most of these data for five financial years. Where jurisdictions were unable to supply data according to the new definition the table shows u/a (for unavailable).

A high proportion of intervention activities in New South Wales align to resolving issues through workplace visits, office-based follow up activities and stakeholder engagement mechanisms. New South Wales integrates components of proactive prevention programs within reactive or response activity to ensure greater coverage of high risk workplaces is achieved. There was a substantial increase in the number of 'Workplace visits-proactive', (up 55%) while the number of 'Workshops/presentations/seminars - proactive' recorded a substantial drop (down 79%) in 2012–13 compared to the previous year. The number of 'Workplace visits - reactive' dropped by 6% while the number of 'Other intervention activities - reactive' recorded a 10% increase in 2012–13 compared to the previous year.

In Victoria the number of 'Workplace visits - proactive' recorded a slight decrease (down 4%) while the number of 'Workplace visits - reactive' increased slightly (up 7%) in 2012–13 compared to the previous year.

In Queensland, proactive workplace visits recorded a slight increase (up 6%) while the number of reactive workplace activities recorded a substantial drop (down 30%) in 2012–13 compared to the previous year. The Queensland inspectorate is still focusing on strategies that will enhance its reach and effectiveness across industries. Greater emphasis is being directed to engage with workplaces, develop networks and provide advice to workplaces.

The Australian Government focused their efforts on campaign delivery and best practice forums during the past three financial years and recorded substantial increases in the number of proactive and reactive workplace visits for the third consecutive year. All figures for proactive and reactive activities for previous years were reviewed and updated to more accurately reflect the enforcement activities during the five years.

The Australian Capital Territory recorded a decrease in both the number of proactive workplace visits (down 55%) and in workshops/presentations/seminars (down 23%) when compared to the previous year. This is mainly due to investigations into a number of serious incidents in 2011–12 that reduced capacity to conduct proactive workplace visits. In contrast, the Australian Capital Territory recorded an increase in the number of reactive workplace visits in 2012–13 (up 20%).

The Northern Territory recorded an increase in the number of proactive workplace visits and workshops/presentations/seminars for the second consecutive year. The introduction of harmonised law has resulted in an increased focus on education and advice activities, which is reflected in the increase in proactive visits.

Inspectors

The number of field active inspectors employed around Australia remained relatively stable between 2008–09 and 2012–13. Field active inspectors are defined as gazetted inspectors whose role is to spend the majority of their time ensuring compliance with the provisions of the work health and safety legislation. In some jurisdictions inspectors engage in other activities to improve the work health and safety capabilities of businesses and workplaces i.e. a compliance field role. They include investigators (where applicable) who are appointed to work with the enforcement provisions by doing worksite visits, gathering evidence and drawing conclusions. They also include current vacancies and staff on extended leave, managers of the inspectorate regardless of whether undertaking field active work, auditors (who are gazetted as inspectors) who are responsible for creating an audit template, completing the auditing process and providing feedback. Staff involved in giving advice and information packs from the office, and business advisory officers and community education officers have been excluded.

The number of field active inspectors in Victoria increased by 9% in 2012–13. The substantial increase in the number of field active inspectors in the Northern Territory (up 42%) is related to specialist inspectors who also now undertake generalist inspections.

Although repeat visits and the number of inspectors in attendance are counted separately for both proactive and reactive workplace intervention measures, this is not the case in Western Australia where inspectors in attendance are not counted separately. Please refer to Note 2 of the Explanatory notes for more details.

Notices

Where inspectors identify a breach under their work health and safety legislation a notice may be issued. Australian jurisdictions issued 46 935 notices in 2012–13. In 2012–13, 232 infringement notices (down 62%), 4199 prohibition notices (down 9%) and 42 504 improvement notices (down 5%) were issued in Australia.

Data on notices cannot be compared directly across jurisdictions as notices are issued differently in each jurisdiction. For example, in some instances a single notice may be issued for multiple breaches of the legislation, while in other instances separate notices are issued for each breach identified.

In 2012–13, there was a substantial increase from the previous year in the number of notices issued by the Australian Capital Territory (up 78%), the Northern Territory (up 76%) and Western Australia (up 45%). In contrast substantial decreases were recorded in New South Wales (down 31%), Queensland (down 23%) and South Australia (down 12%).

Legal Proceedings

A conviction, order or agreement is defined (with or without penalty) once it has been recorded against a company or individual in the judicial system. All legal proceedings recorded in the reference year are counted regardless of when the initial legal action commenced. Data for Victoria and the Australian Capital Territory is limited to the number of successful prosecutions resulting in a conviction, fine or both. Prior to the introduction of the model work health and safety legislation in January 2012 which allows for enforceable undertakings, Queensland legislation did not allow for agreements. Western Australian legislation does not provide for orders or agreements.

Most Australian jurisdictions recorded a decrease in the number of legal proceedings finalised and a decrease in the number of legal proceedings resulting in a conviction, order or agreement. Across Australia there was an 18% fall from the previous year in the number of legal proceedings finalised and a 19% fall in the number of legal proceedings resulting in a conviction, order or agreement. Notable decreases occurred in Western Australia (down 48% and 49% respectively) and South Australia (down 30% and 36% respectively).

In New Zealand there were notable increases in both categories with 17% more proceedings finalised than in the previous year while there was a 67% increase in the number of legal proceedings resulting in a conviction, order or agreement. The 51 recorded in 2011–12 was the lowest number in the five year period.

Fines

The total amount of fines awarded by the courts in 2012–13 was \$14.5 million, a 35% decrease from the previous year. In some instances the courts declare that penalty amounts are to remain confidential. Therefore the data recorded in Indicator 13 are only those amounts known publicly.

In 2012–13, with the exception of the Australian Capital Territory, all jurisdictions recorded decreases in the amount of fines awarded by the courts compared to the previous year. This decrease varied between 22% in Queensland and 66% in Tasmania and the Australian Government.

The Australian Capital Territory reported more than twice the total amount of fines (up 220%) awarded by the courts in 2012–13. This increase was due to four prosecutions successfully undertaken compared to only one in the previous year.

Indicator 13 – Work health and safety compliance and enforcement activity by jurisdiction

	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aus Gov	Seacare	^a Total Aus	NZ
Number of workplace visits: proactive	2008–09 u/a	^b 25 370	^b 20 319	^c 7 266	7 648	4 518	110	u/a	u/a	u/a	65 269	14 136
2009–10	8 915	^b 28 104	^b 25 774	^c 7 045	7 208	4 218	55	u/a	195	43	81 557	12 905
2010–11	9 736	^b 24 934	^b 22 680	^c 6 609	8 732	5 360	54	761	1 526	40	80 432	12 065
2011–12	6 577	^b 21 945	^b 26 335	^c 5 228	9 201	4 442	946	433	3 324	49	78 480	13 224
2012–13	10 162	^b 21 040	^b 27 785	^c 5,243	10 329	3 224	935	195	3 091	43	82 047	8 872
Number of workshops/ presentations/ seminars/ forums: proactive	2008–09 u/a	u/a	2 580	^d 295	226	359	u/a	u/a	u/a	12	3 472	u/a
2009–10	631	u/a	^e 3 651	^d 323	295	222	20	u/a	85	2	5 229	603
2010–11	3 015	u/a	^e 2 992	^d 335	334	191	49	161	763	4	7 844	355
2011–12	1 065	u/a	^e 3 205	^d 285	345	172	102	218	1703	13	7 108	269
2012–13	223	u/a	^e 1 886	^d 334	442	257	94	168	1776	u/a	5 180	219
Number of workplace visits: reactive	2008–09 u/a	16 814	2 416	^c 4 850	u/a	1 466	4 174	u/a	u/a	23	29 065	5 174
2009–10	15 661	16 514	2 046	^c 4 646	13 871	1 524	3 449	u/a	425	12	59 930	6 248
2010–11	16 370	17 413	2 428	^c 4 754	10 562	2 741	3 996	u/a	210	30	59 732	5 352
2011–12	13 652	18 567	2 488	^c 4 446	9 510	2 644	3 672	1 613	244	66	56 600	5 435
2012–13	12 782	19 782	^f 1 754	^c 4 571	7 428	3 230	2 889	1 574	536	u/a	54 914	4 908
Other reactive interventions	2008–09 u/a	u/a	14 045	12 030	u/a	0	u/a	u/a	u/a	0	26 075	4 481
2009–10	19 138	u/a	12 779	13 495	2 673	0	u/a	u/a	906	0	48 991	4 268
2010–11	23 263	u/a	11 515	13 814	11 806	0	u/a	0	1 191	0	61 589	4 013
2011–12	26 244	u/a	12 029	17 307	11 869	0	u/a	0	1 426	0	68 875	4 814
2012–13	28 777	u/a	9 111	19 365	10 726	0	357	0	3 098	0	71 434	5 197
Number of field active inspectors	2008–09 314	^e 253	235	^g 103	93	31	12	12	60	3	1 116	156
2009–10	315	^e 255	221	^g 103	93	31	12	16	55	3	1 104	151
2010–11	315	^e 248	233	^g 103	93	31	12	23	44	4	1 106	^h 145
2011–12	315	^e 240	216	^g 103	93	31	12	23	44	4	1 081	^h 146
2012–13	315	^e 261	210	^g 103	93	31	17	22	44	1	1 097	^h 135
Number of field active inspectors per 10 000 employees	2008–09 1.1	1.0	1.3	1.0	1.4	1.5	1.1	0.9	1.7	6.4	1.2	0.9
2009–10	1.1	1.0	1.3	1.0	1.4	1.5	1.1	1.2	1.5	6.6	1.1	0.9
2010–11	1.0	1.0	1.3	1.0	1.3	1.5	1.1	1.7	1.2	8.3	1.1	0.8
2011–12	1.0	0.9	1.2	1.0	1.3	1.5	1.1	1.7	1.2	7.4	1.1	0.8
2012–13	1.0	1.0	1.1	0.9	1.3	1.5	1.5	1.5	1.1	1.9	1.1	0.7

Indicator 13 – Work health and safety compliance and enforcement activity by jurisdiction continued

	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aus Gov	Seacare	^a Total Aus	NZ
Number of other staff undertaking non-inspectorate activities	2008–09 u/a	u/a	49	15	13	0	0	u/a	u/a	2	68	12
	2009–10 34	u/a	57	16	13	0	0	u/a	24	2	136	11
	2010–11 34	u/a	64	16	13	0	0	3	32	2	154	11
	2011–12 36	u/a	57	15	11	0	0	4	28	2	143	12
	2012–13 35	u/a	71	14	10	0	0	4	27	2	153	0
Number of infringement notices issued	2008–09 686	n/a	507	n/a	n/a	49	0	10	n/a	0	1 252	7
	2009–10 688	n/a	395	n/a	n/a	56	0	6	n/a	0	1 145	4
	2010–11 588	n/a	317	n/a	n/a	54	0	14	n/a	0	973	10
	2011–12 357	n/a	208	n/a	n/a	44	0	4	n/a	0	613	23
	2012–13 124	n/a	61	n/a	n/a	18	0	29	n/a	0	232	54
Number of improvement notices issued	2008–09 10 832	18 363	8 162	9 833	2 396	169	209	99	31	17	50 094	981
	2009–10 12 161	21 600	9 104	10 640	1 841	224	132	187	36	20	55 945	1 187
	2010–11 11 326	20 551	6 213	10 416	2 347	92	99	265	17	47	51 373	1 081
	2011–12 8 859	17 907	7 054	8 212	2 295	79	68	282	26	28	44 810	1 430
	2012–13 6 118	16 137	5 494	11 967	1 951	105	138	544	19	31	42 504	2 068
Number of prohibition notices issued	2008–09 767	1 078	2 283	721	630	112	69	101	16	4	5 781	330
	2009–10 856	928	2 291	705	628	167	51	103	26	3	5 758	356
	2010–11 834	754	1 847	603	885	139	82	139	5	5	5 293	364
	2011–12 601	645	1 759	401	857	132	72	135	13	0	4 615	554
	2012–13 551	476	1 360	553	832	122	109	177	18	1	4 199	1 205

Indicator 13 – Work health and safety compliance and enforcement activity by jurisdiction continued

	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aus Gov	Seacare	^a Total Aus	NZ
Number of legal proceedings finalised												
2008–09	'98	119	133	21	66	13	5	3	2	3	463	100
2009–10	'81	149	96	49	51	15	1	3	3	0	448	91
2010–11	'93	103	93	36	46	19	1	1	3	0	395	67
2011–12	'84	116	98	54	37	10	4	2	5	0	410	84
2012–13	'80	91	98	28	26	8	1	3	2	1	338	98
Number of legal proceedings resulting in a conviction, order or agreement												
2008–09	'96	107	102	^m 18	62	6	5	3	2	1	402	92
2009–10	'76	134	85	^m 42	46	10	1	3	3	0	400	117
2010–11	'89	76	75	^m 32	40	12	1	1	3	0	329	75
2011–12	'84	100	78	^m 47	36	7	4	1	5	0	362	51
2012–13	'78	77	78	^m 24	23	7	1	2	2	1	293	85
Total amount of fines awarded by the courts (\$'000)												
2008–09	\$4 602	\$6 796	\$3 247	\$470	\$1 365	\$81	\$693	\$165	\$375	\$100	\$17 894	\$2 166
2009–10	\$5 614	\$7 674	\$3 812	\$781	\$875	\$48	\$60	\$15	\$308	\$0	\$19 187	\$3 022
2010–11	\$6 039	\$3 870	\$2 819	\$703	\$1 467	\$48	\$8	\$8	\$487	\$0	\$15 448	\$1 934
2011–12	\$7 922	\$5 946	\$3 161	\$1 735	\$2 011	\$175	\$336	\$15	\$965	\$0	\$22 266	\$1 238
2012–13	\$5 057	\$4 182	\$2 470	\$666	\$1 387	\$60	\$120	\$48	\$330	\$180	\$14 500	\$2 444

^aTotals only include jurisdictions that supplied the relevant data. ^bDoes not include industry forums/presentations where an inspection also occurs. ^cThe number of inspectors in attendance are not counted separately. ^dFigures may be inflated when Inspectors and Community Education Officers present or attend the same event and therefore have been counted more than once. It is not possible to identify and separate such events from these figures. ^eAmended to include managers of inspectorate. ^fDecrease in reactive activities is indicative of the general decrease in incident notifications in the same period. ^gWA now includes vacancies and auditors who are gazetted as inspectors for all years (FTEs). ^hThe drop is due to budget cuts. ⁱFTE figures supplied for external Consultants, ThinkSafe Small Business Managers and Community Education Officers. ^jThe new structure within WorkSafe ACT (re Proactive, Reactive and High Risk Teams) was established on 1 July 2010, therefore there have been no specific recordings of statistics for the dates 2006–07 to 2009–10. ^kThere is no legislative requirement for infringement notices in Western Australia, Victoria, South Australia and the Australian Government. ^lData are for number of defendants in successful Work health and safety prosecutions. ^mWestern Australia legislation does not provide for orders or agreements.

Chapter 4 – Workers' compensation premiums and entitlements

Standardised average premium rates

The rates in this chapter are for policies that provided coverage during the reference financial years. The premium rates reported are 'earned premium'. Earned premium is defined as the amount allocated for cover in a financial year from premiums collected during the previous and current financial years, while written premium is defined as the amount of premium recorded for a policy at the time it is issued. The premiums reported are allocated for defined periods of risk, irrespective of when they were actually paid, enabling rates to be compared for each financial year. Goods and Services Tax charged on premiums is not included in the reported rates as most Australian employers recoup part or all of this tax through input tax credits.

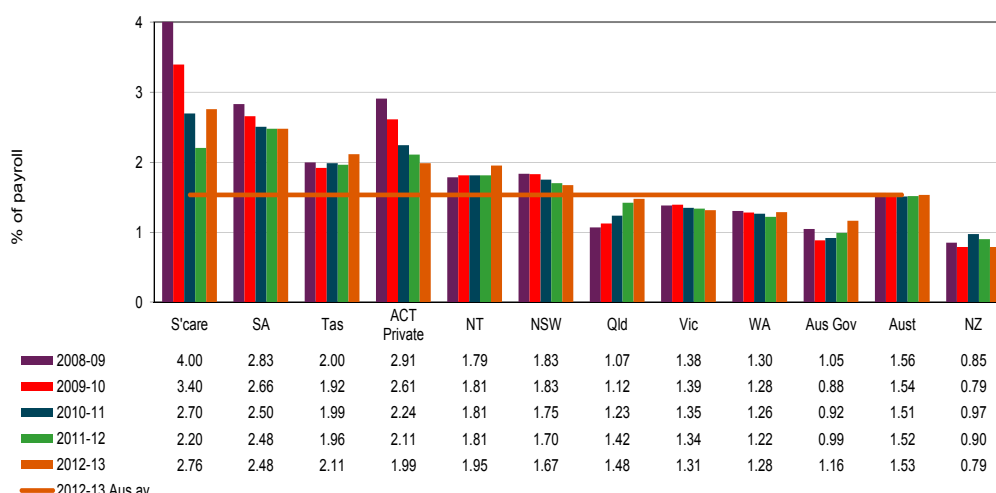
Indicator 14 shows that in 2012–13 the standardised Australian average premium rate was 1.53% of payroll, slightly more than in the previous financial year (1.52%).

The Australian Capital Territory scheme recorded the largest percentage decrease (6%) from the previous financial year, followed by the New South Wales and Victorian schemes with a 2% decrease.

Seacare recorded the highest premium rate in 2012–13 at 2.76% of payroll due to the high risk nature of this industry. However, this still represents a substantial drop (31%) from the 2008–09 premium rate of 4.00%. The Seacare scheme recorded the largest percentage increase (up 25%) from the previous year.

The Australian Government scheme recorded the lowest premium rate of all jurisdictions at 1.16% of payroll, up 17% from the previous year. Data for the Australian Government does not include the Australian Capital Territory Public Service.

Indicator 14 – Standardised average premium rates (including insured and self-insured sectors) by jurisdiction



Western Australia had the second lowest premium rate of the Australian jurisdictions at 1.28% of payroll. Victoria had the third lowest rate of the Australian jurisdictions at 1.31% of payroll. Despite a 4% increase from the previous financial year, Queensland recorded the fourth lowest premium rate of all jurisdictions at 1.48% of payroll.

To be consistent with the Australian jurisdictions, the New Zealand premium information includes the levy on employers to fund the workers' compensation portion of the

'Residual Claims Account'. This account relates to workers' compensation claims incurred prior to 1 July 1999 but excludes the liability for pre-1992 non-work injuries for earners. The New Zealand standardised average premium rate was 0.79% of payroll, a 12% decrease from the previous financial year. This rate continues to be much lower than the rate recorded for Australia. One reason for the lower rate in New Zealand is the New Zealand scheme does not provide coverage for the same range of mental disorders as the Australian schemes.

It should be noted that these data will be different to premium rates published directly by the jurisdictions due to the adjustments made to the data to enable more accurate jurisdictional comparisons. The principal regulatory differences that affect comparability and for which adjustments have been applied in this indicator are: the exclusion of provision for coverage of journey claims; the inclusion of self-insurers; the inclusion of superannuation as part of remuneration; and the standardisation of non-compensable excesses imposed by each scheme. The effect of each of these adjustments is shown in Appendix 1: Table 3 in the Explanatory Notes. Information on published rates can be found in the *Comparison of Workers' Compensation Arrangements in Australia and New Zealand* publication at swa.gov.au.

Entitlements under workers' compensation

Premium rates are set at a level to ensure sufficient funds are available to cover the entitlements payable under workers' compensation in the event an employee is injured or develops a work-related disease. Different entitlement levels across the jurisdictions can explain some of the differences in premium rates. Data provided in other chapters of this report should also be considered when comparing entitlements provided under the various workers' compensation schemes.

The following examples have been included to provide indicative entitlements payable in each jurisdiction. A brief summary of how entitlements are calculated is contained in Appendix 2 – Table 2. These entitlements are based on legislation current at 1 January 2013. More detailed information can be found in the *Comparison of Workers' Compensation Arrangements in Australia and New Zealand* publication at swa.gov.au.

Temporary impairment

This example details how jurisdictions compensate low, middle and high income employees during selected periods of temporary impairment. Entitlements for an injured employee are shown in the following table using pre-injury earnings of \$900 gross per week (award wage), \$1450 gross per week (non-award wage) and \$2200 gross per week (non-award wage). These profiles have been chosen to highlight the statutory maximum entitlements payable as well as jurisdictional differences in entitlements to workers employed under an award.

Scenario

The employee remains unable to work for a period of time before returning to their previous duties on a full-time basis. The employee has a dependent spouse and two children (aged 7 and 8). The employee injured their back and has lower back strain as a result.

Indicator 15 – Average percentage of pre-injury earnings for selected periods of incapacity, as at 1 January 2013

Level of pre-injury income	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aus Gov	NZ
13 weeks of incapacity										
Low income	95	95	100	100	100	100	100	100	100	80
Middle income	95	95	85	100	100	100	100	100	100	80
High income	85	95	85	100	100	100	100	100	100	80
26 weeks of incapacity										
Low income	88	88	100	100	95	100	100	100	100	80
Middle income	88	88	85	93	95	100	100	100	100	80
High income	82	88	85	93	95	100	100	100	100	80
52 weeks of incapacity										
Low income	84	84	100	100	88	95	95	84	97	80
Middle income	84	84	80	89	88	95	88	83	97	80
High income	81	84	80	89	88	95	88	83	97	80
104 weeks of incapacity										
Low income	82	82	100	100	84	93	93	76	86	80
Middle income	82	82	78	87	84	93	81	74	86	80
High income	^(a) 81	82	^(b) 78	^(c) 87	84	93	81	^(d) 74	86	80

(a) Maximum weekly payment is capped at \$1,868.50. Refer to Appendix 1 (Explanatory note 3) for further information.

(b) In Queensland workers are paid a proportion of their normal weekly earnings (NWE) or a percentage of the seasonally adjusted amount of Queensland full time adult persons ordinary time earnings (QOTE) (i.e. 0 to 26 weeks 85% NWE or Award; 26 to 52 weeks 75% NWE or 70% QOTE). The percentages are calculated on the higher amounts of the two possible payments.

(c) In Western Australia there is a cap on weekly earnings set at twice the annual Average Weekly Earnings (WA) as published by the ABS each year. The weekly cap as at 30 June 2013 was \$2,351.80 and applied to all income levels. The total prescribed amount for weekly payments is \$198,365.

(d) In the ACT a Statutory Floor applies after 26 weeks of total incapacity in this example. Statutory floor means the national minimum wage set by Fair Work Australia under the Fair Work Act 2009 (Cwlth). National minimum wage as at 1 January 2013 is \$606.40 (\$15.96 per hour). As of 1 July 2013 the full-time minimum wage increased to \$16.37 per hour, \$622.20 per week and casuals would get an extra 24% (\$20.30 per hour).

For low income earners (working under awards), Queensland and Western Australia provided the highest percentage (100%) of pre-injury earnings for 104 weeks of impairment. Therefore, these jurisdictions provide full coverage of earnings for low income employees under this scenario. After the 13th week of compensation, the Western Australian scheme does not compensate for overtime and bonuses and reductions in weekly payments would have occurred for non-award employees. Tasmania and the Northern Territory provided the second highest percentage (93% each) of pre-injury earnings in compensation at 104 weeks of incapacity for low income earners followed by the Australian Government (86%) then South Australia (84%). The Australian Capital Territory provided the lowest percentage of pre-injury earnings for 104 weeks of impairment (76%) due in part to the step-down in benefits to 65% of pre-injury earnings after 26 weeks of compensation (see Appendix 2 – Table 2 for more details).

For middle income earners with 104 weeks of impairment, Tasmania provided the

highest percentage of pre-injury earnings (93%) followed by Western Australia (87%), the Australian Government (86%) and South Australia (84%). The Australian Capital Territory provided the lowest percentage of pre-injury earnings for the full period of impairment (74%) due in part to the step-down in benefits to 65% of pre-injury earnings after 26 weeks of compensation.

In contrast to the low income scenario, where seven of the nine Australian jurisdictions provided full income protection for the first 13 weeks, the middle and high income scenarios show that only six jurisdictions provided full income protection for middle and high income earners for this period of incapacity.

New Zealand provided same percentage (80%) of pre-injury earnings regardless of income level or weeks of incapacity.

Permanent impairment

This scenario shows the entitlements payable for a degree of permanent impairment caused by a workplace injury. Each jurisdiction has a predetermined statutory maximum lump sum payment for injuries causing permanent impairment. Maximum amounts are payable in cases of full and permanent impairment. Appendix 2 – Table 2 lists entitlements under workers' compensation schemes for each jurisdiction. The following scenario is indicative only for these types of payments.

Scenario

As a result of a workplace incident the employee was diagnosed with complete Tetraplegia below the 6th cervical neurological segment. This resulted in paralysis of his hands, impaired upper body movement and paralysis of the trunk and lower limbs. He lost all lower body function and was wheelchair-bound. Impairment was total and permanent and there was no real prospect of returning to work.

The employee's pre-injury earnings were \$1450 gross per week. The employee is 35 years of age and has a dependent spouse and two children aged 7 and 8. The younger child entered the workforce at 16 and the older child remained in full-time education until age 25. The employee contributed to a superannuation fund. There was no contributory negligence on his part, however there was negligence on the part of the employer.

Indicator 16 details the entitlements payable to the injured employee. The statutory component includes the weekly benefits payable for the remainder of the employee's working life (30 years in this instance) and all lump sum payments for permanent impairment. The common law component is an estimate of the additional payment available under a common law settlement, where applicable. All figures exclude medical and like services such as attendant care. Appendix 2 – Table 1 identifies the jurisdictions that have access to common law. In the Australian Capital Territory common law awards regularly exceed the statutory entitlement for equivalent injuries, therefore the recovery provisions do not result in a zero net common law. The Courts are able to consider permanent impairment and loss of earnings very broadly and without restriction, and frequently make awards on the basis of possible foregone career progression. The damages amounts can far exceed the limited and capped statutory entitlements. Australian Government workers are more likely to accept the statutory lump sum payment than pursue a common law settlement.

Total entitlements ranged from \$1.6 million in the Australian Capital Territory to \$4.1 million in Victoria.

In Western Australia, New South Wales, Queensland, Tasmania and the Australian Capital Territory there is no upper limit on compensation that could be expected from

a common law claim under this scenario. The Australian Capital Territory did not provide a figure for this scenario. Western Australia provided a figure of \$3 031 485 which is based on the average of the highest common law payment figure in each of the last five years. A figure of \$1 173 070 was provided by New South Wales that was calculated with assumptions based on legislation as at 1 January 2013 (see footnote below graph for details). Queensland provided a figure of \$1 524 181, which is based on an example similar to this scenario. Victoria provided a figure of \$1 793 230. Statutory benefits are repaid by the worker to compensation schemes if common law damages are awarded.

In South Australia legislative changes resulted in a significant increase in the maximum lump sum amount payable to workers who suffer a permanent serious injury or illness. This amount was \$462 649 in 2012–13. The South Australian system is weighted so that more compensation is paid to those with moderate to serious permanent injuries rather than those with minor permanent injuries.

The entitlements provided by the New Zealand scheme in this scenario are comparable to those provided by Australian jurisdictions. However, there is no access to common law under the New Zealand scheme.

Workplace fatality

This example examines the entitlements payable to dependants of an employee who died following a work related injury. Entitlements to dependants are paid by way of a lump sum and/or weekly benefits, depending on the employee's circumstances and scheme design. The date of death for this example was 1 January 2012.

Pecuniary entitlements may be affected by common law payments in jurisdictions where there is access to common law redress. South Australia and the Northern Territory have no access to common law, while the Australian Government has limited access to common law. In Victoria there may be access to an additional lump sum under the Wrongs Act.

Scenario

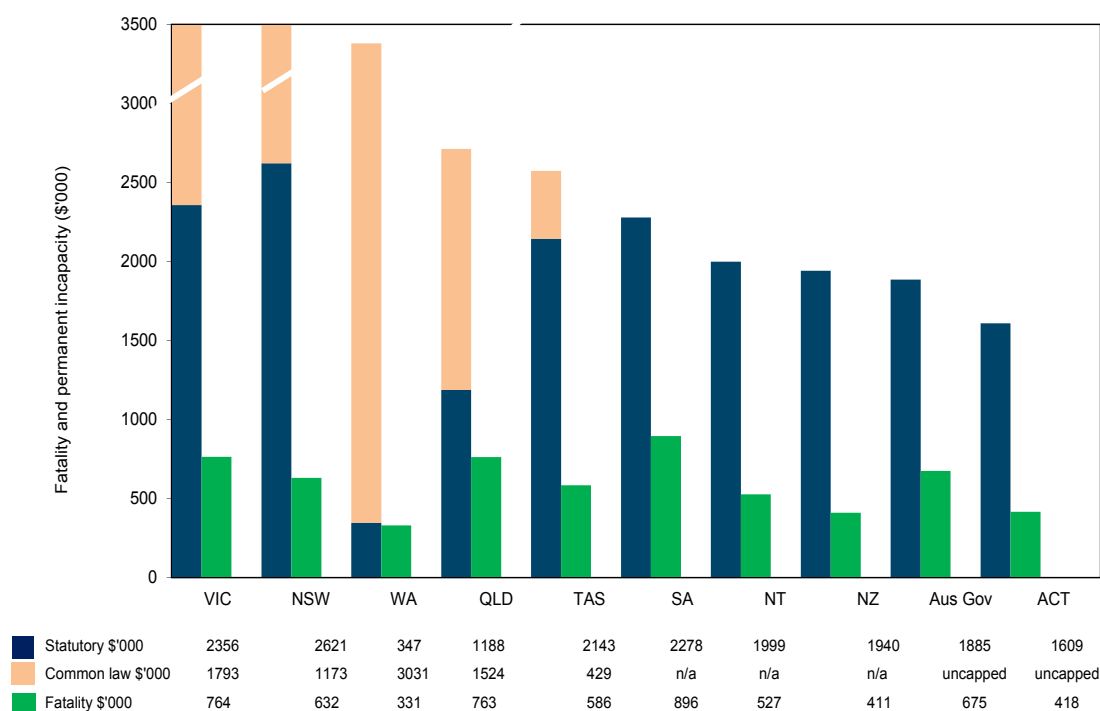
The employee and family circumstances in this scenario are the same as in the previous example but in this case the workplace incident resulted in death. The spouse did not re-enter the workforce or re-marry for 10 years.

Indicator 16 shows that total entitlements payable to dependants in the case of a fatality varied across jurisdictions. South Australia provided the highest entitlement payable to dependants in Australia following a workplace incident resulting in a fatality at the amount of \$896 199, followed by Victoria at \$764 205 then Queensland at \$762 879. The lowest entitlements for a fatality were provided in Western Australia (\$331 423) and the Australian Capital Territory (\$418 017). Appendix 2 – Table 2 provides more details on how these entitlements are calculated.

In Victoria, legislative changes that were enacted from April 2010 increased lump sum amounts payable from \$273 970 to \$503 000 backdated for all claims not determined from 10 December 2009. The lump sum amount increased to \$543 920 in 2012–13.

In the Australian Government scheme, benefits under the Safety, Rehabilitation and Compensation (SRC) Act were amended with lump sum payments set at \$475 963 in 2012–13.

In New Zealand \$410 720 is payable to dependants which is lower than all but one Australian jurisdiction. The New Zealand scheme provides little in the way of lump sum amounts but provides high weekly benefits to the spouse and children while the children remain dependants.

Indicator 16 – Entitlements for permanent incapacity or fatality as at 1 January 2013**Notes:**

New South Wales workers' compensation arrangements allow most injured workers to sue for modified common law damages only - these are known as work injury damages. Workers are limited to recovering past and future economic loss only. There is no upper limit on compensation that can be paid for a work injury damages claim. The figure provided by NSW is based on the following assumptions: legislation as at 1 January 2013; the worker does not have access to other heads of damages (eg motor vehicle accident or Civil Liability claim); the worker has no residual earning capacity; assume a settlement date of 01 January 2015. When a worker successfully recovers damages, the worker is liable to repay out of those damages the amount of weekly compensation that a person has already been paid in respect of the injury.

In Queensland there is no upper limit on compensation that could be paid for a common law claim. The amount provided is based on an example. The common law additional amount excludes all statutory payments made and the estimated proportion of the lump sum payment attributed to medical and carer services (only one payment is made to the worker).

In the Australian Capital Territory Common Law is uncapped so an amount is unable to be determined.

In Western Australia a cap on common law benefits applies for injuries with more than 15% to less than 25% whole of person impairment (WPI). The cap amount is \$416 569. However, in this example no common law cap would apply as the impairment would likely exceed the 25% or more WPI threshold. The figure provided (\$3,031,485 excluding medical and carer costs) is based on the average of the highest common law payment figure in each of the last five years. It should be noted that weekly benefits and common law payments are not mutually exclusive. Common law payments are inclusive of weekly benefits, therefore, any statutory entitlements received would be deducted from the amount ordered at the common law claim.

In Victoria the pain and suffering maximum is \$484 830 less any sum received as a Statutory Lump Sum. For pecuniary loss the maximum amount is \$1 113 590 less any amount received in weekly benefits prior to settlement plus tax paid on the weekly benefits received.

Chapter 5 – Workers' compensation scheme performance

There are significant differences in the funding arrangements for the various schemes around Australia. The schemes that are centrally funded (New South Wales, Victoria, Queensland, South Australia, Comcare and New Zealand) have their work health and safety and workers' compensation functions, staffing and operational budgets funded by premiums. For those jurisdictions with privately underwritten schemes, funding for the non-workers' compensation functions comes directly from government appropriation. This difference in funding arrangements may have an impact on the data shown in this section.

Assets to liabilities ratio

This section reports the standardised ratio of assets to net outstanding claim liabilities (funding ratio) for each jurisdiction over the past five years. This indicator is a measure of the adequacy of the scheme to meet future claim payments. Ratios above 100% indicate that the scheme has more than sufficient assets to meet its predicted future liabilities. Conversely, low ratios could be an indication of the need for a scheme to increase its premium rates to ensure assets are available for future claim payments. Funding ratio trends should therefore be considered in conjunction with the premium rates reported elsewhere in this report.

Self-insurers are excluded from the funding ratio measures as the workers' compensation assets and liabilities are not quarantined from the rest of the self-insurer's business. Self-insurers are regulated in each jurisdiction and are required to lodge financial guarantees with the regulatory authority to provide security for workers' compensation entitlements. The level of the guarantee varies between jurisdictions. A summary of the current requirements can be found in the *Comparison of Workers' Compensation Arrangements in Australia and New Zealand* at swa.gov.au.

The data shown in this indicator may differ from jurisdictions' annual reports due to the use of standard definitions of assets and liabilities.

While a standard definition of the funding ratio of net outstanding claim liabilities has been adopted to improve comparability across jurisdictions, there still remain fundamental differences between centrally managed and privately underwritten schemes.

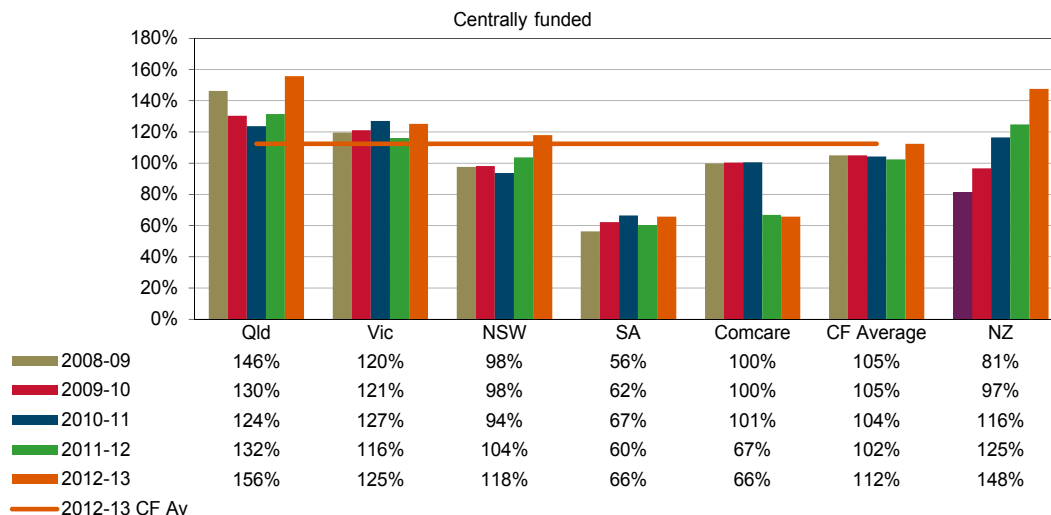
Privately underwritten schemes are governed by the Australian Prudential Regulatory Authority's (APRA) prudential regulatory requirements to make sure that enough funds are available to cover all liabilities. Including the measure for privately underwritten schemes alongside centrally funded schemes is misleading because the funding ratio measure for privately underwritten schemes does not capture the true extent of the private schemes' abilities to meet future claim payments. Therefore, the funding ratios of privately underwritten schemes are shown on a separate graph to those for the centrally funded schemes.

Indicator 17a shows that the average funding ratio for centrally funded schemes was 112% in 2012–13, ten percentage points more than the previous year. Comcare's funding ratio stabilised in 2012-13 after declining in 2011-12 due to a substantial increase in the valuation of claim liabilities. The New South Wales, Queensland, Victorian and South Australian schemes recorded an increase in funding ratios compared to the previous year. South Australia and Comcare were the only centrally funded schemes have funding ratios below 100%, indicating that assets are not enough to meet future liabilities in these jurisdictions.

In New Zealand, the substantial increase in funding ratio during the last four years (up

82%) was mainly due to a 65% increase in total assets while the outstanding claims liabilities decreased by 22% since 2008–09. This improvement in the assets position was mainly due to the continuous surplus achieved since the 2009–10 financial year through improved investment returns, reduced scheme costs paid, decrease in un-expired risk liabilities and reduced movements in outstanding claims liability.

Indicator 17a – Standardised ratio of assets to net outstanding claim liabilities for centrally funded schemes

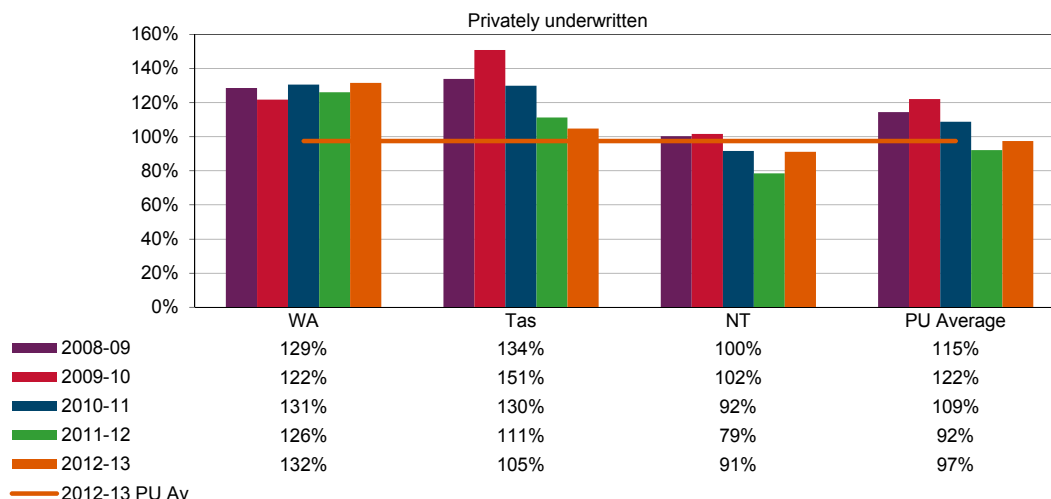


Indicator 17b shows that in 2012–13 the average funding ratio for privately underwritten schemes was 97%, an increase of five percentage points from the previous year. This is due to the increases in the funding ratios observed in two out of the three privately underwritten schemes (Western Australia and the Northern Territory). Tasmania recorded a 5% drop in its funding ratio in 2012–13 compared to the previous year.

Tasmania and Western Australia have funding ratios above 100%, indicating that assets are sufficient to meet future liabilities in these jurisdictions.

The Seacare and Australian Capital Territory Private schemes are privately underwritten, but no data are currently available for this indicator.

Indicator 17b – Standardised ratio of assets to net outstanding claim liabilities for privately underwritten schemes



Scheme expenditure

Since centrally funded and privately underwritten schemes have different financial structures the jurisdictions have been shown in their respective funding arrangement group. While the standardisation methodology provides a comparable measure across the two groups, caution should still be exercised when making such comparisons.

Indicator 18 shows the amount and proportion of total scheme expenditure paid out in payments to injured employees plus administrative costs for the periods 2008–09 and 2012–13.

Total scheme expenditure across Australia increased by 15% over the four years from 2008–09 to 2012–13. All jurisdictions recorded increases except for South Australia which decreased its total scheme expenditure by 21%. The largest percentage increase was recorded by Seacare (83%). The only component of scheme expenditure to record a decrease was Regulation expenses with total Australian expenditure decreasing 13% due to a 27% decrease in New South Wales and an 8% decrease in Victoria.

Payments direct to workers increased 11% over the four years and accounted for 53% of total expenditure. This is a slightly lower proportion than in 2008–09 when Payments direct to workers accounted for 55% of total expenditure. All jurisdictions recorded increases in expenditure on Payments direct to workers, ranging from 9% in New South Wales to 40% in Tasmania and 112% for the Seacare scheme. The exception to this was South Australia, that paid out 36% less to workers in 2012–13 than it did in 2008–09. This was associated with a major review of long term claimants in South Australia in 2008–09. Direct compensation is paid to injured employees either as weekly benefits, redemptions, common law settlements (excluding legal costs) and non-economic loss benefits.

Other administration expenses recorded the largest percentage increase in expenditure of all the cost items (29%) with all jurisdictions except Victoria and Seacare recording an increase for this item. Comcare and Tasmania had much greater proportions of their expenditure in this category in 2012–13 than they did in 2008–09.

Costs associated with Insurance operations recorded a 10% increase in 2012–13 compared to 2008–09 across Australia. Costs associated with Insurance operations include expenditures for insurer's representatives in legal matters, medical reports, investigation and fees paid to agents.

Scheme expenditure associated with Services to claimants remained steady across Australia. While South Australia recorded a substantial increase in the proportion of scheme costs dedicated to Services to claimants (up 47%) Seacare recorded a 33% decrease in 2012–13 compared to 2008–09. Costs associated with Services to claimants include expenditures for medical and legal services plus expenditures for other services like funeral, interpreting and transport services.

The New Zealand proportions display a different pattern to the Australian schemes with a lower proportion in Direct to claimant expenditure and a higher proportion in Services to claimant expenditure. This is due to the nature of the New Zealand scheme where a greater proportion of workers' medical costs are identified as work-related. In Australia, the Medicare system would most likely pick up some medical costs for work-related injuries where a workers' compensation claim is not submitted.

Indicator 18 – Scheme expenditure

Scheme Costs	Centrally funded					Privately underwritten					Australia	NZ
	NSW	Vic	Qld	SA	Comcare	WA	Tas	NT	Seacare			
Expenditure (\$M)												
2008–09												
Direct to claimant	1,094.3	892.1	731.9	427.4	142.7	393.0	47.3	49.7	7.0		3,785.4	257.4
Services to claimant	606.0	362.7	212.3	120.2	57.3	175.5	28.7	17.3	1.8		1,581.8	181.5
Insurance operations	409.5	369.6	99.8	81.0	46.9	185.2	26.6	4.7	1.5		1,224.8	41.8
Regulation	54.9	58.6	7.5	6.6	2.0	4.3	1.4	0.0	0.0		134.5	22.7
Dispute resolution	31.3	22.1	8.5	6.6	4.2	4.2	1.0	0.2	0.4		78.6	0.0
Other administration	13.0	29.5	32.2	26.8	13.5	6.7	0.4	1.0	0.4		123.9	37.6
Total	2,209.1	1,734.6	1,092.2	668.6	266.6	768.8	105.5	73.1	11.0		6,929.0	541.1
2012–13												
Direct to claimant	1,187.4	1,017.4	874.2	273.9	188.7	531.9	66.1	60.0	14.8		4,214.4	203.0
Services to claimant	659.7	407.3	268.5	140.8	78.8	235.3	34.1	21.9	2.2		1,848.6	154.5
Insurance operations	587.8	434.6	116.4	73.0	54.9	237.9	32.7	7.3	2.9		1,547.5	39.5
Regulation	39.9	53.8	9.1	8.7	0.4	4.4	1.8	0.0	0.0		118.2	20.3
Dispute resolution	30.3	31.3	13.1	6.2	4.4	4.0	1.1	0.5	0.0		90.9	0.0
Other administration	16.6	31.5	41.0	28.9	30.3	8.9	0.7	1.3	0.3		159.3	39.4
Total	2,521.6	1,975.8	1,322.3	531.5	357.5	1,022.3	136.5	91.0	20.2		7,979.0	456.6

Indicator 18 – Scheme expenditure continued

Scheme Costs	Centrally funded					Privately underwritten					Australia	NZ
	NSW	Vic	Qld	SA	Comcare	WA	Tas	NT	Seacare			
Percentage of total expenditure (%)												
2008—09												
Direct to claimant	49.6	51.4	67.1	63.9	53.5	51.1	44.9	68.1	62.9	54.7	47.5	
Services to claimant	27.4	20.9	19.4	18.0	21.5	22.8	27.2	23.7	16.3	22.8	33.6	
Insurance operations	18.5	21.3	9.1	12.1	17.6	24.1	25.2	6.5	13.3	17.7	7.7	
Regulation	2.5	3.4	0.7	1.0	0.7	0.6	1.3	0.0	0.2	1.9	4.2	
Dispute resolution	1.4	1.3	0.8	1.0	1.6	0.5	1.0	0.3	3.3	1.1	0.0	
Other administration	0.6	1.7	2.9	4.0	5.1	0.9	0.4	1.4	4.0	1.8	7.0	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
2012—13												
Direct to claimant	47.1	51.5	66.1	51.6	52.8	52.0	48.4	65.9	68.9	52.8	44.5	
Services to claimant	26.2	20.6	20.3	26.5	22.0	23.0	25.0	24.1	9.7	23.2	33.8	
Insurance operations	23.2	22.0	8.8	13.7	15.4	23.3	24.0	8.0	15.4	19.4	8.7	
Regulation	1.6	2.7	0.7	1.6	0.1	0.4	1.3	0.0	0.2	1.5	4.4	
Dispute resolution	1.2	1.6	1.0	1.2	1.2	0.4	0.8	0.6	3.6	1.1	0.0	
Other administration	0.7	1.6	3.1	5.4	8.5	0.9	0.5	1.4	2.2	2.0	8.6	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	

Administrative costs are affected by the type of scheme in operation. Indicator 19 shows the distribution of direct payments into weekly benefits and lump sums. The payment of long term weekly benefits results in higher administration costs. This indicator shows that in 2012–13 most Australian schemes paid out more as weekly benefits than lump sum benefits. Tasmania and the Northern Territory recorded equal proportions. The Queensland scheme is the only one which paid out more in lump sum payments than in weekly benefits.

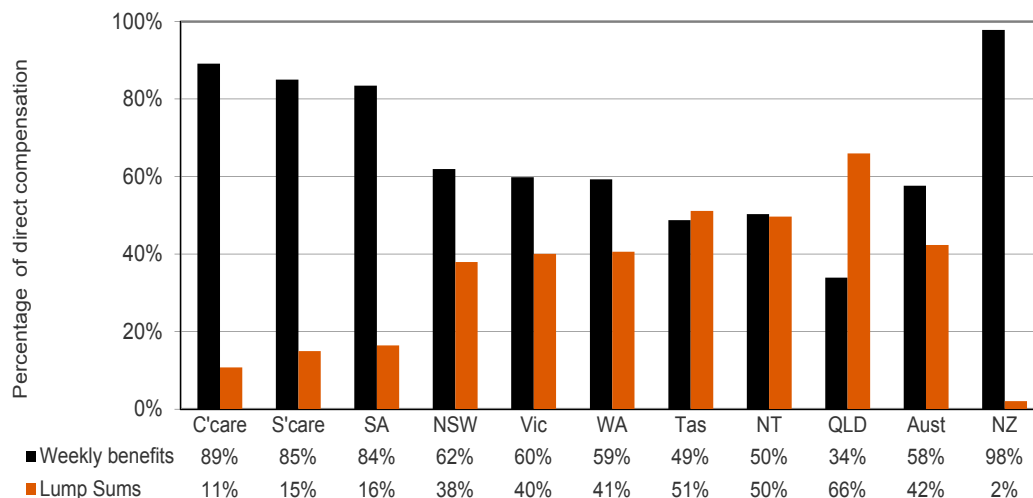
In five out of the nine Australian jurisdictions the proportions of benefits paid as lump sums in 2012–13 were less than what was recorded in the previous year. Comcare and Victoria recorded the same proportions as in the previous year. Tasmania recorded a substantial increase (up 16%) in the proportion of benefits paid as lump sum compared to the previous year, followed by Seacare (up 7%).

The Tasmanian increase in lump sum benefits (from 44% to 51%) was mainly due to the fact that the redemption of future income maintenance payments were more than doubled in 2012–13 when compared to the previous year.

Overall in Australia in 2012–13 a smaller proportion (down 5%) of benefits were paid as a lump sum compared to the previous year, with all jurisdictions except Comcare, Seacare, Victoria and Tasmania recording decreases in the proportion paid as lump sums.

The New Zealand scheme has little provision for lump sum payments.

Indicator 19 – Direct compensation payments by type and jurisdiction, 2012–13



Current return to work

This section presents the Current Return to Work rate compiled from data published in the swa.gov.au commissioned by Safe Work Australia.

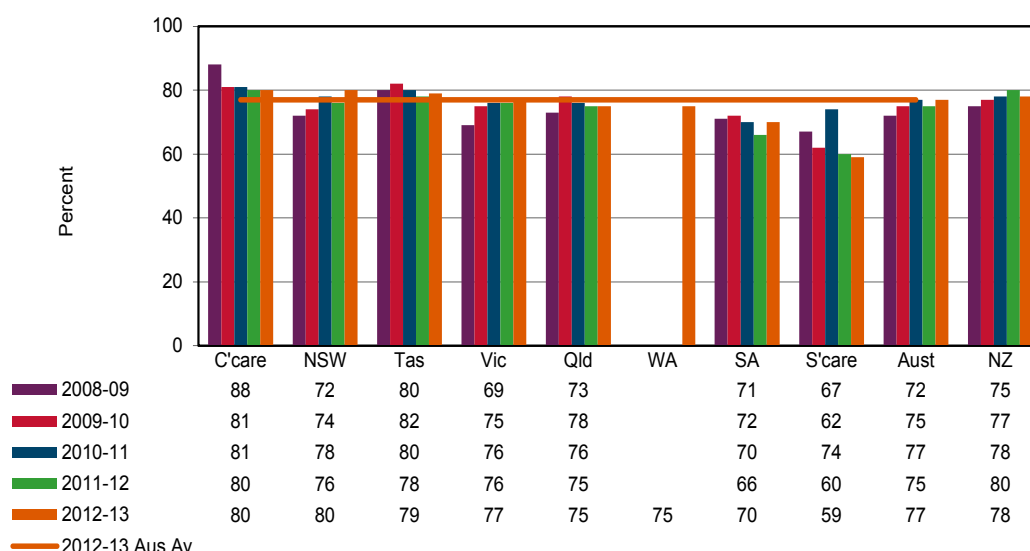
The Return to Work Survey replaces the Return to Work Monitor that was produced by HWCA. The survey includes injured workers who have been paid 10 or more days of compensation and whose claim was submitted seven to nine months prior to the survey. This is the same as used in the Return to Work Monitor and hence data from the two surveys have been used in Indicator 20. The New Zealand Accident Compensation Corporation (ACC) and all Australian jurisdictions except for the Northern Territory and the Australian Capital Territory took part in the survey.

Current Return to Work refers to an injured worker who was working at the time of the survey and is the equivalent to the previous 'Durable Return to Work' item reported in the Return to Work Monitor. This measure is based on Question C1 'Are you currently working in a paid job?' and Question C7 'Can I just confirm, have you returned to work at any time since your workplace injury or illness?'. It reports the proportion of injured workers who state 'yes' to both questions.

Current Return to Work rates reported here are estimates based on a sample of the eligible population. Differences between and within jurisdictions should be interpreted with caution. More information on this aspect and the Survey design can be found in Note 4 in Appendix 1.

Indicator 20 reveals that in 2012–13 over three quarters of Australian (77%) and New Zealand (78%) workers had returned to work following their injury and were still working at the time of interview.

Indicator 20 – Current return to work rate



The highest Current Return To Work rates were recorded in New South Wales and Comcare (80% each), Tasmania (79%) and Victoria (77%). All jurisdictions recorded either similar or increases in the Current Return to Work from the previous year. The exception was Seacare whose Return to Work rate fell from 60% to 59%. The small sample size for Seacare creates volatility and year on year variations should be interpreted with caution.

Each jurisdiction faces varying challenges in their endeavours to improve return to work rates. Some drivers of return to work are defined by legislation and can only

be influenced by the nature of the scheme design (whether it is short or long term in nature). For example, the benefit structure can influence return to work, as can the associated step down provisions and legislative differences regarding early claims reporting, employer obligations and common law arrangements.

Disputation rate

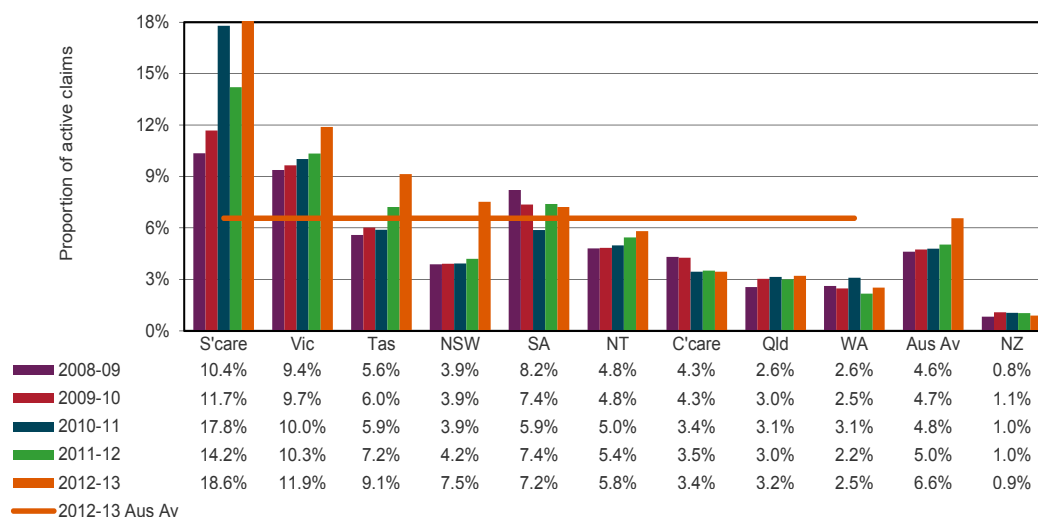
A dispute is an appeal to a formal mechanism, such as a review officer, conciliation or mediation service, against an insurer's decision or decisions relating to compensation. Disputes exclude common law and also exclude redemptions and commutations unless processed as disputes through the jurisdiction's dispute resolution system.

Indicator 21 shows the number of new disputes as a proportion of 'active' claims in the reference financial year. An active claim is described as any claim on which a payment of any type was made during the reference financial year (including claims with medical treatment costs only) regardless of when that claim was lodged.

The measure includes all disputes lodged for the year against any active claim that had any type of payment in the reference financial year. The comparison of disputation rates between jurisdictions must be treated with caution due to jurisdictional differences in scheme design, types of decisions that can be appealed, dispute resolution models and the cost of appeals.

Indicator 21 shows that the Australian disputation rate has increased by 42% since 2008–09. In 2012–13 the Australian disputation rate was 6.6% of active claims, a substantial increase (up 30%) compared to the previous year. With the exception of South Australia, Western Australia and Comcare all other jurisdictions recorded increases in disputation rates during the five year period.

Indicator 21 – Proportion of claims with dispute



Significant reforms to the Western Australian workers' compensation dispute resolution system came into effect on 1 December 2011 and the new Conciliation and Arbitration Services (CAS) commenced operation on that date. As the two systems are fundamentally different, Western Australia has not combined the data from old and new systems. Figures for 2011-12 used in this edition of the report are provided for disputes lodged or finalised between 1 July 2011 and 30 November 2011 only. Figures based on the new system are provided for 2012–13 onwards. As the figures represented in the CPM report are percentages the shortened timeframe for 2011-12 should not impact on

comparisons for Western Australia over time.

The disputation rate for South Australia recorded a decrease (down 2%) in 2012–13 compared to the previous year. The disputation rate for South Australia recorded a 12% decrease since 2008–09. Comcare recorded a disputation rate of 3.4% in 2012–13. This represents a 2% decrease from 2011–12.

South Australia and Comcare were the only jurisdictions to record a decrease from the previous year. Queensland and Western Australia reported the lowest disputation rates of all the Australian jurisdictions at 3.2% and 2.5% of active claims respectively.

Seacare recorded the highest rate at 18.6% of active claims in 2012–13. In 2012–13, 64 applications were lodged with the Administrative Appeals Tribunal (AAT). Of the 55 applications finalised, 49 were finalised by consent of the parties, with six matters proceeding to a hearing. The number of applications to the AAT relative to the claims lodged indicates the propensity for seafarers and their representatives to seek a review of their claim. This ratio provides a means of determining disputation rates. In 2012–13, the disputation rate was 18.6%. This represents a substantial increase (up 31%) from 2011–12 and the highest disputation rate since 2008–09.

The New Zealand disputation rate is very low because of the universal nature of its accident compensation scheme. Since people are covered whether the incident occurs at work, home, on the road, playing sport and whether they are employed, self-employed or a non-earner (child, pensioner, student, unemployed) there are very few disputes relating to cover.

Dispute resolution

The speed that disputes are resolved depends on the systems and processes in place for each jurisdiction. Generally, the simpler the process, the faster the dispute is resolved. Where there is a lag in the collection, exchange and lodgement of information by one or more parties, disputes are likely to be more adversarial and therefore more costly. A high percentage of disputes resolved in a longer timeframe may also indicate that there are a high number of more complex disputes being dealt with within a jurisdiction, or that there are some mandatory medical or legal processes in place that inherently delay resolution.

South Australia and the Northern Territory cannot supply data on the time required to resolve disputes.

Indicator 22 demonstrates that in the past five years in Australia there has been a slight decrease (down 3%) in the proportion of disputes resolved within one month.

The percentage of disputes resolved within three months decreased by 17%, while the percentage of disputes resolved within six and nine months decreased by 8% and 1% respectively during this period.

Indicator 22 – Percentage of disputes resolved within selected time periods (cumulative)

Jurisdiction	Within 1 month	Within 3 months	Within 6 months	Within 9 months
2008–09				
NSW	8.5	45.4	89.3	97.6
Victoria	1.9	51.2	76.8	89.6
Queensland	15.9	83.1	92.0	95.3
Western Australia	27.3	43.8	62.9	73.6
Tasmania	49.5	65.6	81.5	90.3
Comcare	3.0	7.9	19.0	34.5
Seacare	6.3	25.0	40.6	46.9
Australia	9.5	51.1	79.8	89.5
New Zealand	12.5	51.0	86.8	99.8
2012–13				
NSW	5.3	20.9	66.1	89.7
Victoria	1.7	41.8	74.1	87.9
Queensland	14.3	85.1	90.6	93.2
Western Australia	43.1	81.9	93.6	98.5
Tasmania	57.6	70.1	81.6	89.6
Comcare	3.8	13.7	29.6	47.7
Seacare	1.9	13.0	20.4	48.1
Australia*	9.2	42.4	73.3	88.6
New Zealand	8.9	40.3	88.1	99.9

Slightly less than half the disputes (42%) were resolved within three months of the date of lodgement on average for Australia. Queensland resolved the highest proportion of disputes (85%), followed by Tasmania (70%) then Victoria (42%) within a three month period.

Both Comcare and Western Australia recorded increases in the proportion of disputes resolved within the four selected time periods. Western Australia recorded substantial increases in the percentage of disputes resolved (up 58%, 87%, 49% and 34%) within one, three, six and nine months respectively. This is mainly due to the significant reforms to the Western Australian workers' compensation dispute resolution system that came into effect on 1 December 2011. The new system is characterised by separate Conciliation and Arbitration Services, making dispute resolution more accessible and providing quicker means of resolving disputes.

Overall Comcare disputes generally took more time to resolve than disputes in other jurisdictions. As Comcare disputes proceed to an external and independent body, Comcare has no control over the associated timeframes for dispute resolution. These disputes tend to be quite complex and require a long time to resolve.

Seacare had a notable reduction in the proportion of disputes resolved within six months. While the proportion resolved within nine months grew slightly from 47% to 48% over this period, the proportions for the other time periods all fell to be some of the lowest of all jurisdictions. The time it takes to resolve applications in the seafarers jurisdiction is influenced by many factors, particularly the time needed by parties to obtain further evidence such as expert medical evidence as well as any delays associated with ensuring all related claims are before the AAT. The nature and complexity of the decisions under review will affect the time within which any agreed resolution can be reached or the applications can be progressed to hearing and determination. The number of applications made to the AAT is relatively small. Small

changes in the number of cases finalised at particular times can result in relatively large percentage changes in the resolution rates within the specified timeframes.

In 2012–13, Tasmania resolved 58% of disputed claims within one month, substantially higher than any other jurisdiction. The proportion of disputes resolved within three, six and nine months in Tasmania (70%, 82% and 90%) were all higher than the Australian average for these three resolution periods.

In contrast, less than 4% of disputes were resolved within one month in the Victorian, Comcare and Seacare schemes. The resolution times for Victoria are affected by the compulsory conciliation process, which may or may not involve medical panel referral, and the fact that court litigation can only occur at the conclusion of the compulsory conciliation process.

The resolution times for New South Wales are affected by the incorporation of a mandatory medical assessment into the Workers' Compensation Commission's proceedings in relation to disputes over permanent impairment entitlements. Entitlement to compensation for permanent impairment is the subject of most of the dispute applications lodged with the Commission. While New South Wales resolves only 5% of disputes within one month, 66% of disputes were resolved within six months and 90% of disputes were resolved within nine months of lodgement in 2012–13.

The proportion of disputes resolved in New Zealand is lower than the Australian average for the one month and three months time periods but higher than the Australian average for six months and nine months time periods.

Chapter 6 – Industry information

Claims by industry

The industry classification used to show incidence rates of serious claims has been updated to the Australian and New Zealand Standard Industrial Classification 2006 system (ANZSIC 2006). Indicator 23 shows the incidence rates of serious claims across industries in Australia based on the 2012–13 year. In 2012–13, the Agriculture, forestry & fishing industry recorded the highest incidence rate with 21.0 serious claims per 1000 employees followed by the Transport, postal & warehousing industry (19.1) and Manufacturing (17.9). Under the Australian Strategy 2012–2022 these industries together with Construction, Accommodation & food services, Public administration & safety and Health care & social assistance have been identified as national priorities for prevention activities.

Decreases in the incidence rate of serious claims from 2011–12 were recorded by all but three industries. The most notable reductions were seen in Information, media & Telecommunications and Arts & recreation services (22% each) and Transport, postal & warehousing (15%).

Over the period 2008–09 to 2011–12, the greatest percentage fall (22%) was recorded by the Professional, scientific & technical services industry. The Rental, hiring & real estate services recorded the second largest percentage fall (14%) followed by the Agriculture, forestry & fishing industries (13%). In contrast the Information, media & telecommunications industry recorded a 12% increase in incidence rate of serious claims. More detailed information on claims by industry can be found in the *Australian Workers' Compensation Statistics*, published at swa.gov.au.

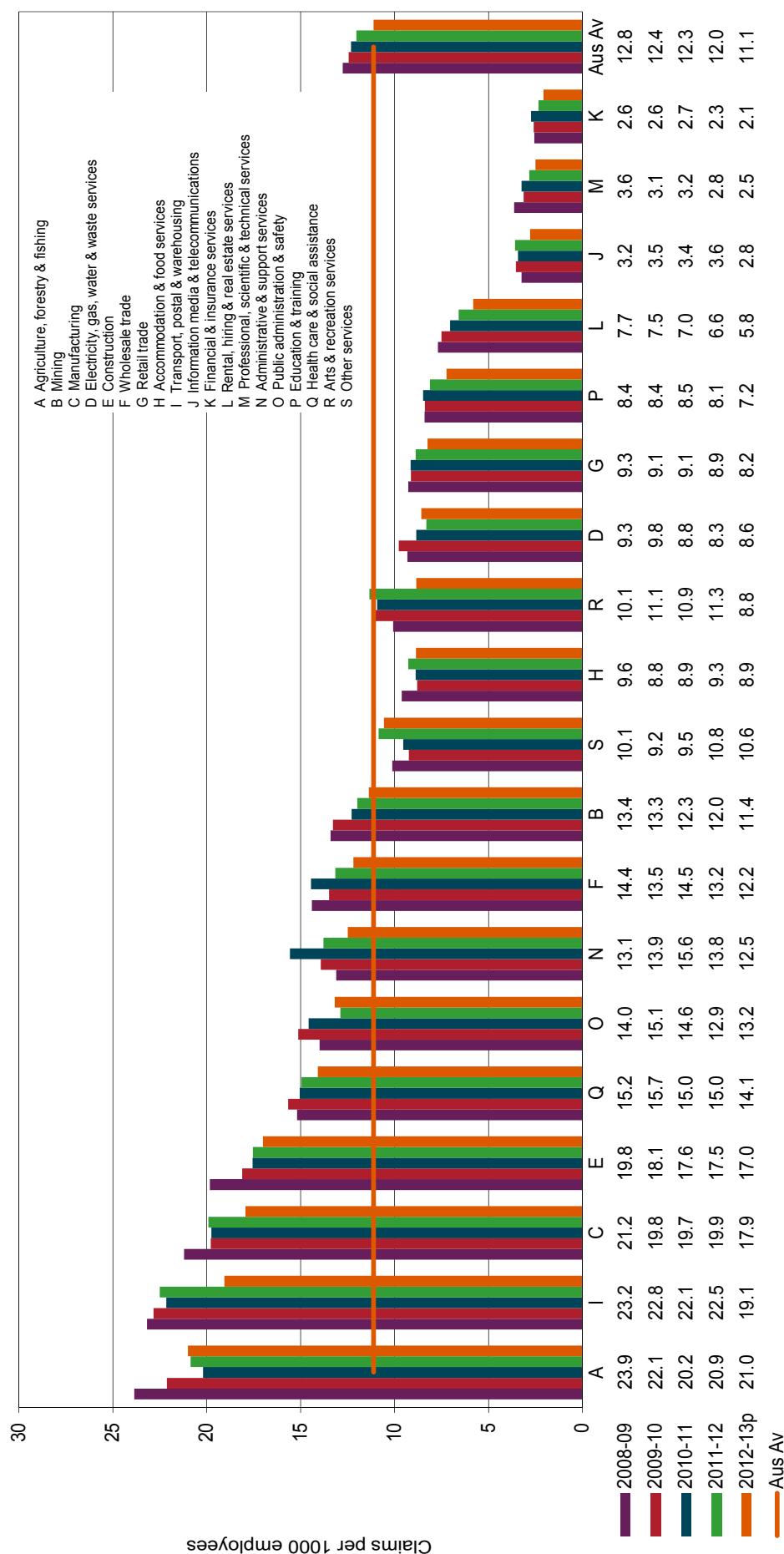
Premium rates by industry

Premium rates data are still shown using the 1993 version of the Industry Classification System as most jurisdictions are unable to supply premium data based on the 2006 Industry Classification System. Indicator 24 shows average premium rates by industry in Australia for the years 2008–09 to 2012–13. These data show that the Agriculture, forestry & fishing industry recorded the highest average premium rate at 3.9% of payroll. The lowest premium rate was recorded by the Finance & insurance industry at 0.3% of payroll.

Premium rates of six out of the 17 industries have decreased since 2008–09. The largest percentage decrease (down 20%) was recorded by the Education industry. This was followed by Property & business services (down 14%) then Communication services (down 11%) and Electricity, gas & water supply (down 10%). The largest percentage increase (25%) since 2008–09 was recorded by the Government administration & defence industry.

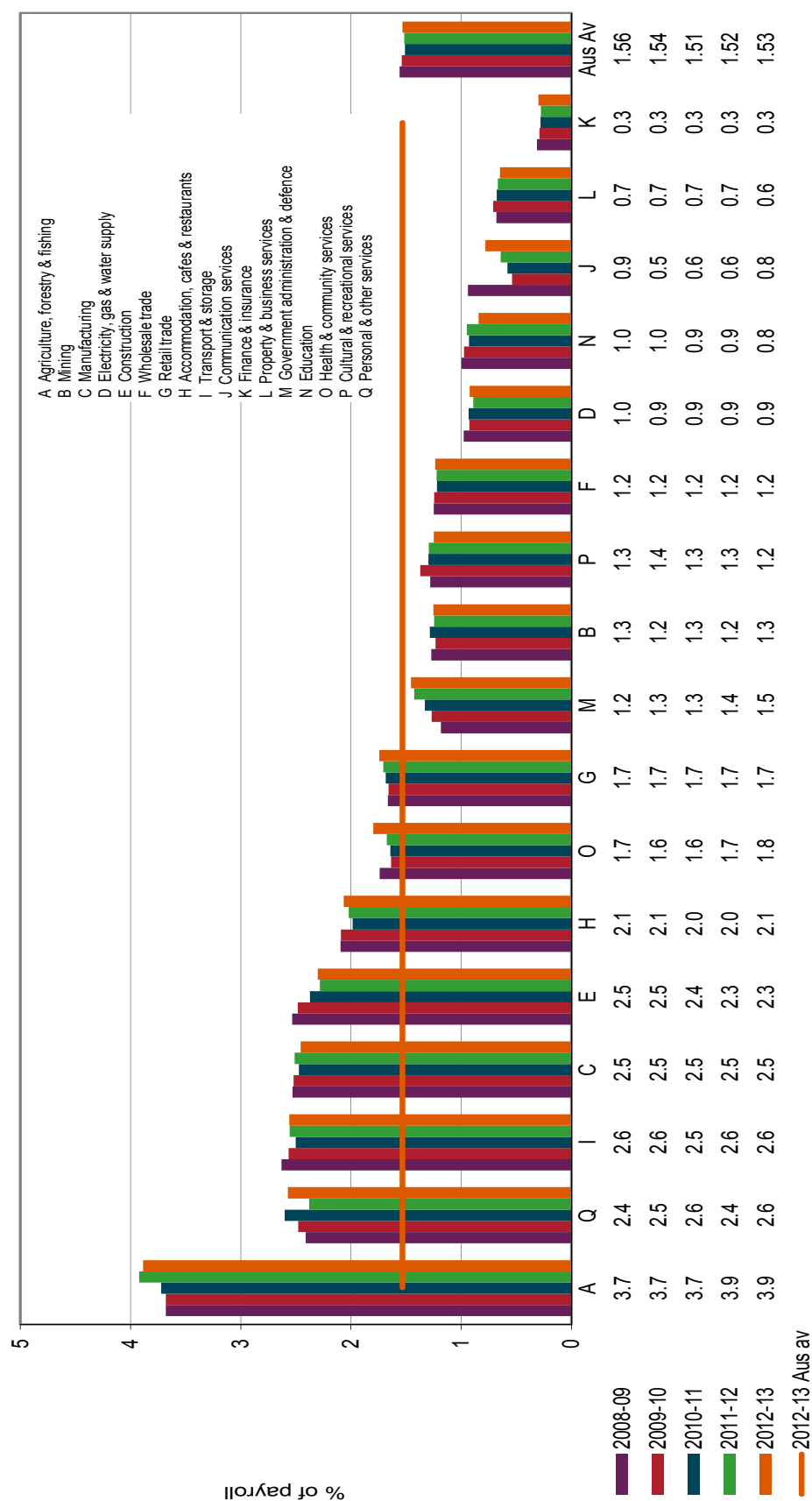
For a number of schemes the published industry rates are not based solely on risk-profile or performance, as some schemes cross-subsidise premiums. The premium rates quoted in this section of the report are based on premiums in each industry divided by remuneration in that industry.

Indicator 23 – Incidence rates of serious* claims by industry



* Includes all accepted workers' compensation claims for an incapacity that results in a total absence from work of one working week or more.

Indicator 24 – Australian average premium rates by industry



Appendix 1 — Explanatory notes

1. Workers' compensation claims data

Scope

The data presented in this report are extracted from the National Data Set for Compensation-based Statistics (NDS), which are compiled annually from claims made under state, territory and Australian Government workers' compensation Acts. The New Zealand Accident Compensation Corporation (ACC) also collects data in accordance with the NDS. Except for the data used in Chapter one, this report is restricted to the new definition of serious claims.

New definition of a serious claim: Under the new definition, a serious claim is a workers' compensation claim for an incapacity that results in a total absence from work of one working week or more. Claims arising from a work-related fatality or a journey to or from work or during a recess period are excluded from the definition of a serious claim. One working week is defined as lost when the number of hours lost is greater than or equal to the number of hours usually worked per week.

Reporting on fatalities: This edition of the CPM reports on work-related injury fatalities in a different way to previous editions. Previous editions provided a comparison of compensated fatalities whereas this edition sources information from the Traumatic Injury Fatalities (TIF) collection. The TIF collection provides the most accurate information on work-related injury fatalities because the data are sourced from workers' compensation data, fatality notifications to the various work health and safety authorities and information in the National Coronial Information System (NCIS). Only around 60% of work-related fatalities recorded in the TIF collection are typically compensated. Further information about the Traumatic Injury Fatalities collection and a detailed analysis of the data can be found at swa.gov.au.

There is no change to the source of information in this edition of the CPM on disease-related fatalities. This information is only available through the NDS.

The data in this report do not cover all cases of occupational injury and disease as generally only employees are covered by workers' compensation. Therefore many contractors and self-employed workers are not represented by these data. The exclusion of self-employed persons is likely to result in an underestimate of the number of cases in industries where self-employed persons are common, such as, Agriculture, forestry & fishing, Construction and Transport, postal & warehousing - Road transport, Administrative & support services and Arts & recreation services. However, the incidence and frequency rates shown in this report for all industries can be considered reliable as the denominators used in the calculation of the rates have been adjusted to exclude self-employed persons.

In addition, the following have been excluded from the data in this report:

- occupational injuries and diseases resulting in absences from work of less than one working week
- military personnel within the Defence Forces
- cases not claimed as workers' compensation or not acknowledged as being work-related, and
- claims for compensation to the Dust Diseases Board of New South Wales.

Australian Government employees working in each jurisdiction have been included in Australian Government figures rather than state or territory results. Australian Capital Territory Public Service employees are covered by the Comcare scheme but operate under the work health and safety provisions of the Australian Capital Territory. These

employees and their claims have been combined with Australian Capital Territory Private sector employees for reporting outcomes in Chapters 1 and 2 of this report.

The following table (Appendix 1 – Table 1) shows the preliminary number of serious claims, an estimate of the number of employees in each jurisdiction, and an estimate of the number of hours worked in each jurisdiction in 2012–13. Note that the number of serious claims shown for Victoria includes adjustment factors that are explained later in these notes. The employee and hours figures in Appendix 1 – Table 1 are those used to calculate the incidence and frequency rates in this report. Please note that the number of claims shown will increase when updated information is provided by the jurisdictions for next year's report.

Appendix 1 – Table 1: Summary of key jurisdictional data, 2012–13

Jurisdiction	Serious claims	% of claims	Employees	% of employees	Hours worked ('000)	% of hours worked
New South Wales	37 580	31.9	3 220 800	30.4	5 412 268 400	30.6
Victoria	23 370	19.8	2 605 900	24.6	4 201 347 400	23.7
Queensland	26 930	22.8	1 935 800	18.3	3 268 670 800	18.5
Western Australia	12 950	11.0	1 223 700	11.5	2 122 914 300	12.0
South Australia	8 840	7.6	740 000	7.0	1 186 807 500	6.7
Tasmania	2 720	2.3	209 700	2.0	317 199 800	1.8
Northern Territory	1 130	1.0	120 000	1.1	216 384 100	1.2
Australian Capital Territory	1 700	1.4	145 200	1.4	234 423 200	1.3
Australian Government	2 440	2.1	392 900	3.7	707 481 400	4.0
Seacare	170	0.1	5 300	0.1	22 721 500	0.1
Australian Total	117 820	100.0	10 599 200	100.0	17 690 218 400	100.0
New Zealand	19 650		1 856 600		3 386 228 200	

Time series and adjustment of scheme data

The estimates of the number of employees and their hours worked are supplied by the Australian Bureau of Statistics and these denominator data are based on the Labour Force Survey, the Survey of Employment and Earnings and data provided by Comcare. Further adjustments are performed using data from the Census, the Forms of Employment Survey and the Survey of Employment Arrangements, Retirement and Superannuation. These data are matched to the scope of the claims data but may not be exact, particularly in the smaller jurisdictions, due to the number of employees being derived from a survey of the population rather than a census.

The labour force estimates were recently benchmarked against the 2011 Census and 20 years recasting is currently underway. As a result, the ABS revised and supplied Safe Work Australia with estimates for the number of employees and hours worked back to 2007–08. This change and the change in the definition of serious claims means that the incidence and frequency rates published in this report will differ to those previously published.

Incidence and frequency rates, especially for the most recent years are, expected to rise as the number of accepted claims increases as a result of further data development. This may involve additional claims being accepted or shorter-term claims with temporary incapacity incurring additional time lost and subsequently matching the definition of a serious claim: one that involves one or more working weeks of time lost.

Claims data shown in this report for 2012–13 are preliminary unless otherwise stated.

Therefore these data are likely to be understated and a comparison of 2012–13 data with those of previous years should be undertaken with caution.

In analysing trends over time, consideration needs to be given to any changes to jurisdiction-specific legislation and administrative processes during the period concerned, further details of which should be sought from the jurisdictions. Commentary relating to these comparisons should be read carefully where provided.

Frequency rates for the Seacare scheme have been calculated using a 24-hour basis. This is in recognition of the 24-hour risk of exposure to workplace hazards due to the nature of maritime industry employment. This definition is consistent with data published by the Seacare Authority.

Due to difficulties obtaining time lost in hours for the Northern Territory, data have been estimated using the definition of a working week of five working days. To make the data reported from the Northern Territory and data reported for all other jurisdictions comparable, the data for the Northern Territory has been increased by a factor of 1.3%.

Definition of injury and disease

Occupational injuries are defined as all employment-related injuries that are the result of a single traumatic event, occurring while a person is on duty, or during a recess period at the workplace, and where there was a short or non-existent latency period. This includes injuries that are the result of a single exposure to an agent(s) causing an acute toxic effect.

Occupational diseases are defined as all employment-related diseases that result from repeated or long-term exposure to an agent(s) or event(s), or that are the result of a single event resulting in a disease (for example, the development of hepatitis following a single exposure to the infection).

In Chapter one of this report, the injuries and fatalities data also include claims for musculoskeletal disorders (MSD). This change was necessitated by the introduction of a new coding system in Victoria in 2002–03 that resulted in a large number of claims previously coded as sprains and strains (injuries) being coded as diseases of the musculoskeletal system and connective tissue. This more accurately reflects the repetitive and long term muscle stress that results in these conditions. To minimise the effect of this coding change on time series consistency, musculoskeletal disorders have been combined with the data on injuries for all years and all jurisdictions in this chapter. A similar change in coding practices across all other jurisdictions has been occurring progressively from 2005–06 as the 3rd edition of the Type of Occurrence Classification Scheme (TOOCS) is introduced in each jurisdiction.

Adjustment of Victorian and South Australian data

Only claims involving one or more weeks of compensation have been used for analysis in Chapters 1 and 2 to enable greater comparability in the jurisdictional data. This accounts for the different employer excesses that exist in various schemes. Under the Victorian and South Australian workers' compensation schemes the employer is generally liable for the first 10 days of lost wages by the injured worker. In addition to this, Victorian employers pay the first \$642 of medical services (as at 30 September 2013) unless the employer has elected the Excess Buyout option. More information on the Excess Buyout option can be found at vwa.vic.gov.au.

As employers do not always provide Victorian WorkCover Authority and Workcover South Australia with information on claims lasting fewer than 10 days, an adjustment factor needs to be applied in order to compare Victorian and South Australian claims

data with other jurisdictions. To calculate the Victorian and South Australian under 10 day excess impact, the percentage of claims between one and two weeks duration for Victoria and South Australia was compared with the percentage of one to two weeks claims for other Australian jurisdictions. From this comparison, the number of Victorian and South Australian claims between one and two weeks was increased by a factor so that the percentage of such claims was similar to the Australian average. The analysis was undertaken at the industry division level to allow for a greater degree of homogeneity in respect of claim duration in Victoria. The application of the factors has increased the claims supplied by Victorian WorkCover Authority by 14% (from 20 507 to 23 371) and for South Australia by 12% (from 7878 to 8838).

Size of business

The number of employees in each of the three business size groups has been provided by the ABS. Estimates of employment figures by 'Small: less than 20 employees', 'Medium: 20-199 employees' and 'Large: 200 employees or more' business size groups published in the 2012–13 'Australian Industry' publication (ABS cat. No. 8155.0) are used. These estimates are produced annually using a combination of data directly collected from the annual Economic Activity Survey (EAS) conducted by the ABS and Business Activity Statement (BAS) data provided by businesses to the Australian Taxation Office (ATO). As figures in this publication are for 'Employment', the ABS Labour Force data were also used in order to be able to exclude self-employed persons from the 'Australian Industry' figures.

The scope and coverage of these estimates are for the private sector only, which consists of all business entities in the Australian economy except for entities classified as general Government. Data on the number of claims are collected in each jurisdiction by a variety of methods, some via the claim form and others by imputing estimates from the data supplied by employers.

Self-insurers joining Comcare - adjustment of claims

On 15 March 2007 new legislation came into effect that extended the coverage of the Occupational Health and Safety Act 1991 (the OHS Act) to organisations licensed to self-insure under the Safety Rehabilitation and Compensation Act 1988. Previously, former Commonwealth authorities and licensed private sector corporations operated under the Commonwealth workers' compensation regime, but were covered by state and territory work health and safety legislation in the jurisdictions in which they operated. This amendment removed the need for multiple compliance regimes. However, as the number of employees and hours worked were originally only available from the work health and safety jurisdictions, workers' compensation claims from those authorities and companies self-insuring with Comcare were allocated to their work health and safety jurisdictions for 2005–06 and 2006–07. In 2007–08, the ABS undertook a review of the methodology used to calculate the number of employees and hours data. As an outcome of this review, the number of employees and hours data are now available from the workers' compensation jurisdictions for these years and claims of those authorities and companies self-insuring under the Comcare scheme now remain within the scheme. Self-insurers have been included in the Comcare scheme if they were self-insuring with Comcare at June 30 in the relevant year.

2. Enforcement data

In 2009–10, Safe Work Australia, in collaboration with the Heads of Workplace Safety Authorities (HWSA) and states and territories reviewed a number of compliance and enforcement definitions. A number of changes to these definitions were proposed and have been implemented since the eleventh edition of the report. They include:

-
- the number of legal proceedings finalised is now requested in place of legal proceedings commenced
 - the HWSA definition of the number of legal proceedings resulting in a conviction, order or agreement is implemented in place of the number of prosecutions resulting in a conviction
 - the number of field active inspectors has been amended to include managers of the field inspectors. The data also include investigators (where applicable) who are appointed to work with the enforcement provisions. Staff on extended leave are also included.
 - proactive workplace intervention is now split into two measures: (A) Workplace visits and (B) Workshops\Presentations\Seminars\Forums and data are now supplied separately, and
 - reactive workplace intervention is also split into two measures: (A) Workplace visits and (B) Other reactive interventions.

Following the Australian Government's decision in March 2007 to grant licensed self-insurers coverage under the 1991 OHS Act, the number of employees regulated by Comcare increased by 35% from 291 535 full-time equivalent (FTE) employees prior to the March 2007 legislative amendment to an estimated 393 000 FTE employees as at June 2013. In response Comcare increased its field active inspectors from 22 in 2005–06 to 44 by 30 June 2013, based in seven regional offices across Australia. This ensured there were sufficient investigator resources to regulate the growing jurisdiction effectively. These increases can be directly related to the Federal Minister's direction of 2008 seeking stronger enforcement and justice outcomes and Comcare's 2015 Strategic Plan on healthier and safer workplaces.

Data provided by Western Australia in relation to proactive and reactive interventions include the number of visits (including repeat visits) for investigations with a completion date within the reporting period. In an effort to provide stable and reliable data and to prevent double counting, visits pertaining to open investigations have been excluded.

3. Premium rates and Entitlements

Issues affecting the comparability of premium rates across the schemes include:

- differences in benefits and coverage for certain types of injuries, in particular the coverage of the journey to and from work
- differences in claims management arrangements
- variations in the funding arrangements for delivery of work health and safety services, with some jurisdictions providing degrees of cross-subsidisation
- differences in the definitions of wages for premium setting purposes including whether superannuation contribution is part of wages
- different scheme excess deductibles (note that wage under-declaration has not been accounted for as it is considered to have a similar prevalence in each jurisdiction)
- different levels of self-insurance
- different industry mixes
- differences in premium calculation methodology, for example some schemes have experience rating formulae and some have exemptions for employers with low payrolls, and
- different actuarial assumptions used in the calculation of premium rates.

Premiums in the self-insured sector

Most jurisdictions allow large employers to self-insure their workers' compensation if they prove they can manage the associated financial and other risks. Jurisdictions with a large proportion of employees under self-insurance arrangements include New South Wales, South Australia, Tasmania and the Australian Government. Significantly fewer self-insurers operate in Victoria, Queensland, Western Australia and the Australian Capital Territory Private Scheme. A number of methodologies are employed in this report to obtain an estimate of the amount of premium that self-insurers would pay.

Employer excess factors

Some schemes have non-compensable excesses where the employer pays the first five or 10 days compensation and/or meets medical expenses to a maximum amount. To improve comparability of premium rates a common deductible of the first five days compensation with no medical costs has been applied. The factors applied to the insured sector data in each jurisdiction are shown in Appendix 1 – Table 2. Adjustment factors are also applied to the self-insured sector to make the data consistent with the common deductible of the first five days compensation with no medical costs.

Appendix 1 – Table 2: Premium rate adjustment factors (%)

Jurisdiction	Employer excess factors			Journey factor
	Insured sector		Self insured sector Time lost excess	
	Time lost excess	Medical expenses excess		
New South Wales	n/a	n/a	-1.5	-8.5
Victoria	2.0	1.0	-3.0	n/a
Queensland	n/a	n/a	n/a	-6.5
Western Australia	-1.9	n/a	n/a	n/a
South Australia	2.0	n/a	-3.0	n/a
Tasmania	n/a	0.3	-2.5	n/a
Northern Territory	-2.5	n/a	n/a	-3.0
Australian Capital Territory Private	-1.8	n/a	n/a	-7.5
Australian Government	-1.8	n/a	-4.5	n/a
Seacare	Excess adjustment factors reviewed annually			-6.0
New Zealand	n/a	n/a	n/a	-7.5

Journey factors

All jurisdictions except Victoria, Western Australia, Tasmania, Australian Government and New Zealand provide some level of coverage for journey claims. Hence, an estimated amount equal to the cost of providing this coverage has been removed from the premium rates of the jurisdictions that provide this type of coverage. The factors applied are shown in Appendix 1 – Table 2. In New Zealand journey claims are covered by a different scheme.

Seacare scheme

Seacare scheme policies often include large excesses, ranging from \$5000 to \$100 000, representing approximately three weeks to more than 12 months compensation, with the majority of policies containing excesses in the \$5000 to \$25 000 range. An adjustment factor has been developed to take into account the large and variable deductible.

Effect of adjustment factors on premium rates

Appendix 1 – Table 3 presents average premium rates with various adjustments to assist comparability. Each column in this table represents progressively adjusted premium rates as follows:

Column 1. These data are average premium rates for insured employers only, calculated using the definition of remuneration as used by that jurisdiction, i.e. superannuation included where applicable. GST was excluded in all cases. Rates are applicable to the employer and medical excesses that apply in each jurisdiction and should not be compared.

Column 2. These rates are average premium rates for the insured sector adjusted to include superannuation in the definition of remuneration. Estimates of superannuation were applied to Western Australia, Tasmania and the Northern Territory. All other jurisdictions were able to provide appropriate data. Data for New Zealand were also adjusted to include superannuation.

Column 3. These rates are the average premium rates for each jurisdiction including both the insured and self-insured sectors before any adjustment factors are applied.

Column 4. These rates adjust the rates in column 3 to account for the different employer excesses that apply in each jurisdiction. The adjustment made to the data from the self-insured sector may be different to the adjustment applied to the premium paying sector due to the assumption that a nil employer excess applies to the self insured sector.

Column 5. These rates further adjust the rates in column 4 to remove a component comparable to the cost of providing workers' compensation coverage for journeys to and from work. These adjustments apply to all jurisdictions except Victoria, Western Australia, Tasmania and New Zealand where the coverage for these types of claims is outside the workers' compensation system.

Legislative changes to the NSW workers' compensation system

In June 2012 the New South Wales Government introduced legislative changes to the New South Wales workers' compensation system. The changes affect all new and existing workers compensation claims, except for claims from:

- police officers, paramedics and fire fighters
- workers injured while working in or around a coal mine
- bush fire fighter and emergency service volunteers (Rural Fire Service), Surf Life Savers, SES volunteers), and
- people with a dust disease claim under the Workers' Compensation (Dust Diseases) Act 1942.

Claims by these exempt workers continue to be managed and administered as though the June 2012 changes never occurred. For exempt workers the weekly payment for first 26 weeks is 100% for award and 80% for non-award. After 26 weeks, the lesser of 90% Average Weekly Earnings or the statutory rate (\$439.50) and additional \$115.80 for a dependent spouse and \$185.20 for two dependent children.

Appendix 1 – Table 3: Effect of adjustment factors on premium rates in 2012–13

Jurisdiction	Average premium rates for premium paying sector		Total ^(a) average premium rate	Total ^(a) average premium rate adjusted for employer excess	Total ^(a) average premium rate adjusted for employer excess and journey claims
	Unadjusted	Adjusted to include super-annuation			
	1	2	3	4	5
NSW ^(b)	1.70	1.70	1.83	1.83	1.67
Vic	1.34	1.34	1.28	1.31	1.31
Qld ^(c)	1.50	1.50	1.58	1.58	1.48
WA ^(d)	1.44	1.31	1.31	1.28	1.28
SA	2.80	2.80	2.44	2.48	2.48
Tas	2.32	2.11	2.11	2.11	2.11
NT	2.32	2.11	2.06	2.01	1.95
ACT Private	2.17	2.17	2.19	2.15	1.99
Aus Gov	1.43	1.43	1.19	1.16	1.16
Seacare ^(e)	2.93	2.93	2.93	2.93	2.76
Australia	1.56	1.56	1.60	1.60	1.53
NZ	1.07	0.97	0.85	0.85	0.79

(a) Total of adjusted premium for insured sector plus calculated premium for self-insured sector. (b) The NSW average premium rates also include the dust diseases levy which is not part of the WorkCover New South Wales scheme but is payable by employers in that State. (c) Queensland includes stamp duty levied at a rate of 5% of the premium including GST. (d) Western Australia includes a temporary levy to meet the costs associated with the failure of HIH Insurance Ltd. (e) Note that there are no self-insurers in the Seacare scheme.

4. Return to work data

In 2012 a working group consisting of representatives of Australian and New Zealand workers' compensation authorities, unions and employer groups developed a survey instrument and sampling methodology to be used to measure return to work outcomes of injured workers receiving workers' compensation. In June 2012 Safe Work Australia's Strategic Issues Group for Workers Compensation (SIG-WC) agreed to the survey instrument and methodology and the Social Research Centre was contracted to run the survey.

Data for the 2012–13 Australia and New Zealand Return to Work (RTW) indicator are drawn from the RTW - Headline Measures Report. This measure is based on Question C1 'Are you currently working in a paid job?' and Question C7 'Can I just confirm, have you returned to work at any time since your workplace injury or illness?'. It reports the proportion of injured workers who state 'yes' to both questions.

In order to maintain the time series for two key measures reported in the previous Return to Work Monitor, a group of workers with 10 or more days off and whose claim was submitted 7-9 months prior to the survey was purposefully sampled from within the broader population. Interviewing was conducted between 1 May and 2 June 2013. The 2012–13 sample consisted of 2279 injured workers who had made a workers' compensation claim (Appendix 1 – Table 4). The Northern Territory did not participate in the 2012–13 survey. The Australian average for each year is calculated using the jurisdictions that participated in the survey for that year. The full RTW Survey report can be viewed at swa.gov.au.

Appendix 1 – Table 4: Return to Work Survey: Sample size by state and territory 2012–13

Jurisdiction	Total Sample Size
New South Wales	449
Victoria	401
Queensland	450
South Australia	267
Western Australia	377
Tasmania	186
Comcare	120
Seacare	29
TOTAL of Australian jurisdictions	2 279
New Zealand	452

Research design and sample selection

The following paragraph is taken from the RTW Headline Measures Report:

“The National Return to Work Survey differs from the previous Return to Work Monitor by using a broader population from which the sample is drawn. Telephone interviews (4698 in total) were undertaken with injured workers with a claim date between 1 April 2011 and 31 March 2013 across two time-based cohorts. The Historic Cohort (n=2279) refers to injured workers of premium payers who had 10 or more days off work and whose claim was submitted 7-9 months prior to the survey. The Balance Cohort (n=2419) refers to injured workers of premium payers or self-insurers who had one or more days compensated, are not members of the Historic Cohort and had payment related activity on their claim in the last 6 months”. In order to maintain the same time series for the two key measures reported in the Return to Work Monitor, only data from the Historic Cohort are included in the CPM report.

Interpretation of Seacare Authority return to work results

Seacare Authority injured workers face unique problems in attempting to return to work that need to be considered when interpreting Seacare data. To facilitate graduated return to work for an injured seafarer, a supernumerary position on a ship needs to be found but there are few supernumerary positions available. Also it can be difficult to include shore-based duties as part of a graduated return to work as many seafarers live in different locations to their employers' offices.

Injured seafarers have to be passed as medically fit under fitness-for-duties regulations to resume full pre-injury duties. The injury time for seafarers may also be extended by the fact that ships are away from port for four to six weeks, meaning that injured workers may not be able to resume work immediately after they are deemed fit to do so. These factors can result in injured workers waiting additional time to return to work.

5. Assets to liabilities ratio (Funding ratio) data

Different measures of assets to liabilities can arise from different economic and actuarial assumptions in valuing liabilities as well as differences in the definitions of:

- assets and net assets, and
- liabilities, such as allowance in some schemes for prudential margins, and allowance for different levels of claim handling expenses.

Different definitions of net assets have been addressed in this publication by the application of a consistent definition. For centrally funded schemes, net assets are equal to the total current and non-current assets of the scheme minus the outstanding claim recoveries as at the end of the reference financial year. For privately underwritten schemes, assets are considered to be the insurers' overall balance sheet claims provisions.

A consistent definition of net outstanding claim liabilities has also been adopted, but there are still some differences between jurisdictions in the measurement of net outstanding claim liabilities. These relate to the different claim handling expense assumptions by jurisdictions for which adjustments have not been applied.

Net outstanding claim liabilities for centrally funded schemes are equal to the total current and non-current liabilities of the scheme minus outstanding claim recoveries as at the end of the reference financial year. For privately underwritten schemes, liabilities are taken as the central estimate of outstanding claims for the scheme (excluding the self-insured sector) as at the end of the reference financial year.

For jurisdictions with a separate fund dedicated to workers' compensation (centrally funded schemes), the assets set aside for future liabilities can be easily identified from annual reports. Centrally funded schemes operate in Victoria, Queensland, South Australia, Comcare and New Zealand.

For jurisdictions where workers' compensation is underwritten by insurance companies (privately underwritten schemes), assets are set aside to meet all insurance liabilities but the insurance companies do not identify reserves specifically for workers' compensation liabilities. For these schemes net assets are considered to be the balance sheet provisions made by the insurers at the end of each financial year. Privately underwritten schemes operate in Western Australia, Tasmania, the Northern Territory, the Australian Capital Territory and Seacare.

The New South Wales scheme is a managed fund, combining some of the features of centrally funded schemes and privately underwritten schemes.

In 2012-13 Comcare changed its accounting policy in relation to the provisions for outstanding claims liabilities. The change was made in response to a recommendation from an internal financial framework review, which was supported by the 2013 review of the SRC Act by Mr Peter Hanks QC and Dr Allan Hawke AC. The change involves reporting claims provisions on the basis of actuarial estimates at a 75% probability of sufficiency instead of the central estimate and aligns Comcare's financial reporting with industry practice and prudential management principles.

Prudential margins

Many jurisdictions add prudential margins to their estimates of outstanding claims liabilities to increase the probability of maintaining sufficient assets to meet the liabilities estimate. This is done in recognition that there are inherent uncertainties in the actuarial assumptions underlying the value of outstanding liabilities. The addition of a prudential margin will lower the assets to liabilities ratio for that jurisdiction. As some

jurisdictions do not have prudential margins, these margins have been removed from the estimates to enhance comparability. For jurisdictions that use prudential margins in determining their liabilities there will be a greater discrepancy between the ratios shown in this report and those shown in their annual reports. The margins that have been removed are:

- New South Wales — a risk margin of 3% from 2008–09, 2009–10 and 2010–11 and 12% from 2011–12 and 2012–13.
- Victoria — a prudential margin of 8.5% for the WorkCover scheme and 40% for the Insurers' Guarantee Fund and the Uninsured Employers and Indemnity Funds from 2008–09, 2009–10, 2010–11 and 2011–12 and 2012–13.
- Queensland — a prudential margin of 12.7% from 2008–09, 13% from 2009–10, 10.1% from 2010–11, 9.5% from 2011–12 and 10.1% from 2012–13.
- South Australia — a prudential margin of 5.2% from 2008–09, and 5.5% from 2009–10, 2010–11, 2011–12 and 2012–13.
- Northern Territory — a prudential margin of 13% from all years.
- Comcare — a prudential margin of 11.8% from premium business and a 12.7% margin from pre-premium business.

The liabilities for the remainder of the schemes are central estimates without prudential margins.

6. Scheme expenditure data

The data items for this measure are as follows:

- **Direct to worker costs** are compensation paid to injured employees either as weekly benefits, redemptions, lump sums, common law settlements (excluding legal costs) and non-economic loss benefits.
- **Services to worker costs** include medical treatment, rehabilitation, legal costs, return to work assistance, transportation, employee advisory services and interpreter costs that are used to assist employees recover from their injury and return to work.
- **Insurance operations costs** encompass claims management, premiums/ levy management, fees paid to agents, medical reports, licensed insurer expenses, registration of employers, collection of premiums and other costs associated with the claims management and premium collection functions of the scheme.
- **Dispute resolution costs** include all activities associated with the finalising of disputes other than the direct costs associated with a claim, such as legal representation costs, which are included as claim payments. Dispute resolution costs also include costs associated with departments of justice/courts, conciliation, medical panels and workers' compensation tribunals/courts.
- **Other administration costs** include expenditure associated with corporate administration, but exclude corporate administration costs allocated to work health and safety. Costs encompass executive management, board/management committee, corporate planning and reporting, finance, human resources and

personnel, administration, audit costs, corporate legal costs, bank charges and IT costs (including depreciation).

- **Regulation costs** include licence and performance management, compliance activity, fraud investigations, litigation and prosecution, return to work and compensation advertising, IT costs, injury management and return to work research, actuarial services and administration and overseeing of self-insurers and exempt employers.

Appendix 2 — Key features of Australian Workers' Compensation Schemes

Appendix 2 – Table 1: Key features of Australian workers' compensation schemes as at 1 January 2013

Fund Type	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aust Gov
	Managed fund	Central fund	Central fund	Private insurers	Central fund	Private insurers	Private insurers	Private insurers	Central fund
Cover for journey claims	Yes ^(a)	No ^(b)	Yes	No	No ^(c)	No	Yes - Limited ^(d)	Yes	No ^(e)
Common law available	Yes	Yes - limited	Yes	Yes	No	Yes	No	Yes	Yes - Limited
Redemptions/Settlements available	Yes	Yes - limited	Yes	Yes	Yes ^(f)	Yes	Yes	Yes	Yes - Limited
Number of employees ^(g)	3 201 000	2 631 800	1 988 700	1 142 500	727 400	209 500	115 700	134 900	372 400
Number of self-insurers	68 ^(h)	38	25	27	66 plus 44 crown	11 ⁽ⁱ⁾	4	7	30 ^(j)
Standardised avg premium rate (%)	1.67	1.31	1.42	1.28	2.48	2.11	1.95	1.99	1.16
Funding ratio (%)	118	125	156	132	66	105	not available	not available	66
Disputation rate (%)	7.5	11.9	3.2	2.5	7.2	9.1	5.8	n/a	3.4
Current return to work rate (%)	80	77	75	75	70	79	n/a	n/a	80

(a) limited coverage continues for police officers, firefighters, paramedics, bushfire fighters, emergency services volunteers, and workers injured while working in or around coal mines. For all other workers injured on or after 19 June 2012 there must be a real and substantial connection between employment and the accident or incident out of which the personal injury arose.

(b) Journey claims as a result of a transport accident are covered by the TAC in Victoria for injuries sustained to/from work. Journey injuries sustained in the course of work are compensable under the Accident Compensation Act 1985.

(c) Journey claims are only covered in SA in limited circumstances - the journey must have been undertaken while carrying out work duties. Commutes between home and work are only compensable where there is a 'real and substantial connection' with employment.

(d) Journey claims not covered if the incident involves a motor vehicle. These are covered by the Motor Accidents (Compensation) Amendment Act 2007.

(e) As of 13 April 2007, the SRC Act was amended to remove coverage for non-work related journeys and recess breaks, however on 7 December 2011 section 6 of the SRC Act was amended to reinstate ordinary recess claims.

(f) A worker is only eligible if: (a) they have returned to work but are entitled to ss30pw; (b) they are 55 years and have no current work capacity, or (c) the Tribunal orders a redemption due to exceptional circumstances. A redemption can only be reached by agreement between the worker and WorkCover SA or self-insured employer.

(g) Number of employees is supplied by the ABS using Labour Force Survey data as a base, with a number of adjustments applied to account for differences in coverage for some jurisdictions.

(h) 61 self-insurers plus 7 specialised insurers

(i) Not including the Tasmanian State Service.

(j) As at 30 June 2013.

Appendix 2 – Table 2: Weekly entitlements under Australian workers' compensation schemes for award wage earners as at 1 January 2013^(a)

Jurisdiction	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aust Gov
Entitlements expressed as a percentage of pre-injury earnings for award wage earners									
0-13 weeks (total incapacity)	95% ^(b)	95%	85% of NWE ^(c) (or 100% under industrial agreement)	100%	100%	100%	100%	100%	100%
14-26 weeks (total incapacity)	80%	80%	85% of NWE ^(c) (or 100% under industrial agreement)	100% (excl O/T & bonuses)	90%	100%	100%	100%	100%
27-52 weeks (total incapacity)	80%	80%	75% NWE or 70% QOTE ^(c)	100% (excl O/T & bonuses)	80%	90% or 95% ^(d)	75-90%	65% or Stat Floor	27-45 wks 100% 46-52 wks 75%
53-104 weeks (total incapacity)	80% (excl O/T)	80% (excl O/T)	75% NWE or 70% QOTE ^(c)	100% (excl O/T & bonuses)	80%	53-78 weeks 90% or 95% ^(d) , 79-104 weeks 80% or 85% ^(d)	75-90%	65% or Stat Floor	75%
104+ weeks (total incapacity)	80% (excl O/T); cease at five years unless > 30% WPI, or >20 - 30% WPI and no work capacity or working 15+ hours and earning \$158 per week	80% (excl O/T); subject to work capacity test after 130 weeks	75% NWE if > 15% impairment, otherwise 65% NWE or 60% QOTE (subject to work-related impairment) ^(e)	100% (excl O/T & bonuses)	80% (ongoing entitlement after 130 weeks is subject to a work capacity review)	80% or 85% ^{(d)(e)}	75-90%	65% or Stat Floor	75%

^(a) Entitlement benefits in Victoria, WA, TAS, NT, ACT, & NZ do not include superannuation contributions. Compensation in the form of a superannuation contribution is payable in VIC after 52 weeks of weekly payments.

^(b) maximum weekly payment is capped at \$1868.50.

^(c) NWE - normal weekly earnings, QOTE - Seasonally adjusted amount of Queensland full-time adult persons Ordinary Time Earnings.

^(d) If there is medical evidence that the worker is unable to perform the worker's usual duties with the employer, and there is medical evidence that the worker is able to return to perform suitable alternative duties with the employer and the employer does not enable the worker to undertake suitable alternative duties as part of the worker's employment by the employer.

^(e) But not exceeding: (i) 9 years from the date of the initial incapacity, if the worker's permanent impairment (if any), at a percentage of the whole person, is less than 15% or is not assessed; or (ii) 12 years from the date of the initial incapacity, if the worker's permanent impairment, assessed at a percentage of the whole person, is 15% or more but less than 20%; or (iii) 20 years from the date of the initial incapacity, if the worker's permanent impairment, assessed at a percentage of the whole person, is between 20% and 30%; or (iv) the period extending from the date of the initial incapacity to the day on which the entitlement of the worker ceases in accordance with Section 87 of the Workers Rehabilitation and Compensation Act 1988, if the worker's permanent impairment, assessed at a percentage of the whole person, is 30% or more.

Appendix 2 – Table 3: Other entitlements under Australian workers' compensation schemes for award wage earners as at 1 January 2013

Jurisdiction	NSW	Vic	Qld	WA	SA	Tas	NT	ACT	Aust Gov
Lump Sums- maximum	>75% impairment: \$220 000 (plus additional 5% for back impairment) ^(a)	\$543 920	\$287 605 permanent impairment + \$325 800 gratuitous care	\$190 701 + \$143 026 in special circumstances ^(b)	\$462 649	\$318 284	\$292 989 permanent impairment	\$150 000 cpi indexed	\$168 605.02 permanent impairment + \$63 226.92 non-economic loss
Limits- medical and hospital	\$50 000 or greater amount fixed by the Authority and published in the Gazette or directed by Workers Compensation Commission ^(c)	52 weeks from cessation of weekly payments ^(d)	Medical - no limit. Hospital - 4 days (>4 days if reasonable)	\$57 210 + \$50 000 in special circumstances	No limit	No limits but entitlements stop either after 1 year of weekly benefits cessation or 1 year after claim was made	No limit	No limit	No limit
Death benefits (all jurisdictions pay funeral expenses to differing amounts)	\$489 750 + \$124.40pw for each dependant child	\$543 920 (shared) + pre-injury earnings related to pensions to a maximum of \$2000pw for dependant partner/s and children	\$538 715 + \$14 395 to dep spouse + \$28 780 for each dep family member under 16 or student + \$106.45pw per child to spouse if children are under 6 yrs + \$133.05pw per dep. child/family member while children/family members are under 16 yrs or a student	\$261 429 + \$50.00 pw for each dependant child + max of \$57 210 for medical expenses	\$462 649 + 50% of worker's NWE to totally dep. spouse + 25% of worker's NWE to totally dep. orphaned child + 12.5% of worker's NWE to totally dep. non-orphaned child	\$318284 + 100% weekly payment 0-26 weeks, 90% weekly payment 27-78 weeks, 80% weekly payment 79-104 weeks + \$115.04pw for each dependant child	\$366 236 plus \$140.86 pw for each dependant child to max of 10 children	\$150 000 cpi indexed + \$50 cpi indexed per week for each dependant child	\$475 962.79 lump sum + \$10 735.29 funeral + \$130.89pw for each dependant child

(a) Workers exempt from the June 2012 legislative changes to the NSW workers' compensation system may also be entitled to pain and suffering lump sum compensation (max \$50,000). Exempt workers include: police officers, paramedics and fire fighters, workers injured while working in or around a coal mine, bushfire fighters and emergency service volunteers (Rural Fire Service, Surf Life Savers, SES volunteers) and people with a dust disease claim under the Workers Compensation (Dust Diseases) Act 1942.

(b) Lump sum shared under statutory formulae between spouse and children. Pension payable to partner for 3 years and to children until age of 16 (or 21 in full-time study).

(c) Entitlements cease 52 weeks from cessation of weekly payments or claim for compensation is made if no payments for weekly compensation are payable. The 52 week limit does not apply to exempt workers or workers who meet the definition of seriously injured workers under section 32A of the 1987 Act.

(g) Except for workers who receive pecuniary loss damages, receive a statutory voluntary settlement or meet statutory requirements for ongoing entitlement.

Appendix 3 — Jurisdictional contact information

Jurisdiction	Organisation	Contact details
New South Wales	WorkCover NSW	WorkCover Assistance 13 10 50 contact@workcover.nsw.gov.au www.workcover.nsw.gov.au
Victoria	Victorian WorkCover Authority	Advisory Service 1800 136 089 info@vwa.vic.gov.au www.vwa.vic.gov.au
Queensland	Workplace Health and Safety Queensland – Department of Justice and Attorney General	Infoline 1300 369 915 www.worksafe.qld.gov.au
Western Australia	WorkCover WA	(08) 9388 5555 www.workcover.wa.gov.au
	WorkSafe WA - Department of Commerce	1300 307 877 www.commerce.wa.gov.au/WorkSafe
South Australia	SafeWork SA	(08) 8303 0245 www.safework.sa.gov.au
	WorkCover SA	13 18 55 www.workcover.com
Tasmania	WorkSafe Tasmania	Helpline 1300 366 322 (inside Tas) (03) 6166 4600 (outside Tas) wstinfo@justice.tas.gov.au www.workcover.tas.gov.au www.worksafe.tas.gov.au
Northern Territory	NT WorkSafe	1800 250 713 ntworksafe@nt.gov.au www.worksafe.nt.gov.au
Australian Capital Territory	WorkSafe ACT - Office of Regulatory Services	(02) 6207 3000 www.worksafe.act.gov.au
Seafarers	Seacare Authority	(02) 6275 0070 seacare@comcare.gov.au www.seacare.gov.au
Australian Government	Comcare	1300 366 979 www.comcare.gov.au
New Zealand	Accident Compensation Commission	64 4918 4295 www.acc.co.nz

