EMPLOYABILITY ASSESSMENT IN TOTAL AND PERMANENT DISABILITY INSURANCE CLAIMS

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Contents

Statement of Authorship

I, Margaret Elizabeth Black, being a candidate for the award of Doctor of Philosophy from the Faculty of Health Sciences of The University of Sydney, declare that this thesis is entirely my own work unless otherwise referenced or acknowledged. I have not submitted this material, either in full or in part, for qualifications at any other academic institution.

Statement on Ethics

The University of Sydney Human Research Ethics Committee granted ethics approval for the research project protocols and Studies 2, 3, 4, and 5. Approval for Project No: 2015/204 is set out in Appendix A. All requirements were met. Two later modifications—recruitment of rehabilitation advisors and claimants in Studies 2 and 5 respectively—were requested and approved. Participants were required to read the relevant participant information statement and informed consent was gained prior to data collection.

Margaret Elizabeth Black

2018

Dedication

To my late father, John Brunton Sharp who received innovative vocational rehabilitation for returned servicemen following massive permanent injuries sustained in World War Two. He bore his disabilities with quiet dignity.

And to my late mother, Grace Sharp-Meuli, a pioneer rehabilitation nurse at the Soldiers Convalescent Hospital, Rotorua, New Zealand from 1940 to 1944.

Acknowledgments

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Abstract

Claims professionals rely on employability assessment to help decide total and permanent disability (TPD) life insurance claims. TPD insurance is set in a unique multi-billion-dollar market and is available to all working Australians, usually through their superannuation. The TPD stakes are high and claiming a predetermined lump sum amount in a win/lose decision is challenging from the outset. Employability assessment emerged as a new vocational assessment model in the mid-2000s and was developed by rehabilitation counsellors to accommodate TPD policy and legal requirements. Employability assessment within the TPD context has not been empirically evaluated despite growing legal scrutiny. The aim of this thesis, therefore, was to contribute formative knowledge about this burgeoning area of Australian disability insurance from claimant, rehabilitation advisor, and claims professional perspectives. Five exploratory studies examined specific research questions using a multiphase mixed methods design.

Study 1 was a scoping review of literature related to forensic employability or vocational assessment and to life insurance TPD claims or claimants. Thirty-four items were eligible for inclusion in the study and they comprised three domains: (1) forensic vocational assessment, (2) TPD in superannuation insurance, and (3) legal aspects of the second limb of TPD policy. Only one item pertained directly to employability assessment and TPD. The findings indicated that the new employability assessment model and forensic vocational assessment were similar in origin, purpose, and methodology, although employability assessment lacked psychosocial components commonplace in other forensic models. Australian TPD in superannuation has grown exponentially in recent years in response to consumer and market forces. In the final domain, legal interpretation of vocational areas within the second TPD policy limb, such as retraining,

type of work, date of assessment, and realistic assessment of work options, were shown to inform employability assessment practice.

Study 2 sought claimants' perspectives of the TPD process. Analysis of data from in-depth interviews of 12 claimants whose TPD superannuation claims had been finalised, found that they lacked information about having a claim and claiming TPD. Nearly all interviewees reported that the process was unclear and complicated, which caused them anxiety and frustration. Communication was often ineffective and frustrating at a highly stressful time of disablement; the complex and lengthy TPD process undermined their health and wellbeing. Three-quarters of interviewees wanted to return to some form of work but were uncertain how to proceed. Interviewees described unexpected consequences following their lump sum payouts and all contributed suggestions for system improvement.

Study 3 explored the views of 10 employability assessment experts in a qualitative focus group discussion. They were rehabilitation advisors employed by national insurance companies whose primary responsibility was management of employability assessment within the TPD claims setting. Findings from this focus group confirmed the forensic underpinnings of this model, the need for independent training and accreditation of employability assessment providers and called for realistic information about a claimant's work potential.

Study 4 applied a novel adaptation of the Delphi process to generate 21 survey items for inclusion in the final study (Study 5). The rehabilitation advisor experts from Study 3 participated in a three-round Delphi, the last two rounds of which were real-time and in-person. This adapted Delphi process was anonymous and was completed in four weeks with 100% response rate and 75% consensus on items to be included in the survey.

Study 5 was an inaugural nation-wide survey on the view of life insurance claims professionals on employability assessment. Survey respondents were claims assessors and technical advisors (N = 104) representing approximately half of all insurance professionals making TPD claims decisions. Respondents found that employability assessment was extremely important in enabling a clear picture of a claimant's work potential and in deciding the claim. Transferable skills analysis, objective rationale for job options identified, and labour market analysis with employer contact were deemed essential components of an employability assessment. Rehabilitation counsellors were regarded as best qualified to conduct these assessments by 56% of respondents.

The five studies provide new information about employability assessment as part of the TPD claims decision-making process. Providers who conduct employability assessment should have independent training and credentials in forensic vocational assessment; provider qualifications are inherent to core competencies of the rehabilitation counselling profession. Studies focused on employability assessment expose a tension between lack of psychosocial information about the claimant and consistent calls for "real life" evaluations of a claimant's situation. The claimants who were interviewed wanted to be treated as real people and their claim experience to be informative and supportive.

An inevitable outcome of establishing a new body of knowledge is recommendations for further research. The findings call for research in employability assessment methodology to validate omission of psychosocial components. Collaborative research between the legal and rehabilitation sectors would deepen knowledge of the second TPD policy limb and its impact on employability assessment practice. Recent changes to TPD policy, rehabilitation, and claims

management practice indicate that updated data on claims professionals and claimant perspectives would provide current and comparative insights.

The need for independently delivered and standardised forensic training, and formal accreditation of TPD employability assessment providers is identified in several studies. Information gained from this thesis provides scope for forensic practitioners to further refine employability assessment into an objective evidence-based methodology that contributes to just and fair TPD decisions.

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Publications and Presentations

Paper accepted for publication

Black, M. E., Matthews, L. R., & Millington, M. J. (2018). Using an adapted Delphi process to develop a survey evaluating employability assessment in total and permanent disability claims. *WORK: A Journal of Prevention, Assessment, and Rehabilitation.*

Papers submitted and under revision following journal peer review

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Black, M. E., Matthews, L. R., & Millington, M. J. (2018). Claimants' views on total and permanent disability insurance claims. *Journal of Qualitative Research in Financial Markets.*

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Glossary of Main Terms

Table 1

Key Terminology used in Thesis

Term	Meaning as used in context of this thesis
Claimant	Individual claiming TPD; the insured person.
Claims Professional	Insurance staff involved with TPD claims decision-making. Includes claims managers, claims assessors, and technical advisors.
Employability Assessment	Forensic vocational assessment tailored to Australian TPD policy and definitions. Excludes certain features of vocational assessment. Also referred to as EA.
Employability	An individual's potential to gain and sustain employment within a specific labour market.
Expert Witness	Individual qualified to provide impartial expert opinion and evidence to various Australian State or Federal courts of law under the relevant Expert Witness Code of Conduct.
Forensic	Evidence presented with detailed analysis and meticulous presentation for ultimate use in a court of law.
Income Protection	Life insurance replacement of income (often 75%) or a fixed amount paid to claimant proving disability on monthly basis. Referred to as salary continuance within superannuation insurance sector.
Insurer	Every Australian life insurance company accepting risk of TPD insurance.
Medicolegal	Term is interchangeable with Forensic. Vocational or employability assessment report written with a court of law in mind.
Rehabilitation Advisor	Insurance-employed rehabilitation professional with expertise in EA and TPD and responsible for EA within the TPD insurance decision-making setting.
Rehabilitation Provider	Organisation or individual who conducts forensic vocational and employability assessments for insurers (and for claimant lawyers).
Reinsurers	Company offering insurance to insurers based on a treaty over a specific period. Reinsurers share the risk liability with the insurers.
Schemes	Various compensable and non-compensable settings where vocational assessment is used (e.g., workers' compensation, motor vehicle accident, veterans' affairs, and government disability sector).
Superannuation	Australian Government arrangements for people to accumulate money in a fund for future retirement income/pension.
Total and Permanent Disability	Life insurance policy paid in predetermined lump sum benefit. Decided by insurer based on policy. Also referred to as TPD.
Trustee	Responsible for prudential operation of superannuation funds, including insurance matters. Trustees act on behalf of and in the best interest of members of superannuation funds.
Vocational Assessment	Generic assessment used in public or compensable disability schemes. A comprehensive evaluation of a person to determine vocational potential with addition of appropriate rehabilitation services. May include a person's vocational interests, motivation, and goals.

Chapter One – Introduction

Personal Impetus for Research

This research project was prompted by a sense of responsibility to rehabilitation counselling as a discipline and to my rehabilitation colleagues working in life insurance. Evaluating future work capacity is a challenge in the life insurance rehabilitation sector, one exacerbated by the lack of a cogent, universal, and evidence-based assessment tool. A handful of niche experts developed a fit-for-purpose vocational assessment to better inform claims staff in the weighty decisions of total and permanent disability (TPD) insurance claims. The Employability Assessment model represents the sector's attempt at injecting science into decisions of social and economic justice. Employability assessment has been in use for sufficient time to ask, "How have we fared with employability assessment? Is it a valid assessment? Is it helpful to insurers? Is it fair to claimants?"

The personal stake in the answers to these questions is profoundly high. In the course of conducting employability assessments, TPD claimants have said to me "I don't care what the decision is, I just want it over"; "I am far worse now than when I stopped work"; "it would be easier to kill myself for death cover"; and "the insurer doesn't care and will look for any way not to pay." These comments still ring in my ears. As a rehabilitation counsellor I do care and want every claimant who requires an employability assessment to get the best possible evaluation of their employability in a fair, objective, and timely manner. Not every claimant has an employability assessment, yet I still wanted to somehow reflect the experience of TPD claimants because TPD above all is about people with disabilities.

For more than ten years I pondered suitable research questions and hypotheses, broaching the idea of independent scholarly research within the superannuation and life insurance sectors. There was no impetus while premiums remained low, terms and conditions palatable to all parties, and profitability high. Now, the time is right. For rehabilitation professionals, for insurers, for claimants, and for me.

Rationale of the Thesis

TPD in Australia is a unique multi-billion-dollar market which has grown in significance over the past decade. Low-cost default TPD protection is available to working Australians through membership of their superannuation retirement funds. Increasing awareness of this TPD cover has meant an escalation of claims being lodged and paid. In the three-year period to 2016, 49,000 claims were paid in lump sums averaging $103,000 (Bui, Collier, Gee, & Platon, 2017). Irrespective of whether the claim was worth $1 million or $10,000 there was a cost involved. Insurers' profitability was threatened by unprecedented claims payouts and defensive measures were needed for the product to remain viable. Subsequent increases in premiums, in some cases up to 75%, were an unwelcome impost on more than 10 million fund members (Bui et al., 2017; Patten, 2014). Consumer awareness of rising costs and unjust insurer practices coupled with widespread media publicity brought TPD to a "perfect storm." TPD was under scrutiny from many quarters and independent research was needed to take stock of the current situation, particularly from the consumer perspective.

Employability assessment plays a pivotal role in providing vocational information to insurance claims professionals when deciding whether to pay or decline TPD claims. Employability assessment is not used to determine every claim, but it is increasingly relied on when there is medical evidence of work capacity. Each assessment must meet the highest

forensic standards as TPD operates in a legal environment and court judgements are prime drivers of vocational practice. No empirical research has been undertaken in employability assessment despite the scale of the Australian market, legal implications, and the crucial impact TPD decisions have on the lives of claimants and their families.

The overarching aim of this thesis is to contribute formative knowledge pertaining to employability assessment in TPD. The nascent stage of employability assessment requires a broad exploratory approach to research. Exploratory research is a form of scientific inquiry that leads to explanation and understanding rather than confirmation of a specific line of inquiry (Stebbins, 2011); it is "a broad-ranging, purposive, systematic, prearranged undertaking" (Vogt, 1999, p. 105). Davies (2011) warned that *exploratory* was not a synonym for qualitative or pilot study but represents a distinctive form of discovery.

A mixed methods design was chosen to accommodate the various ways of evaluating and understanding employability assessment within the TPD context. Mixed methods enable the researcher to collect and analyse data, integrate the findings, and draw inferences using both quantitative and qualitative strands within a single program of exploration (Tashakkori & Creswell, 2007). This means that different stakeholder perceptions are gathered as evidence in ways that would be not be possible in quantitative or qualitative research alone (Creswell & Clark, 2011). A multiphase approach was needed to combine concurrent and sequential collection of data sets from various studies over the three and a half-year research program. The purpose of a multiphase design is "to address a set of incremental research questions that all advance one programmatic research objective" (Creswell & Clark, 2011, p. 100). This type of design allowed publication of results from individual studies during the project and shaped the thesis outline.

Variation in rehabilitation terminology used in different schemes and in literature called for a decision to define and adopt some terms most suited for use throughout the research project, notably “employability assessment” (forensic vocational assessment of TPD claims), “vocational assessment” (generic vocational or earnings capacity assessment used in public or compensable disability schemes), and “forensic” (interchangeable with “medicolegal”). A glossary of additional terms used in the thesis is set out in Table 1.

A scoping literature review is the first of five studies contained in this thesis. The next four studies explore the views of three important groups of people: claimants, rehabilitation advisors, and TPD claims professionals. Specific research questions drive each of the five studies and in combination address the overall aim.

The sections that follow in this chapter provide background to employability assessment within the TPD life insurance setting and introduce various stakeholders. The five studies arising from the background information are identified. Finally, an outline of the thesis is presented.

Overview of TPD Insurance

TPD helps bridge the financial gap until retirement age if a person cannot work because of an injury or illness (Australian Securities and Investments Commission, 2017b). The loss of ability to work and earn an income creates financial and other problems for a person and society. Therefore, TPD provides important financial protection at a crucial time of life and particularly when other insurance schemes may not apply.

Personal injury insurance benefits are governed in Australia by the legislation of the State or Territory in which the injury occurs. Schemes offering personal injury compensation include workers’ compensation and insurance for motor vehicle accidents, medical negligence, crime victims, and public liability. Workers’ compensation and motor vehicle accident insurance are the

largest schemes and are compulsory. They cover a claimant for income replacement as well as medical and rehabilitation costs (Casey, 2015). Life insurance also offers income protection (salary continuance) compensation which covers a person for injury *and* illness with monthly income replacement, return-to-work rehabilitation, but not medical costs. Life insurance operates Australia-wide (Australian Securities and Investments Commission, 2017a).

TPD is a unique compensation scheme that pays a lump sum benefit, covers all types of disability, is available to all working Australians irrespective of pre-existing medical conditions, and has a lengthy waiting period for notification of disablement. The main stakeholders associated with the life insurance TPD sector are outlined in Table 2.

In the last two decades, TPD has become an important part of the Australian life insurance market and is worth an estimated $3.7 billion (Bui & Cummings, 2014). Data specific to TPD are difficult to present because reportable TPD statistics are generally aggregated in a *lump sum benefit* category comprising TPD, death, and/or trauma insurance. Data interpretation is also challenging due to the variety and inconsistency of data collection modes (Australian Prudential Regulating Authority, 2017).

Table 2

Main Insurer Stakeholders in the Australian TPD Life Insurance Claim Sector

Interests	Key Stakeholders
Regulatory and representative bodies	Australian Prudential Regulating Authority (APRA) Australian Securities and Investments Commission (ASIC) Financial Services Council (FSC) Australasian Life Underwriters Claims Association (ALUCA)
Insurers	Reinsurance companies (e.g., SwissRe; MunichRe; RGA; GenRe; Hannover Life Re) Insurance companies (e.g., TAL; AIA; CommInsure; MLC; OnePath; AMP)
TPD claims staff	Claims managers, team leaders, claims assessors, administrators. Technical specialists – medical, legal, claims, investigative, product, marketing, financial.
Rehabilitation	In-house insurance rehabilitation advisors and external rehabilitation providers. Allied health services, rehabilitation providers, or employers may contribute information on claimants' employability.
Other	Medical – general practitioner, treating specialist, hospital, treating clinicians, consultants. Judicial – Courts (e.g., High Court of Australia, Federal Court of Australia, Supreme or District Court of State/Territory), Superannuation Complaints Tribunal (SCT), Financial Ombudsman Service (FOS). Schemes – Other life insurers, workers' compensation, motor accident, government disability, veterans' affairs.

The decision to pay or decline a claim is made by the life insurance company carrying the TPD risk—hereafter referred to collectively as the insurer—based on two major limbs of TPD policy which deal with *medical disablement* and *employment.* The focus of this thesis is the second limb which considers employment. Policy definitions vary—some variations are bracketed in the composite definition below—but the TPD second limb typically contains words to the effect that:

> After [at the end of] that period of six months [of the claimant having been unable to perform their own occupation or employment], we are of the opinion that, as a result of that injury or illness, the Insured Person is disabled or incapacitated to such an extent as to render the Insured

> Person likely never [unable ever] to be engaged in any gainful occupation, business, profession nor employment, for which the Insured Person is reasonably suited by education, training, or experience. (Black, 2007)

The determination of disability in relation to the second limb is common to all policies regardless of the modality (individual or group) in which TPD is accessed by a claimant. Despite the universal intent of TPD, interpretation of policy variations and definitions presents a complex and dynamic challenge.

TPD in Superannuation

The Australian TPD product is purchased as an *individual* (retail) policy or as a *group* (wholesale) cover. TPD came from relative obscurity as a policy purchased by individuals to become a significant contributor of group insurance cover when a compulsory national superannuation pension scheme was introduced in 1992 (J. Gray & Bird, 2011). At that time TPD was included in a package of insurance products most commonly offering death cover and TPD—and sometimes including trauma and/or salary continuance—in a group arrangement for members of superannuation funds. Low numbers of claims were lodged for TPD in the first two decades even though more superannuation funds were adding insurance packages. Many fund members were unaware that TPD entitlement was included in their superannuation (Fabrizo, 2014) or were uninformed about the policy (Quinlivan, 1995). Default TPD cover was government-mandated in 2014 which meant members must "opt out" if they do not want insurance premiums automatically deducted from their superannuation savings (Bateman et al., 2014).

Members can increase TPD cover up to a certain limit, beyond which they need medical examination (Liu & Arnold, 2013). More than 40% of the 14.8 million Australians with superannuation have multiple superannuation accounts (Clare, 2017), often acquired from

changing employment. This means that they are (often unwittingly) paying premiums on multiple insurance packages although they can claim TPD for the same condition on different policies or for new conditions on the same policy over a lifetime (Swiss Re, 2014).

The superannuation insurance initiative resulted in 70% of all Australian life insurance being purchased through superannuation funds, with the highest proportion (88%) of this cover as TPD (Bonarius & Rice, 2014; Clare, 2017). Superannuation TPD provides group policy cover to 90% of working Australians (Financial Services Council, 2016). Group cover typically has lower premiums than individual cover and is deducted monthly from superannuation account balances (Clare, 2017).

Superannuation TPD cover is the only disability insurance for many people and without this form of disability protection, having no insurance or being underinsured would severely impact the lives of Australians. An estimated $304 billion gap in disability insurance was reported in 2014 (Bui & Cummings, 2014) and despite default cover being introduced at that time, underinsurance of Australian workers remains a significant problem (Rice Warner, 2018). Beyond the benefit to the individual, payouts from superannuation claims alone are estimated to save the community $403 million annually in government disability pension costs (Bonarius & Rice, 2014). This large universal group-cover distinguishes the Australian product from lump sum TPD insurance offered in other developed countries.

Claims for TPD increased significantly around 2013 creating a financial crisis in the group (superannuation) insurance sector (S. Lee, Kanhai, & Poon, 2015). A combination of factors contributed to this upsurge in claims. A highly competitive marketplace had priced down TPD premiums while adding generous benefits to secure the superannuation fund business. The most significant benefit was the high level of cover—in some cases over $1 million—to

individual members irrespective of their health status (Fabrizo, 2014). Unemployment, looming retirement, stricter workers' compensation controls on long-duration claims, and increasing disability from mental illness caused people to seek relief by claiming TPD (Fabrizo, 2014; Leas & Burgess, 2015).

The attractiveness of the superannuation TPD product drew more consumer awareness, and substantially greater involvement by lawyers (Fabrizo, 2014). Increased pressure on insurers from superannuation funds, lawyers and consumers to pay claims resulted in over 15,000 TPD benefits paid out annually (Mason, 2016). Over $1.7 billion was paid to 16,900 people claiming TPD in the 2015–16 financial year alone (Clare, 2017) in a decade which saw total payouts reaching $6.25 billion (Riskinfo, 2016c).

Threats to insurer profitability arising from unprecedented claims payouts resulted in escalated insurance premiums to superannuation fund members (Fernyhough, 2014; Main, 2014). Some funds and their insurers introduced policy changes (yet to be evaluated) in an attempt to curb premium costs, reduce claims, and respond to rising consumer needs. A key change relevant to employment was return-to-work rehabilitation when work capacity is medically indicated. Once fitness for work is established, claimants are required to participate in rehabilitation to avoid breaching the claim. A split payment system paid at various prescribed intervals replaces the lump sum during the active rehabilitation program. Other policy changes allow the employability assessment *provider* to consider rehabilitation return-to-work services as part of the assessment (Leas & Burgess, 2015; Riskinfo, 2014; Snyder, 2016). For most people with TPD cover, however, the standard type of TPD policy and definition applies and accordingly, forms the basis of this thesis.

Unlike other types of insurance claims, payment of TPD is a predetermined lump sum amount which is decided on a win or lose basis (Berrill, 2014). An annual statement to the member from the superannuation fund advises the calculated *sum insured* for TPD. Claimant and insurer know the quantum at stake when a claim is submitted. Claimant and insurer occupy adversarial positions because of the binary nature of TPD decisions. The onus is on the claimant to *prove* total and permanent disablement under the policy; the insurer *determines* the claim based on evidence provided by the claimant and obtained from other sources (Fotheringham, 2003; Myatt, 2002).

Legal aspects of TPD. Both parties rely on legal interpretation of the policy terms, conditions, and definitions when a claim is disputed. Opinions may differ on the extent of disability as symptoms may be fluctuating, subjective, or controversial, and whether the claimant can ever work in the future (Kelsey-Sugg, 2012). Complaint resolution mechanisms available to the claimant usually start within an insurer-provided internal process which may escalate to jurisdictions such as the Superannuation Complaints Tribunal or Financial Ombudsman Service for direction or rulings; a single dispute resolution body, the Superannuation Ombudsman is anticipated in the near future (Commonwealth of Australia, 2017). Ultimately, claimant and insurer meet in court for a final *winner-takes-all* judgement.

Proliferation of case law from the 1990s mirrors the increase of TPD claims and subsequent disputations. The first-ever legal text on Australian TPD in superannuation was published in 2016 and documents a five-fold increase in case law judgements pertaining to TPD since 1990 compared with the preceding 25 years (Riordan, 2016).

Legal and economic literature provides information about superannuation insurance within these fields of expertise (Bateman et al., 2014; Fotheringham, 2003; J. Gray & Bird, 2011;

Kelsey-Sugg, 2012; Liu & Arnold, 2013). Monash University and the Commonwealth Scientific and Industrial Research Organisation met with representatives from superannuation, government, and academia in 2012 to discuss future research into the impact of the trillion-dollar superannuation sector. They agreed on two priority research themes: superannuation and the economy, and superannuation and ageing. No discussion of research into insurance in general or TPD in particular was recorded (Association of Superannuation Funds of Australia, 2012). A review of 36 subsequent research papers within the sector yielded two reports (5.5%) which dealt with insurance matters (Bonarius & Rice, 2014; Clare, 2017). The most recent research paper released in September 2017 is exceptional as it includes case studies and testimonials of TPD claimants' experiences to supplement data and analysis (Clare, 2017). Seminars, conferences, and industry articles contribute to current knowledge in the TPD and superannuation insurance sectors, usually under the auspices of industry peak bodies. An annual essay competition also brings specific insurance issues to the fore (Australasian Life Underwriting Claims Association, 2018). To date and to the knowledge of the researcher, there is no empirical research dealing with TPD insurance in relation to the employment limb or employability assessment.

Study 1, therefore, is a foundational scoping review of the literature in areas pertinent to TPD and employability assessment. The research questions for this study were:

1. What is known about employability assessment?
2. What is known about TPD life insurance from a superannuation and claimant perspective?
3. What is known about legal aspects of TPD pertaining to the second (employment) policy limb?

TPD Claimants

The TPD policy, disability, and employment are established as key criteria for a TPD claim. This section deals with aspects specific to superannuation claimants and leads to the development of the second study. Table 3 illustrates the main claimant stakeholders within the TPD claims sector.

Table 3

Main Claimant Stakeholders in the Australian TPD Life Insurance Claim Sector

Interests	Key stakeholders
Regulatory and representative bodies	Australian Prudential Regulating Authority (APRA) Australian Securities & Investment Commission (ASIC) Association of Superannuation Funds of Australia (ASFA) Australian Institute of Superannuation Trustees (AIST) Industry Super Funds (ISF)
TPD portals	Individual insurance – via banks, financial advisers; direct insurance, self-managed, and for-profit corporate superannuation funds. Group insurance – via superannuation profit-to-members industry funds (e.g., Australian Super, REST, HESTA, MTAA). For-profit corporate and master trusts also cover groups.
Intermediaries	Administrators for superannuation funds (e.g., Superpartners, Mercer, AON, Pillar).
Legal	External law firms acting for claimants (e.g., Maurice Blackman, Shine, Firths).
Other	Medical – general practitioner, treating specialist, hospital, treating clinicians, consultants. Judicial – Courts, Superannuation Complaints Tribunal (SCT), Financial Ombudsman Service (FOS) Insurers – Other life claims insurers, workers' compensation, motor accident, government disability, veterans' affairs. Rehabilitation – Allied health services, rehabilitation providers, employers, unions.

TPD encompasses any injury incurred during work or from motor vehicle and other accidents, irrespective of fault or cause. Illness may be congenital or acquired, and mental illness includes psychological mood disorders and psychiatric conditions. Policies vary in eligibility to

claim (e.g., minimum hours worked, viable fund membership) and some exclude conditions arising from illegal activity or war.

Medical evidence is needed to prove that the person ceased work *and* was off work continuously because of the disability for six months *before* lodging a claim. With no time limit on when a person can make a claim, months or years often elapse before a claim is lodged (Berrill, 2014; Fabrizo, 2014). Delay may be caused by ongoing medical or rehabilitation intervention, workers' compensation or other claims running, or simply lack of awareness of the existence of the TPD policy.

Making a TPD claim through a superannuation fund involves three basic steps. First, the fund member contacts the fund and submits a claim form with the required medical and employment documentation. Second, the fund checks the information and refers the claim to their insurer. In the final step, claims professionals assess the claim and convey the outcome to the claimant via the fund. Evaluation of a claim can be complex and take time—often up to 12 months—particularly when additional information is needed (Berrill, 2014).

The impact of being out of work due to disability has harmful consequences to physical and psychological health and increases social disability (Green, 2011; Jin, Shah, & Svoboda, 1997; Price, Choi, & Vinokur, 2002; Scanlan & Beltran, 2007). Social disability arising from unemployment is reflected in reduced optimism and life satisfaction, lower self-esteem, and financial distress (Karsten & Klaus, 2009). A person's physical, social, and mental health declines when unemployment continues beyond short term (six months) to more than 12 months (Matthews & Hawkins, 1995; Pharr, Moonie, & Bungum, 2012). Since the TPD policy requires that claimants are unemployed for a minimum of six months, transition into long-term

unemployment through late-lodgment of claims and delays in claim assessment may expose claimants to the risks inherent in unemployment.

There is no return-to-work imperative or rehabilitation assistance embedded within standard TPD policy definitions. The time delays described above preclude evaluation of a claimant's (dis)ability as soon as possible to avoid claimants becoming inactive for too long (Organisation for Economic Co-operation and Development, 2010). Disability policies universally promote early intervention with tailored vocational services such as job search, rehabilitation, and retraining at an early stage of health problems (Organisation for Economic Co-operation and Development, 2003), however, the long-established benefits of "early intervention" are not available to TPD claimants.

Diverse concepts and meanings are attached to disability and work (Lederer, Loisel, Rivard, & Champagne, 2014). People with disabilities have their right to work acknowledged and enshrined in global statements from organisations such as the United Nations, Organisation for Economic Co-operation and Development, and World Health Organization. National laws such as the Americans with Disabilities Act (1990), the People's Republic of China's Law on the Protection of Disabled People, and the Australian Disability Discrimination Act (1992) reinforce the right of people with disability to employment.

Growing evidence based on biomedical, psychological, and social factors (the *biopsychosocial* model) underpins the theory that work is good for health and wellbeing, and that long-term disability issues should be comprehensively addressed with return-to-work in mind (Waddell, Burton, & Aylward, 2007). Despite efforts of government, health professionals, insurers, employers, and the rehabilitation community, this message has had limited impact on Australians' long-term absence from work (Australasian Faculty of Occupational &

Environmental Medicine, 2011). Escalation in the number of people with disabilities claiming TPD in recent years further supports this observation.

The right to work and the desirability of work for those with disability is a proven position and yet the right to claim benefits from insurance where applicable is an equally valid standpoint (Organisation for Economic Co-operation and Development, 2003). An unhelpful and unhealthy tension commonly arises when the concept of work as positive and good for the wellbeing of an individual juxtaposes with the focus on disability and work incapacity which is the real-life hallmark of many compensable claims.

Literature reviews support the view that poor physical and psychological wellbeing outcomes are associated with the compensation experience (Kilgour, Kosny, McKenzie, & Collie, 2015; Murgatroyd, Casey, Cameron, & Harris, 2015; Royal Australasian College of Physicians, 2001). Individual studies from other compensation schemes exemplify the effect on claimants. A prospective cohort study of over one thousand claimants from both workers' compensation and transport accident schemes found that many claimants experienced high levels of stress which was attributed to their engagement in the compensation process. The latter was also correlated to poor long-term recovery (Grant, Spittal, O'Donnell, Creamer, & Studdert, 2014). Similar themes are identified in qualitative studies. In-depth interviews with 85 workers' compensation claimants showed that the compensation process undermined claimants' mental health and had a negative impact on physical health (Lippel, 2007). In another study, 36 injured workers described their experiences with the compensation system as disempowering, frustrating, and distressing (Wall, Morrissey, & Ogloff, 2009). A qualitative study comparing the experiences of 37 people with compensable and non-compensable injuries following motor vehicle accidents found that compensable claimants encountered more stress from difficult

communication with insurers, the adversarial nature of claiming, and having to prove disability (Murgatroyd, Cameron, & Harris, 2011).

A very early workers' compensation study by Greenough and Fraser (1989) found that people with lower back injuries claiming lump sum payments appeared much worse off than those on continuous payments and those who were outside the compensation system altogether. The authors concluded that the lump sum compensation mechanism acted directly and powerfully against the long-term interests of the claimant and recommended that the lump sum entitlement associated with commutation of a claim should be abolished (Greenough & Fraser, 1989).

Differences between compensation schemes in the variables studied and the heterogeneity of participants makes comparison between schemes problematic (Spearing & Connelly, 2011). The studies described above were selected to show that the views and experience of claimants are well documented in other compensation schemes, and that the TPD claimant's voice is yet to be fully heard and understood. Potential outcomes, such as process improvements and/or consumer confidence, arising from consulting the consumer as expert in his or her claim experience (World Health Organization, 2000) may be realised in the second study of this thesis.

Identifying claimants with experience of employability assessment was initially proposed for this research project. The Australian Institute of Superannuation Trustees (AIST), the peak advocacy body supporting the interests of superannuation fund members, was consulted to find a means of accessing this group. It became clear that recruiting from a population of claimants who had specifically undertaken an employability assessment would constitute a breach of privacy and pose a risk of harm to potential participants. The concern was that a direct approach

could threaten paid-out claimants (“are they checking on me, is my payment at risk?”) or create undue hope for those with declined claims (“should I re-open, fight the claim to win?”). Either way, a solution to avoid any possible risk of harm was needed. An open approach to *all* claimants to share their experience of TPD, with emphasis on employment aspects, was regarded as an unobtrusive and nonthreatening compromise. Study 2 was developed to consult consumers—the claimants—about their experience of TPD via in-depth interviews. Specific research questions for this study were:

1. What are the claimants’ experiences and views of the TPD claims process?
2. What are the claimants’ recommendations to improve the claims experience?

Overview of Employability Assessment

Standard vocational assessment provided life insurers with information about a TPD claimant’s work potential since the late 1990s. Within a disability/rehabilitation environment, a standard vocational assessment is used to determine a person’s current and potential capabilities and identifies occupations that would be suitable with provision of appropriate rehabilitation services (Rubin & Roessler, 2008). The vocational assessment process is underpinned by a holistic philosophy of integrating functional, psychological, educational, vocational, and economic data (Power, 2013). Crucial to a successful vocational assessment is the “recognition that the client is a unique individual with physical, emotional and intellectual needs, values and skills and lives in a complex system” (Power & McKenna, 1994, p. 132). Assessment of a person with a disability in this standard rehabilitative way means tailoring the assessment to the person’s needs and goals, often at different stages of a rehabilitation program and within a relationship with the vocational assessor (Power, 2013). A sound knowledge of the labour market, retraining,

and other relevant resources is also needed to develop a competent vocational assessment (Rumrill, Koch, & Harris, 1998).

It became increasingly obvious to insurer-employed rehabilitation *advisors,* who were responsible for procuring vocational reports for TPD claims decision-makers that policy factors differentiated TPD from other vocational assessment settings and practice. It was clear that standard vocational assessment did not suit TPD. Policy elements such as no regular benefit payable during the course of the claim and proving a claim on a lump sum winner-takes-all basis formed a complex, stressful, and potentially adversarial backdrop to each vocational assessment. Collaborative relationships between claimant and vocational assessor to develop return-to-work pathways and retraining options were ruled out. Psychosocial inquiry was minimised and contact with the claimant deemed nonessential; both aspects further delineated TPD from the standard assessment approach. Moreover, the open time limit for claim lodgement and lengthy delays once claims were submitted meant that a claimant's work potential was invariably assessed years after ceasing work. During the intervening period between ceasing work and the vocational assessment of TPD, a claimant may or may not have attempted to return-to-work or participated in various forms of vocational rehabilitation. Such differences indicated that replacement of the standard vocational assessment was needed.

These practical points of policy rather than theoretical factors brought about the introduction of *employability assessment* in 2007 which was tailored to suit the specific needs of TPD (Black, 2007). Initial trials were based on medicolegal vocational assessment used within Australian workers' compensation schemes. There was no formal consultation with claimants or TPD claims staff in the development or introduction of employability assessment.

The foundations of employability assessment are described in the next chapter. According to employability assessment guidelines recently introduced to the sector by insurance-employed rehabilitation advisors: “A life insurance Employability Assessment is an assessment of a person’s vocational capacity based on their education, training, and experience and within their medical functional capabilities” (Australasian Life Underwriting Claims Association, 2017a, p. 5)[1].

An employability assessment contains diagnostic and prognostic elements. Summaries of a claimant’s disability, education, training, and experience, their functional capacity, and a transferable skills analysis provide the diagnostic material to extrapolate to future employment options. Prognostic components include identification of any suitable occupations with rationale for the match, and occupational and labour market information about the identified occupations. Psychosocial aspects of a claimant’s vocational situation such as interest in work, barriers to employment, motivation to work, or job seeking support play virtually no role in the formation of an opinion of suitable occupations. In fact, the psychosocial elements have been eliminated from the original components of employability assessment outlined a decade previously (Black, 2007) and which are listed below:

- purpose, background, policy definition, documents sighted;
- medical opinion;
- functional restrictions and capabilities;
- education, qualifications, training, and employment history;
- transferable skills, work assets and aptitudes;
- issues pertaining to claimant’s situation;

[1] This information was not available when the research project was in progress and is included here to provide a current introductory overview.

- viable job matches with occupational description and prospects;
- labour market analysis and work availability data;
- job seeking approaches appropriate to the occupation and individual;
- summary of most suited employment options;
- referenced resources used in the generation of the report.

The 2017 guidelines cover the main components of employability assessment in greater detail than in this original list but omit issues pertaining to claimant's situation. The new guidelines now specify that the following should NOT be included in the employability assessment report:

- the individual's vocational interests;
- an opinion on the need for ongoing occupational rehabilitation services;
- an opinion of whether the individual does or does not meet the TPD definition.

There are four ways in which an employability assessment may be conducted: (1) internal file review by an in-house rehabilitation advisor—this type is usually informal and serves as an adjunct to case deliberations; (2) file-based, conducted by external providers based on documentation supplied by claims, sometimes referred to as "desktop EA"; (3) telephone interview with the claimant by the provider to clarify and supplement documentation; and (4) face-to-face interview with the claimant by the provider to augment documentation supplied by claims. The claimant has knowledge of an employability assessment being undertaken only in the latter two types, or when an employability assessment report is sent to him/her prior to declinature of the claim.

The file-based employability assessment is most common and is the template for the other types. File-based generally takes 8–10 hours, the length ranges from 15–40 pages, and the current cost is around $2,000.00 per report, according to informal discussions with rehabilitation

advisors and providers. A 2016 court case examined two file-based employability assessment reports and determined that file-based reports were satisfactory because key elements had been satisfied without claimant contact. These elements were: a transferrable skills analysis, a real and proper analysis of vocational suitability, an acknowledgement of application of the actual policy definition, and an assessment performed noting the relevant assessment date (*Reynolds v. Sunsuper,* 2016).

Claims professionals relied largely on medical evidence to support their decisions until increased pressure to pay TPD claims brought closer scrutiny of the second—employment—limb. Insurers use a triage system to evaluate claimed conditions according to severity thus categorical decisions are made to pay claims with no likelihood of future employment. Claims with medical evidence of some work capacity are progressed for closer evaluation under the second limb. These are complex and often contentious, borderline claims which challenge predictions of probable or likely potential for return-to-work (Kelsey-Sugg, 2012). Employability assessments have been increasingly sought by claims staff to help them decide and defend these tough claims decisions. Approximately 13% of all TPD claims receive some type of employability assessment based on extremely limited industry data (Van Den Akker, 2014).

Within the TPD sector, an external provider conducts an employability assessment. Providers are rehabilitation counsellors or other allied health professionals (psychologists, occupational therapists, social workers) employed by a recognised occupational rehabilitation company or working as independent contractors. Providers were engaged on an ad hoc basis until guidelines were developed by rehabilitation advisors in 2017[2]. These guidelines now

[2] The researcher was an invited member of the TPD Working Party, formed under the auspices of ALUCA Rehabilitation Subgroup.

stipulate provider minimum qualifications, professional membership, demonstrated competencies, and years of experience (Australasian Life Underwriting Claims Association, 2017a). No literature was found about providers who conduct assessments of TPD claimants outside the insurer domain—for lawyers representing the claimant or ordered by the court. Anecdotal information suggests that occupational therapists provide many reports and the term *vocational assessment* is used frequently in the claimant (plaintiff) setting. An announcement of the new guidelines to the life insurance industry emphasised that "an Employability Assessment is NOT a Vocational Assessment" and described key differences of a vocational assessment:

> Although a Vocational Assessment will include an outline of a person's education, training and experience, as well as a transferrable skills analysis, this is where the similarities usually end. The intent of a Vocational Assessment is more about how to support a person to get back to work, with consideration to a person's values, aptitude, interests. The vocational options identified may also consider retraining opportunities, and the reports often do not focus on linking the vocational options to the person's ETE [education, training, experience]. (Kesoglou, 2017)

Legal aspects of employability assessment. Legal rulings concerning the employment limb greatly influenced the development and refinement of employability assessment. Case law such as *Chammas v. Harwood* dating back to 1993 informed early evaluation of important vocational issues such as full-time or part-time hours of work. Reliance on the TPD policy rather than on a workers' compensation vocational assessment to determine suitable new employment options was warned in *Smith v. Club Plus* (2004). Availability of suitable jobs in the open labour market (e.g., *Szuster v. Hest,* 2000), consideration of return-to-work and job search efforts (e.g., *Finch v. Telstra*, 2010; *Manglicmot v. Commonwealth Bank*, 2011), and reasonableness of retraining (e.g., *Hannover v. Dargan,* 2013; *Birdsall v. Motor Trades,* 2014*)* were crucial legal aspects of employability assessment, paradoxically often bringing both clarity and confusion to

rehabilitation practice. Complaint jurisdictions cohere with the courts in requiring evaluation of a claimant's *real-life* chances of obtaining employment (MacDonald, 2007). A consistent theme in many case judgements since *Chammas* (1993) is that *w*ork should not be theoretical and a realistic and common-sense approach must be adopted toward a claimant's employability (e.g., *Davis v. Rio Tinto*, 2002; *Nile v. Club Plus*, 2005; *Lazarevic v. United Super*, 2014). Justice requires that employability assessment be reliable, valid, and fairly applied. Is employability assessment evidence comprehensive, reasonable and fair? Unsettling aspects of employability assessment are depicted in Figure 1. The findings from this thesis contribute to a refinement of this model.

Figure 1. Current imbalance of input into employability assessment.

Rehabilitation Advisors

Insurance-employed rehabilitation advisors are pivotal to employability assessment. They developed and shaped the employability assessment model and deliver training in all facets of employability to claims teams and providers. They are responsible for the management of case referral, for instructions to providers, and for the maintenance of quality standards. In-house rehabilitation advisors may also advise claims professionals and other stakeholders on employability matters and employability assessment reports, review cases, and sign off on provider payments. They are specialists with the capacity to change the employability assessment model if required.

The rehabilitation advisors—all rehabilitation counsellors—who coined the term and instigated employability assessment within life insurance formed a small TPD working party within the Life Rehab Forum, an informal group which later became the rehabilitation subgroup of the Australasian Life Underwriting and Claims Association (ALUCA). Specialist TPD rehabilitation advisors maintain a strong presence within life insurance rehabilitation today, a reflection of the importance and complexity of the field.

Rehabilitation advisors with specific expertise in employability assessment play an important role in two studies within the overall research project. First, in Study 3, rehabilitation advisors form a focus group to provide their views of employability assessment. The research question for Study 3 was:

- What are the key issues pertaining to employability assessment in the TPD context?

Second, in Study 4, the same rehabilitation advisors generate items to be included in a new survey instrument for the fifth study. Study 4 employed the Delphi technique as a means of

harnessing the knowledge of these experts and to achieve consensus on the survey items. The research question for Study 4 was:

- What are the most important items about employability assessment to be included in a survey of TPD claims professionals?

TPD Claims Professionals

Previous sections showed that employability assessment provides expert vocational information to the claims professionals for evaluation of a claim in accordance with the applicable TPD policy. There are 29 life insurance and reinsurance companies employing claims professionals in Australia (Australian Prudential Regulating Authority, 2018). It is unknown whether all firms employ TPD claims staff and which of their staff are familiar with employability assessment reports. Consultation with industry leaders indicates that more than 20 companies assess TPD claims and that half of these have significant group TPD risk exposure; approximately 200 staff are employed at some level of TPD claims decision-making.

Two main groups of claims professionals deal with TPD claims. First, *claims assessors* are responsible for the management, assessment, and formation of a decision on each TPD claim; they are supported by team leaders and claims managers. Second, *technical advisors* constitute a mixed group which provides specialist information and advice to claims assessors about various facets of the claim including medical, legal, rehabilitation, product and marketing, and technical matters. Both groups have exposure to employability issues and employability assessment reports.

Because no relevant data existed in research or industry from claims professionals' perspectives, questions about employability assessment needed to be explored: how is employability assessment used, what type is preferred, what could be improved, and above all, is

it useful? Using survey methodology was deemed appropriate because of the relatively large population of claims professionals spread across Australia, and the large number of different questions about employability assessment (Bennett et al., 2011; Ponto, 2015).

Study 5 is an online survey of TPD claims professionals who use employability assessment reports in the TPD claims process. The research questions for Study 5 were:

1. What is the claims professionals' concept of employability in the context of TPD claims?
2. What aspects of employability assessment are important to TPD claims professionals?
3. How do claims professionals perceive employability assessment usefulness, quality, cost, and type?
4. Who do claims professionals think is most qualified to conduct an employability assessment?

Outline of the Thesis

Aim of the Thesis

A TPD claim for a lump sum payment is decided by insurers and set within a legal framework. Employability assessment provides vocational information to the claims professional about a claimant's employability. Empirical research is absent regarding the claimant's experience of the TPD process as well as employability assessment in the TPD context. The aim of this thesis, therefore, is to contribute formative knowledge about this burgeoning area of disability insurance in Australia from TPD claimant, rehabilitation advisor, and claims professional perspectives.

Research Questions

Using a multiphase mixed methods research design, five studies examine the research questions (RQ) identified in the preceding sections of this chapter which are summarised below:

Study 1: Literature Review

RQ1. What is known about employability assessment?

RQ2. What is known about TPD life insurance from a superannuation and claimant perspective?

RQ3. What is known about legal aspects of TPD pertaining to the second policy limb?

Study 2: Claimant Perspectives – Interviews

RQ1. What are the claimants' experiences and views of the TPD claims process?

RQ2. What are the claimants' recommendations to improve the claims experience?

Study 3: Rehabilitation Advisor Perspectives – Focus Group

RQ1. What are key issues pertaining to employability assessment in the TPD context?

Study 4: Developing a Survey – Delphi Technique

RQ1. What are the most important items about employability assessment to be included in a survey of TPD claims professionals?

Study 5: Claims Professional Perspectives – Survey

RQ1. What is the claims professionals' concept of employability in the context of TPD claims?

RQ2. What components of employability assessment are important to claims professionals?

RQ3. How do claims professionals perceive employability assessment usefulness, quality, cost, and type?

RQ4. Who do claims professionals think is most qualified to conduct an employability assessment?

The studies are in various stages of publication in peer-reviewed journals. The researcher designed and implemented the studies, analysed the data, wrote the manuscript drafts, and is the corresponding author in all five journal articles. Each study is modified to be contained within a chapter and includes the purpose, method, results, and discussion in a unified format. An introduction with background information where necessary and a conclusion or summary completes each chapter. Additional material related to each chapter is available in the corresponding Appendix.

Significance

Study 1 is a scoping review of literature pertaining to the research topic. The study will contribute original evidence about employability assessment in three domains: forensic vocational assessment, TPD within superannuation, and legal perspectives. Study 1 identifies important gaps in knowledge, particularly relating to claimants, and positions the emergent employability assessment within an established forensic vocational rehabilitation structure.

Study 2 uses in-depth interviews to provide a first-ever insight into the experience of TPD claimants with a focus on employment matters. Personal accounts of the impact of the claims process will contribute to claims and other stakeholders' understandings of the consumer perspective. Importantly, recommendations from claimants for improvement to the claims experience are detailed.

Study 3 is a focus group study that attracted the majority of national rehabilitation advisors, who are employability assessment experts, as participants. This study is the first to

present key employability assessment issues with implications for providers, rehabilitation advisors, and methodology.

Study 4 uses a Delphi panel of rehabilitation advisor experts to generate survey items for use in a nation-wide survey of TPD claims professionals. Study 4 provides a valid means of developing a survey for Study 5 where one did not exist, with time economies and full participation gained through an adapted process. Novel adaptations made to the Delphi technique to suit this study are significant because the anonymous iterations occurring in real-time may be generalised for use whenever Delphi panellists can gather in person.

Study 5 presents results of an online survey of TPD claims professionals about employability assessment. Their feedback on a broad range of topics provides first-ever research evidence to the industry. The study also provides an instrument that may be reused by claims professionals or replicated for use by other stakeholders.

In combination, the five studies contribute substantial new evidence on the research topic from claimant, rehabilitation advisor, and claims professional perspectives. Rehabilitation counselling is both the lens through which the studies are conducted and the viewpoint of the researcher. The studies provide foundational research into a multi-billion-dollar sector which affects the lives of people with total and permanent disablement. “Social justice always includes legal justice and appropriate compensation to enable those with disabilities to live a full life within their ongoing limitations” (Pryor & Hawkins, 2009, p. 51). The forensic evidence contained in an employability assessment plays an increasingly important part in the process of delivering justice in a fair, objective, and timely manner for claimants, stakeholders, and for the wider community. This research provides baseline data upon which to build the highest standards

of employability assessment practice and in so doing, to lift forensic vocational assessment to a new level of professionalism in Australia.

Chapter Two - Study 1

Scoping Literature Review

Most people who are unable to work due to injuries and illnesses recover and return to work in a predictable manner. For some, however, regaining work capacity is elusive and they encounter the possibility of claiming total and permanent disablement. Evaluation of a TPD claim is based on the policy definition, terms, and conditions rather than on external legislative requirements as other compensable schemes in Australia. The focus of this research project is the second (employment) limb of the TPD policy. Once the first (medical) limb is satisfied and the claimant remains disabled after being off work for six months, the second limb deals with the likelihood of ever returning to work that is reasonably suited to his or her education, training, or experience. Employability assessment emerged as an alternative to standard vocational assessment in order to accommodate TPD policy and its legal implications. Employability assessment providers are aware of the forensic nature of the assessment and most acknowledge adherence to the court expert witness code in their reports. The expert witness code varies according to the Australian state or territory in which the court presides but typically reminds providers of their duty to the court for (1) qualification as an expert in the field, (2) objective content of the report, (3) facts and assumptions relied on to form expert opinions, and (4) justification of opinions formed (Austlii, 2005).

The introductory chapter refers to changes in some TPD policies incorporating provision of rehabilitation services and/or allowing providers to consider (but not provide) rehabilitative pathways to help the TPD claimant become employable in the future. Such policies were few and new. Most TPD policies still excluded consideration of active or potential rehabilitation

intervention at the time of study design. Therefore, the decision was taken to rule out vocational assessment relating to return-to-work services from this study, and to seek information sourced from the more specialised field of forensic vocational assessment instead. To practitioners within the employability assessment community, this discrete forensic subspecialty presents a new untapped dimension. Development of employability assessment was entirely the domain of experienced rehabilitation counsellors. Medicolegal vocational assessments were frequently conducted in other schemes, usually at a duration milestone when settlement of a long-standing claim was an option. Life insurance rehabilitation counsellors had undertaken many workers' compensation and motor vehicle medicolegal assessments prior to employment in the nascent life rehabilitation sector. No formal medicolegal (forensic) training or guidelines existed, and no forensic aspects of vocational rehabilitation were included in a 2007 overview of Australian rehabilitation practice and future program development (Matthews, Buys, Crocker, & Degeneffe, 2007). Specific forensic or life insurance references were absent in a contemporary review of Australian vocational rehabilitation almost a decade later (Buys, Matthews, & Randall, 2015). Forensic vocational assessment operates to a large extent unnoticed in the vocational rehabilitation mainstream, therefore this review represents the first examination of forensic vocational assessment in life insurance, and possibly in other compensable schemes.

A study of life insurance income protection (return-to-work) rehabilitation was commissioned by an insurance firm in 2014 to establish best practice principles in that area. The study found few life insurance references in peer-reviewed journals or in industry publications (Casey & Cameron, 2014). In view of this finding and the dearth of high-level literature in several preliminary subject searches, a broad approach to exploring relevant literature was taken.

This first study is a scoping literature review to canvass key areas of interest which were introduced in Chapter One, namely TPD insurance, superannuation, legal, claimant, and employability assessment. Taking a systematic approach, this critical examination of empirical research and other material establishes the known territory and identifies knowledge gaps.

The work presented in this chapter is under revision with *Disability and Rehabilitation.* Revisions arising from the journal reviewers' comments are contained within this chapter. The publication is:

Black, M. E., Matthews, L. R., & Millington, M. J. (2018). A limb to stand on? Scoping review of employability assessment in total and permanent disability insurance claims. *Disability and Rehabilitation.*

Purpose

The purpose of this review is to identify literature extant in the field of employability assessment within the TPD setting. The specific research question is: What is known about employability assessment in TPD life insurance from superannuation, claimant, and legal perspectives?

Method

The methodology for Study 1 draws on the seminal framework for scoping review by Arksey and O'Malley (2005) and subsequent advancement by Levac, Colquhoun, and O'Brien (2010). The framework for this study comprises five stages: (1) identifying the research questions, as above; (2) identifying relevant literature items; (3) item selection; (4) charting the items; and (5) collating, summarising, reporting, and applying meaning to the results. The following definition encompasses the purpose and needs of this study:

> A scoping review or scoping study is a form of knowledge synthesis that addresses an exploratory research question aimed at mapping key concepts, types of evidence, and gaps in research related

> to a defined area or field by systematically searching, selecting, and synthesizing existing knowledge. (Colquhoun et al., 2014, p. 1292)

Scoping reviews share similar rigour and transparency processes in identifying suitable literature as systematic literature reviews (Shen et al., 2017). For this reason, and as recommended by Colquhoun (2016), the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA-P) guidelines and checklist (Moher et al., 2015) were followed, then presented within scoping stage-headings. A reported drawback of the scoping review is the lack of quality evaluation (Levac et al., 2010) and to address this limitation the study incorporated two rating measures which are described in the selection process section. The rating measures were developed to assist in the selection and charting stages for two reasons: first, a measure of relevance and quality common to scholarly work was needed to help grade work with a large proportion of non-peer reviewed items, and second, a measure was needed to help overcome researcher bias by sharing agreed charting criteria between the researcher and two supervisors.

Identifying Relevant Literature

Preliminary appraisal of the research topic with and without date filters showed no high-level studies such as randomised controlled trials or systematic reviews, and marginally more articles when no date filter was applied. Therefore, a wider approach was taken by including open-dated research studies, peer-reviewed articles, book sections, and grey literature. Grey literature is material not formally published in commercial books or journals (Alberani, Pietrangeli, & Mazza, 1990). It was important to include grey literature in this exploratory research to enrich the review findings with contextual evidence (Paez, 2017). Only two German publications with English abstracts were identified in trial searches and neither were topic-relevant, therefore subsequent searches were limited to English language.

The search was conducted during September 2016 in the following health and multidisciplinary electronic databases: Medline, PsychInfo, CINAHL, Scopus, Informit Online, ProQuest Central, ProQuest Dissertations and Theses, and Google Scholar. A law librarian confirmed the suitability of three Australian law databases: LexisNexis AU, Westlaw AU, and AGIS Plus Text. Electronic resources for grey literature included industry bulletins, government agencies, organisations' websites, and trade reports. Additional items identified through a hand search of reference lists were incorporated.

Boolean search terms were developed with the assistance of a reference librarian to ensure comprehensive scope. Preliminary search strings were trialed and refined because some terms such as "work capacity," "assessment," and "compensation" proved misleading with references to functional evaluations, medical assessment, return to work, and workers' compensation. Search terms and keywords were adapted for each data source so that the terms "disab*" and "work or employ*" were generally applied in combination with the following: "employ* assess* or eval*," "medico?legal or forensic," "vocational assess* or eval* not functional," "TPD or total and permanent disab*," "life insurance," "lump sum or lump sum benefit," "superannuation insurance," "claimant or claim*," "compensation or insurance not workers' compensation." Law databases were searched by: "TPD" or "total and permanent disablement" and "employ* or vocational assess* or eval*." Where subject headings were available, pathways such as life insurance case law commentary were explored. Table 4 illustrates a search strategy conducted on 09/09/2016 using Medline.

Table 4

Search Strategy for Medline via Ovid

#	Searches	Results
1	Disability Evaluation/ or Disab*.mp	249548
2	"total disab".mp	213
3	"Permanent disab*".mp	1449
4	Claimant.mp	238
5	"TPD claim".mp	0
6	"TPD insurance".mp	0
7	"TPD policy".mp	0
8	"Employ* assessment".mp	46
9	"Employ* evaluation".mp	63
10	"Vocational assessment".mp	52
11	"Vocational evaluation".mp	68
12	8 or 9 or 10 or 11	226
13	"Vocational rehabilitation".mp or Rehabilitation, Vocational/	9493
14	"Life insurance".mp or Insurance, Life/	2599
15	Superannuation.mp	88
16	"Lump? sum".mp	4
17	"Medico? legal".mp	5187
18	Legal Cases/ or Legal.mp	95181
19	Forensic.mp	53263
20	1 or 2 or 3 or 4 or 5 or 6 or 7	249700
21	13 or 14 or 15 or 16 or 17 or 18 or 19	157832
22	12 and 20 and 21	47
23	Limit 22 to English language	41

Selecting Items for Inclusion

The flowchart in Figure 2 sets out each phase of the item selection process. After duplicates were removed, 909 titles and abstracts were screened for inclusion criteria. Inclusion criteria were (a) items related to forensic employability/vocational assessment, and (b) items pertinent to life insurance TPD claims or claimants. Items were excluded if they were (a) items referring to "TPD" as a chemical process used in the mining industry; (b) items with primary focus on return-to-work employability/vocational assessment, vocational assessors, or medical/functional evaluations; and (c) case law judgements as they constitute a separate category of documentation to that of published scientific literature. Three areas of interest

(forensic vocational assessment, TPD, and legal) were apparent from the initial screening and for ease of management, items were contained in separate domains thereafter. In total, 86 items were retained for full-text review to determine eligibility, quality, and topic relevance in the next stage.

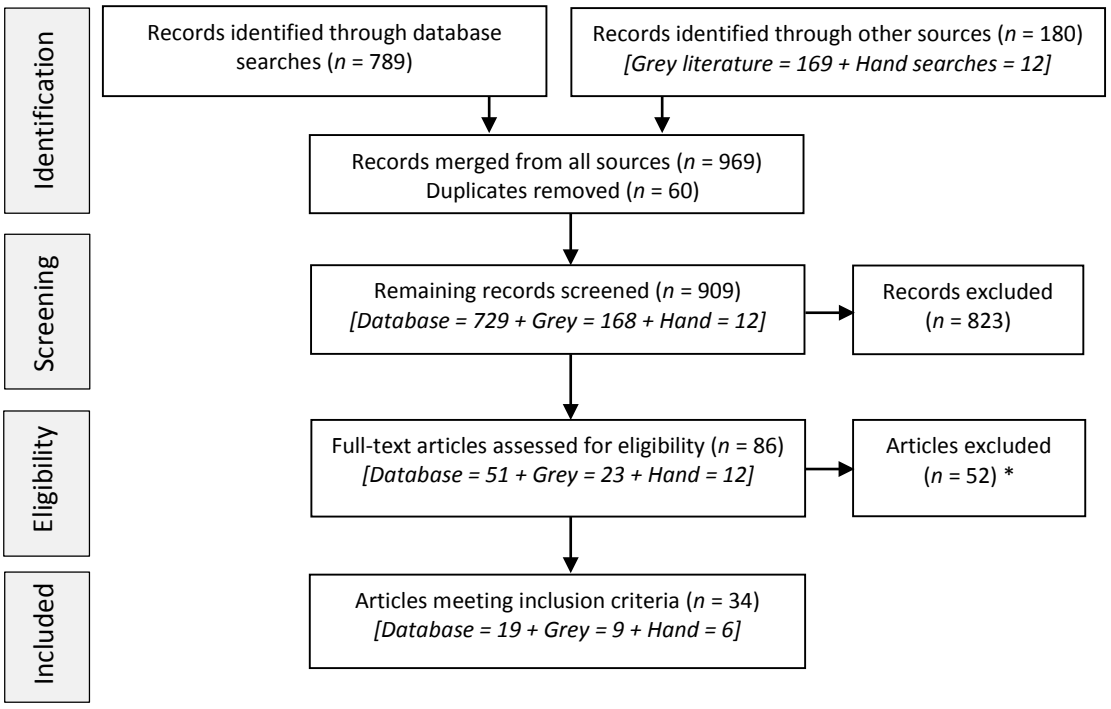

Figure 2. Flowchart of selection process for articles included in systematic review.

* Reasons for exclusion: (a) Focus on return-to-work *n* = 16, (b) Focus on assessor *n* = 13, (c) Focus on medical/function *n* = 11, (d) Not forensic *n* = 9, and (e) Not second-limb *n* = 3.

Charting the Items

As mentioned earlier, guides and rating scales were created to ensure rating consistency of *low, medium,* or *high* quality for the 86 eligible full-text articles reviewed (see Table 5 for guides). Empirical studies were rated using Evidence-based Librarianship (EBL), a critical appraisal checklist which presents outcomes in percentages (Glynn, 2006). EBL assesses quality of studies in four categories: Population, Data collection, Study design, and Results. The rating scale applied to *yes* (Y) or *no* (N) responses was: total Y ≤74% = low quality; total Y >75-85% =

medium quality; total Y ≥ 86% = high quality. Peer-reviewed articles, book chapters, and grey literature were rated against scholarly standards according to REVIEW criteria: Relevance, Expertise of author, Viewpoint, Intended audience, Evidence, and When published (Arndell & Goodfellow, 2010). The rating scale applied was: ≤19 = low quality, 20–25 = medium quality, and 26–30 = high quality. Items that were rated medium or high quality were included.

Table 5

Critical Appraisal and Rating Guides for Studies and Scholarly Items

Model	Quality measures	Guides/prompts developed	Scale applied
EBL (Studies)	Population	Study population well reported? Inclusion/exclusion defined? Adequate sample size? Bias-free?	Y/N/U/NA[a]
	Data collection	Data collection methods clear? Data collection instrument validated? Instrument included in publication?	Y/N/U/NA
	Study design	Is methodology used appropriately? Face validity? Replicable from description? Ethics obtained?	Y/N/U/NA
	Results	All results clearly outlined and reflect analysis? Further research noted? External validity?	Y/N/U/NA
REVIEW (Scholarly)	Relevance	Exact to EA and TPD? Related to EA and TPD? Exact to EA or TPD? Related to EA or TPD? Related to field?	1–5[b]
	Expertise of author	Expert in EA and TPD? Expert in EA or TPD? Expert in related field? Non-expert in EA or TPD? Non-expert in related field?	1–5
	Viewpoint of author	Academic in EA and TPD? Academic in EA or TPD? Expert in EA and TPD? Expert in EA or TPD? Reporting on field?	1–5
	Intended audience	Technical audience exact to EA and TPD? Technical related to EA or TPD? Technical related to field? Broadly related to EA or TPD? General interest to field?	1–5
	Evidence	Peer-reviewed high impact journal? Peer-reviewed journal? Full references? Poor references? No referencing?	1–5
	When published	≥2015? 2014? 2013? 2000–2012? ≤2000/undated?	1–5

Note. TPD = total and permanent disability. EA = employability assessment. EBL = evidence-based librarianship critical appraisal tool. REVIEW = scholarly appraisal tool.
[a] Y = yes; N = no; U = unclear; NA = not applicable. Rating scale applied on 4 measures: exclusion total Y ≤74% = low quality; inclusion: total Y 75–85% = medium quality; total Y ≥ 86% = high quality.
[b] Total of 30 for 6 REVIEW measures: rating scale applied: exclusion ≤19 = low quality; inclusion 20–25 = medium quality; 26–30 = high quality.

Exclusion criteria were refined and reapplied with reason for exclusion recorded as (a) vocational assessment for return to work service delivery, programs, or outcomes, *n* = 16; (b) vocational assessment that was not forensic or medicolegal, *n* = 9; (c) articles solely about forensic vocational assessors, *n* =13; (d) functional or medical evaluation or assessment, *n* = 11; and (e) items unrelated to the second limb of TPD, *n* = 3. Thirty-four items were included in the synthesis stage as a result of this somewhat iterative stage of discussing and determining eligibility.

Collating and Summarising Literature

Consistent with previous literature reviews with heterogeneous features (Driver, Kean, Oprescu, & Lovell, 2017), qualitative methods were used to synthesise the 34 extracted items in this study. Qualitative synthesis is appropriate as a means of systematic data interpretation and judgement when disparate sources of evidence are pooled to represent the meaning of the collected work (Bearman & Dawson, 2013). A three-stage methodology coined *thematic synthesis* and described by Thomas and Harden (2008) was applied.

The first two stages involved coding text to Excel spreadsheets and developing tentative descriptive themes. Themes were constantly checked and revised for consistency of concepts, and at this point reflected the main findings of the included articles. The researcher undertook this initial stage with two supervisors independently reviewing the coding and theme decisions. The third stage used the descriptive themes to generate analytical themes in relation to the review purpose, research questions, and identified domains, sometimes referred to as “going beyond” the original content (Thomas & Harden, 2008, p. 7). This stage was again collaborative, with independent analyses followed by discussion and revision. The three distinct domains were treated separately given the heterogeneity of the literature.

Results

A total of 909 items were identified for screening and 86 full texts were evaluated. Of these, 34 items were identified to "best fit" the research questions—what is known about employability assessment and what is known about TPD life insurance from a superannuation and claimant perspective?

All 34 items extracted for final review were rated *medium* quality (EBL, 75–85%; and REVIEW, 20–25). As only one paper related specifically to employability assessment in TPD (Black, 2007), parallels to the topic were included where applicable.

The following domains were identified at screening: (1) forensic vocational assessment as the theoretical foundation, (2) TPD in life insurance and superannuation as the context, and (3) legal aspects of the TPD second limb as the driver. Tables outlining the main characteristics of included articles are set within each domain.

Forensic Vocational Assessment

The first domain comprised 11 items of relevance to employability assessment within TPD (see Table 6). Four thematic areas were identified within this domain: development, definition, methodology, and assessors.

Development of forensic vocational assessment. Several articles from the United States (US) and Australia outlined common forensic vocational assessment origins. The first workers' compensation laws and rehabilitation legislation for disabled war veterans saw the development of vocational theories, methods, and practice (Barros-Bailey, 2013; Black, 2007). Inevitably, legislation brought contestability and the need for vocational "experts" to provide information to assist insurers and the courts in their determination of a person's work potential.

Table 6

Included Articles Pertaining to Forensic Vocational Assessment

First Author[a]	Year*	From	Type (Measure - Rating)	Topic: Outcome
Barros-Bailey	2012	US	PR journal article (R - 23)	Occ/LM data: 20 models reviewed 50% name LM sources, 45% name LM survey methods.
Barros-Bailey	2013	US	Book chapter (R - 21)	History of FVA: Genesis, essential terms, case law informing existing practice.
Black	2007	AU	Industry paper (R - 23)	EA in TPD claims: Methods deconstructed, EA recommended as appropriate TPD tool.
Crystal	2010	US	Book chapter (R - 23)	Overview of FVA: Definitions, assessor roles, assessment methods, research.
Pryor	2003	AU	Opinion paper (R - 20)	Mapping: Techniques to approach FVA.
Pryor.	2009	AU	PR journal article (R - 22)	Myths of FVA: EA assumptions, practices, court standards discussed & recommended.
Robinson	2011	US	Delphi study (EBL - 81%)	Variables in FVA: 232 variables condensed to 29 domains in 3 Delphi rounds (n = 47).
Robinson	2013	US	PR journal article (R - 21)	Process of FVA: Process, opinion, context, LM combine in complex legal mix.
Robinson	2014	US	Book chapter (R - 21)	Introduction to FVA: Vocational process and forensic rehabilitation.
Shahanasarian	2002	US	Survey (EBL - 79%)	Legal views on FVA: Low confidence in methods for objective outcomes (n = 30).
Williams	2006	US	Survey (EBL - 77%)	Factors considered in FVA: 4 themes from factor analysis of 26 variables (n = 115).

Note. US = United States. AU = Australia. PR = peer-reviewed. (R) = REVIEW rating: relevance, expertise, viewpoint, intended audience, evidence, and when published. Occ/LM = occupational & labour market information. FVA = forensic vocational assessment. EA = employability assessment. TPD = total and permanent disability. (EBL) = evidence-based critical appraisal checklist: population, data collection, study design, and results.

[a] Each publication listed by first author in the table appears in full within the Reference section.

* Median year of publication: 2010 (range 12, 2002–2014).

Rehabilitation professionals with vocational and disability expertise began to replace physicians as the experts in evaluating a person's employment prospects (Barros-Bailey, 2013; Crystal & Erickson, 2010). The US–Australian similarity ceases in the late 1970s with the initiation of the American Board of Vocational Experts' certification programs that governed credentials, training, and standards of forensic practice (Barros-Bailey, 2013). Various US

insurance-practitioner representative organisations morphed into the forensic section of the International Association of Rehabilitation Professionals by 2000 (Robinson & Paquette, 2013). Forensic vocational practice became one of the fastest growing areas of rehabilitation counselling in North America. In 2013, forensic practice was the third most common certification for rehabilitation counsellors (Barros-Bailey, 2013). Although vocational "return-to-work" rehabilitation continued to grow in Australia, there is no trace of organisational forensic activity in Australia until the inclusion of *forensic evaluation* in the 2013 Code of Ethics of a rehabilitation counselling professional body (Rehabilitation Counselling Association of Australasia, 2015a).

Defining forensic vocational assessment. Forensic vocational assessment of people with disabilities is one part of an investigative process to assist insurers and the courts in their determination of compensation of a claim (Pryor & Hawkins, 2009). The purpose is "to acquire and provide information that estimates the impact of a person's injury [or illness] on his or her ability to work and hold a job in light of physical and mental abilities" (Crystal & Erickson, 2010, p. 173). Several distinctions were found that challenged one-off forensic situations such as employability assessment. First, limited time available for a single face-to-face or telephone interview diminishes understanding of a claimant's story (Pryor, 2003). Second, a claimant's functional capacity is obtained from file-based documentation without contact with treating practitioners (Robinson, 2014b). Finally, a third challenge: reliance on material provided by the referrer resulting in missed information or flawed assumptions (Pryor & Hawkins, 2009). File-based employability assessments are common practice and occur without contact with claimant or other stakeholders. Combined, these challenges reinforce the view that "the critical distinction

between an assessment required as an aid to TPD decision-making, as opposed to assisting a claimant achieve an actual work outcome cannot be underestimated" (Black, 2007, p. 4).

Methodology in forensic vocational assessment. All 11 articles in this domain referred to methodologies or processes used in forensic vocational assessment to greater or lesser extent. These methodologies are presented as three topics: rigour, existing methods, and variables.

Rigour in methodologies. Five articles referred to two significant legal rulings in the US which introduced new rigour into forensic vocational assessment methodology: the *Daubert* (1993) decision and the 1999 *Kumho Tire* case (Barros-Bailey, 2013; Crystal & Erickson, 2010; Robinson, 2011; Shahnasarian & Lassiter, 2002; Williams, Dunn, Bast, & Giesen, 2006). Further reflecting criticism of the courts, a survey of 30 lawyers found that vocational assessment methodologies were perceived to be inconsistent and lacking in objectivity (Shahnasarian & Lassiter, 2002). Improving reliability and validity of forensic vocational assessment is a common goal observed in the literature, irrespective of the differences in complexity or scope of the methods developed.

Existing methodologies. On review of the seven most-published models/methodologies used in forensic vocational assessment described by Robinson (2011), three methodologies have some relevance to employability assessment:

1. The RAPEL method developed by Weed and Field in 2001 with a five-step approach comprising: rehabilitation plan, access to labour market, placeability (the potential to be placed in a job in a given labour market), earnings capacity, and labour force participation;
2. The Shahnasarian methods culminating in the ECAF2 (2010) instrument with 14 factors organised into drivers and inhibitors that determine future career potential; and

3. The McCroskey Vocational Quotient System (2004), a computerised system based on a person's "vocational quotient" designed for job-person matching with occupation, skills, earnings, and labour information.

Four remaining methodologies (the 1981 Labor Market Access Model, the 1998 Dillman's Loss of Capacity Model, the 1986 Deutsch/Sawyer model, and the 2002 Rehabilitation Case Analysis Method) deal with wage/market statistics, mathematical modelling, goal setting, and case management, respectively, and have no connection to the TPD model. Loss of wages, future earnings calculations, and employment-directed case management are not required in an employability assessment under typical TPD policy settings.

Two additional methodologies listed by Barros-Bailey and Robinson (2012) warrant mention for their relevance to employability assessment in TPD:

1. The Vocational and Rehabilitation Assessment Model (VRAM) which was developed in 2011 specifically for use in forensic settings. The model is organised in three parts: records review and rehabilitation interview (labour supply), labour market research and inquiry (labour demand), and rehabilitation analysis with opinion formulation (Robinson & Paquette, 2013).
2. The Diminished Future Earning Capacity (DFEC) Work Group Methodology for Employability Assessment (Austin et al., 2009) which describes eight basic steps required to complete an assessment. This is a more detailed version of methods outlined by Crystal and Erickson (2010) and similar in process flow to TPD employability assessment. The work group recommended commencing with:

- interview to review work, medical, educational, and psychosocial information with claimant;

- assessment of employment-related skills and abilities to include details of employment, education, training, qualifications, workplace skills and level of experience, time out of work, and barriers to labour market access such as transportation, location, or family requirements;
- consideration of current physical and/or mental limitations and functional capacity from reports, documentation, and claimant interview;
- transferable skills analysis to identify vocational strengths which may require test results for aptitudes and abilities;
- occupational and labour market research for specific occupations is empirically derived data and/or reliable information about the occupation and availability in a given location;
- identification of factors that may delay or prevent work; and
- consideration of services that may enhance employability; with any other relevant factors.

Barros-Bailey and Robinson (2012) analysed 20 methodological frameworks used in the past 30 years of rehabilitation forensics and found that labour market data were included in every methodology examined. Whereas labour market information is widely regarded as integral to employability assessment, it is deliberately excluded by some insurers based on their interpretation of TPD policy.

An interview with the claimant is also identified as a common element in the methodologies reviewed which is inconsistent with the employability assessment approach. In a paper on “mind-mapping” for forensic vocational assessment, Pryor (2003) emphasised person-centred strategies by recommending more time for: interviewing claimants rather than psychometric testing, focusing on early personal background, understanding the claimant’s

meaning of work, and investigating motivation or adjustment issues. The employability assessment model is an exception as it does not specify claimant interview.

Variables included in methodologies. Whilst methodological approaches have required ongoing evaluation and validation, the range of variables which can contribute to a comprehensive forensic vocational assessment has received less attention (Williams et al., 2006). Two studies in this scoping review rated variables considered by experts when conducting assessments (Robinson, 2011; Williams et al., 2006), see Table 7. No consistency in variables was found between the two studies, even when compared after being compacted into domains. Whereas psychosocial variables such as household activities, proximity to retirement, motivation to work, interests, financial needs, job choices, and temperament were deemed important in both studies, they are largely disregarded in TPD policy-driven employability assessment.

Forensic vocational assessors. Items specific to forensic vocational assessors were excluded. However, all synthesised articles referred in some way to them, therefore key findings are reported. Authors differed on the role of forensic vocational assessor. When employed for the claimant, the assessor's role is "to provide information that highlights the impact of the injury in ways that lead to greater monetary rewards" and conversely, when employed by the insurer, the forensic assessor's role is "to provide information that mitigates the injury's impact and thus minimizes monetary rewards" (Crystal & Erickson, 2010, p. 174). An additional facet of the 2006 Williams study examined whether the "side"—defendant or plaintiff—the assessor worked for, was significant. Countering the views posited above, multivariate analysis found consistency between assessors in the importance of factors relied upon when conducting forensic assessment irrespective of referral source (Williams et al., 2006).

Table 7

Analysis of Some Variables Considered in Forensic Vocational Assessment

Variables	Robinson (2011) Delphi study, *n* = 47	Williams et al. (2006) survey, *n* = 115
Highest rated	232 variables 0–7 Likert-type scale (means)	26 variables 0–4 Likert-type scale (means)
1.	Current medical opinions of physical functional capacity (6.87)	Physical demands of work (3.78)
2.	Current medical opinions of cognitive functional capacity (6.82)	Actual history of performance of job and/or tasks (3.11)
3.	Labour market sampling information - physical demands of suitable jobs (6.79)	Specific vocational preparation (3.09)
4.	Ability to sustain or maintain employment	Number of job titles considered valid in TSA (3.07)
5	Medical opinions of tolerance for full- or part-time work (6.74)	Aptitudes (3.02)
6.	Medical opinion of tolerance to perform any level of work (6.74)	Degree of transferability of skills (3.02)
Lowest rated		
1.	Details of compulsory education (2.08)	Quality of life/satisfaction concerns (1.89)
2.	Order of birth in family (2.24)	Commitment to growth/change (1.96)
Highest rated	*Psycho/socio/economic variables*	
1.	Date of birth (6.50)	Motivation—stated and/or inferred (2.42)
2.	Criminal history (6.13)	Earnings/financial needs (2.33)
3.	Immigration status (5.82)	Temperaments and Interests (equal 2.23)

Note. TSA = transferable skills analysis.

Barros-Bailey (2013) also found the role and function of assessors to be similar across different forensic settings although job titles varied. However, it was imperative that assessors within each subspecialty be up-to-date in their knowledge of case law impacting that field (Crystal & Erickson, 2010). Robinson (2014b) asserted that certification binds members to the highest standards of ethical conduct, and bias favouring the retaining party is rare.

TPD in Superannuation

The second domain concerns TPD as a life insurance product and its impact on the superannuation market. The eight items—all from Australia—extracted for review are set out in Table 8. Findings within the context of TPD are in three parts: definition, development, and claimant.

Defining TPD in life insurance and superannuation. Although policy definitions vary across insurers and funds, the second limb refers to the claimant, having been off work for a specified period due to illness or injury, as being unlikely [unable] ever to work in any occupation for which he or she is reasonably suited by education, training, or experience (Fabrizo, 2014). Terms such as “reasonably suited”, “unlikely”, or “unable” become points of conflict and open to interpretation (I. Davis, 2000; Leas & Burgess, 2015; Mason, 2016). The underlying policy settings are “to ‘compensate’ those with a long-term inability to generate adequate retirement incomes” (Berrill, 2014, p. 3). A defining feature has been lump sum compensation to claimants (I. Davis, 2000), premised on traditional thinking that when disabled “a lump sum can pay off the mortgage and debts before moving into the social security net” (Mace, 1996, p. 35). Inherent in lump sum payments is the “moral hazard” of significant financial incentive for a claimant to remain off work to qualify for the lump sum (Leas & Burgess, 2015, p. 7.2.5). When joining a superannuation fund, members are automatically accepted for a default level of TPD cover irrespective of their health status; funds have been required to include TPD with opt-out provision since 2014 (Berrill, 2014; Fabrizo, 2014).

Table 8

Included Australian Articles Pertaining to TPD in Life Insurance and Superannuation

First Author[a]	Year*	Type (Measure - Rating)	Topic / Content
Berrill	2014	Seminar paper (R - 23)	TPD claims: History, products, trends, processes, recommendations, rehabilitation, and superannuation.
Davis,	2000	Article (R - 20)	Pressures on TPD: Disputes, lump sum settlement issues, claims management, new solutions.
Fabrizio	2014	Industry report (R - 24)	Financial losses: Background, awareness, legal, policy issues, and response to crisis.
Leas	2015	Summit paper (R - 23)	Superannuation TPD: Members expectations, product design, claims management, rehabilitation.
Mace	1996	Article (R - 20)	Decline of TPD: Reasons for removing TPD product, lump sum and claim pressures.
Mason	2016	Article (R - 22)	TPD crisis: What went wrong, sustainable product, remove lump sum, integrate with income protection.
Riskinfo	2014	Article (R - 21)	TPD superannuation policy change: Effect on retraining, rehabilitation, RTW, and claimant.
Snyder	2016	Article (R - 22)	TPD claimant survey: 36% RTW or job seeking, 69% wanted vocational rehabilitation.

Note. TPD = total and permanent disability. (R) = REVIEW rating: relevance; expertise; viewpoint; intended audience; evidence; when published. RTW = return-to-work.

[a] Each publication listed by first author in the table appears in full within the Reference section. All articles are from Australia.

* Median year of publication: 2014 (Range 20, 1996–2016).

Developments in TPD. Rising consumer awareness of TPD coupled with greater involvement from lawyers in recent years contributed to an unprecedented surge in claims (Berrill, 2014). Subsequent diminished profitability led to insurer-imposed premium increases, and insurer and superannuation funds began to institute changes (Fabrizo, 2014). Some changes to policy settings that impact employability assessment include considering past and future retraining or rehabilitation at the time of assessing a claimant's return to work prospects, and requiring claimant participation in rehabilitation if deemed medically capable of work (Riskinfo, 2014). Additionally, the tightening of policy definitions by replacing "unlikely" [to return to work] with "unable" [to return to work], or allowing consideration of evidence up to the time of

assessment (Leas & Burgess, 2015; Riskinfo, 2014) means a shift in employability focus. New innovations such as replacing lump sum payouts with instalment payments and shorter or no waiting period before lodging a claim are trends evident in recent industry literature (Mason, 2016; Snyder, 2016).

The claimant. Members of superannuation funds can expect value for money and fairness when lodging a TPD claim (Leas & Burgess, 2015). A lawyer representing the interests of claimants noted that they are disadvantaged by the lengthy process of determining a TPD claim as most claims average nine to twelve months to determine and "the biggest lift in consumers' experience of TPD claims processes would come from quicker claims assessments" (Berrill, 2014, p. 6). Because the primary purpose of superannuation is saving for retirement, many fund members are unaware of having TPD cover, and with no time limit on lodgement of claims, five or ten years may elapse before a claim is assessed by the claims professionals (Fabrizo, 2014). Late lodgement or process delays may significantly compromise vocational outcomes for claimants with newly introduced rehabilitation requirements. In an in-house survey, more than 65% of TPD claimants consulted by their superannuation fund indicated that they wanted vocational assistance in upskilling and finding employment (Snyder, 2016), suggesting a consumer-driven trend toward vocational rehabilitation intervention.

Legal Response to the Second Limb

The final domain contains 15 Australian legal commentaries on case law pertaining to the employability limb of TPD policy (see Table 9). Four themes—realistic assessment, retraining, work type, and assessment date—that guide employability assessment are summarised below.

Table 9

Included Australian Commentaries Pertaining to Legal Aspects of Employability in TPD

First Author[a]	Year*	Type (Measure - Rating)	Topic: Implication (Case law referred to)
Battye	2007	Bulletin article (R - 24)	Date of assessment: Consider information at work cessation and at submission of claim. (Austpine)
Davis	2008	Technical article (R - 22)	Date of assessment case reviews: Retraining, rehabilitation impacted by date assessed.
Drummond	2014	Bulletin article (R - 24)	Realistic assessment: Real world, common sense evidence of future employment. (Folan)
Edwards	2008	Bulletin article (R - 22)	Date of assessment: Outcomes result from the date of assessment. (Mabbett)
Kocis	2008	Bulletin article (R - 23)	Case reviews on part-time work: Circumstances and ability to work part-time may satisfy TPD.
Lee	2014	Bulletin article (R - 24)	Availability of alternative work: Realistic approach, not special light duties. (Lazarevic)
Matkovich	2013	Bulletin article (R - 24)	Retraining: When reasonably suited to ETE, work may be part-time. (Dargan)
Myatt	2002	Bulletin article (R- 22)	Residual work capacity: Consider work beyond prior jobs, onus of proof on claimant. (Kelly)
Norris	2013	Bulletin article (R - 24)	Hours and retraining: Defining regular work, guidance on retraining. (Dargan)
Riskinfo	2016	Industry article (R - 20)	Definition wording: Unlikely is now very high probability of no RTW.
Sullivan	2000	Magazine article (R - 22)	High evidence standards: RTW attempts, alternative real-life work available. (Szuster)
Taylor	2016	Review article (R - 20)	Job status: Seniority, role or previous standing no justification for TPD. (SCT ruling)
Tsacalos	2005	Bulletin article (R - 22)	Realistic assessment: Availability of actual work within ETE, opinion at relevant date. (Nile)
Wicks	2014	Industry article (R - 23)	Age: Future work at young age, actual likelihood of working despite job seeking.
Wong	2014	Bulletin article (R - 24)	RTW attempts: Proof of employability essential, real prospect of work. (Birdsall)

Note. PR = peer-reviewed. (R) = REVIEW checklist: relevance; expertise; viewpoint; intended audience; evidence; when published. EA = employability assessment. TPD = total and permanent disability. ETE = education, training or experience. RTW = return-to-work.

[a] Each publication listed by first author in the table appears in full within the Reference section. All articles are from Australia.

* Median year = 2013 (range 16, 2000-2016).

Realistic assessment. There is widespread agreement that identified work options must be realistic rather than theoretical, that is, a claimant must have a *real chance* of getting a *real*

job and that work must be available locally (Drummond, 2014; N. Lee, 2014; Tsacalos, 2005; Wicks & Elena, 2014; Wong, Charaneka, & Drummond, 2014). Transferable skills should reasonably enable a claimant to undertake alternative new work; this applies particularly to claimants who are relatively young (Myatt, 2002; Wicks & Elena, 2014; Wong et al., 2014). Understanding the context of return-to-work attempts is important (Sullivan, 2000), as multiple unsuccessful job applications do not necessarily mean a claimant is unlikely ever to obtain work (Wong et al., 2014). Moreover, the status or seniority of the occupations should not be considered (Taylor, 2016), and the onus is on claimants to prove that they are unable to work (Myatt, 2002).

Retraining. Legal opinion is relaxing on the matter of retraining to equip a claimant for alternative employment. The courts now imply that it is not unreasonable for retraining to a similar skill level (Riskinfo, 2016a; Wicks & Elena, 2014). Details of future training based on a claimant's residual core skills may be included in assessment of employability (Matkovich, Drummond, & Mitchell, 2013; Norris, 2013).

Type of work. Various judgements contribute to ongoing debate whether part-time or full-time work should be considered when assessing a claimant's work potential (Battye, 2007; Kocis, 2008; Matkovich et al., 2013; Norris, 2013; Sullivan, 2000). Analysis of key rulings by Kocis (Kocis, 2008) suggested that the circumstances of each case are important, and that outcomes tended to favour the claimant. Defining "regular" work as synonymous with full-time employment has been rejected by the courts. Regular work is understood to be remunerative and includes part-time, but excludes special "light duties" or intermittent, casual work (N. Lee, 2014; Matkovich et al., 2013; Wicks & Elena, 2014).

Date of assessment. Determining the date at which a claimant is assessed for TPD is equally contentious. Legal opinion differs between six months (or mandated period) after ceasing work, or when the claims professionals assesses the claim; commentary updates occur as cases are tried (Battye, 2007; Edwards, 2008). The date of assessment has implications for employability assessors in whether they deal with a claimant's current or retrospective situation. A claimant may have work capacity at one date but not at another date, and interim training may be counted or discounted (N. Davis, 2008; Tsacalos, 2005).

Discussion

This scoping study provides a comprehensive overview of information relevant to employability assessment within TPD claims. Thirty-four items were reviewed in three domains—the three critical elements of employability assessment in TPD.

Forensic vocational assessment literature formed the first domain which described developmental, methodological, and practitioner factors. These factors provide foundational elements and direction for the emergent employability assessment model despite being established in different markets. Australian courts may yet impose stringent standards on assessment of the TPD employment limb just as cases such as *Daubert* (1993) were pivotal in shaping US forensic vocational assessment methodology to a scientifically defensible level. Pre-empting the critics with quality research presents a worthy goal. Rehabilitation counselling professionals led the way in employability assessment development (Rehabilitation Counselling Association of Australasia, 2008), and are therefore in a strong position to define, validate, and strengthen the model. Competent assessment in a forensic setting is a complex process (Pryor & Hawkins, 2009) and the adversarial context places rigorous demands on the conduct, standard, and quality of the forensic assessor's work (Robinson, 2014b). The courts require practitioners'

adherence to expert witness codes of conduct, yet there is no formal forensic training or certification available in Australia to assessors of the TPD employment limb.

The second domain—TPD in life insurance—signalled change. Superannuation funds, claimants, and their legal advocates are challenging policy settings, claim processes, and outcomes. Employability assessments are conducted in a binary and often adversarial environment with a lump sum payout at stake. Irrespective of the referring party, objective, consistent, and reliable reports are fundamental to assure confidence in the quality of vocational information for all stakeholders (Pryor & Hawkins, 2009; Robinson & Paquette, 2013; Shahnasarian & Lassiter, 2002; Williams et al., 2006). There were no articles written by TPD claimants nor any which included extracts from claimant narratives.

The final domain confirmed the central role that legal opinion plays in shaping employability assessment practice. Understanding the legal implications of the employment limb is more critical and yet more complicated than ever due to conflicting precedents and new judgements. TPD forensic vocational assessors will need individual expertise *and* cohesion as a professional group to withstand the gamut of legal scrutiny.

The three domains encompass the foundations on which the model was created are the defining characteristics of employability assessment as it sits within the unique TPD setting today. Knowledge gained from the literature within these domains points to gaps where further research may be valuable. Three fundamental questions arose from this review: what are the issues for employability assessment in TPD, how useful is employability assessment in TPD claims decision-making, and what is the claimant's experience of TPD? These questions are addressed in this thesis.

Two points of methodological difference—interview-with-claimant and psychosocial components—were noted between employability assessment and other models reviewed. The findings showed inconsistencies in variables considered important to include in a forensic vocational assessment. Future research to (a) validate the methodology and (b) identify a consistent set of variables is needed for employability assessment. A common feature of other methodologies was consistent striving to "test and improve" existing models. For employability assessment to stand as a valid model it is imperative that robust evaluation and, where necessary, improvement is undertaken. Considering recent policy changes toward a TPD rehabilitation service model, such a seismic shift toward the claimant being participant in, rather than the object of, the assessment process presents a compelling argument for empirical research into claimant-centred assessment of employability as identified in other forensic approaches.

This study was confined to employability assessment rather than the assessor: items solely focussed on forensic providers were excluded from review criteria. Despite this, the topic of assessors permeated the included literature and thus warrants further investigation. Excluded articles covered topics such as: desired characteristics of forensic vocational experts, ethical standards and behaviours, roles and functions of assessors, vocational assessors and best practice, the vocational expert from a legal perspective, qualifications of forensic vocational experts, and characteristics of effective expert witnesses. These topics provide sound guides for local research. Based on US comparisons, inquiry into professional forensic credentials governing employability assessment providers is well overdue.

Having a lay knowledge of law was a limiting factor during review of legal literature and a reason for confining the literature search to Australian law. Future collaborative research

between legal and employability experts would provide greater depth of understanding of the second policy limb.

The findings must be interpreted with caution due to the broad approach to study selection given the dearth of high level research. Grey literature was deliberately included to avoid a "thin picture" of the topic although this resulted in less than half (49%) of the literature originating from peer-reviewed journals. Using a scholarly measure of quality and relevance helped offset uncertainty when evaluating the grey literature. Scoping reviews invariably involve large teams following complex charting protocols (Richardson et al., 2014; Shen et al., 2017; Van Mossell et al., 2012) which was not feasible within this research project, raising potential issues of bias. Nevertheless, the use of two quality tools to ensure consistency between assessors and clearly documented steps in analysis ensured that the findings had confirmability and rigour (Liamputtong, 2012).

The use of qualitative synthesis in literature reviews in the health profession has been previously debated (Bearman & Dawson, 2013). Conventional quality measures and data synthesis were precluded in this study due to the few primary studies included and the overall mixed literature types. By using two quality measures and employing qualitative synthesis in a scoping study, a workable solution was found to produce a framework of knowledge around a topic which has not been previously examined.

In conclusion, information contained in this study broadens what is known about employability assessment as a model applied within TPD, with emphasis on superannuation, the claimant, and legal aspects of this unique environment. Employability assessment contains similarities and differences in comparison with other forms of forensic vocational assessment models. It is emerging as a "younger cousin" to these models in a new environment, with

refinement in methodology and provider accreditation needed. Current pressures and future changes to TPD, particularly within superannuation, greatly influence employability assessment. Forensic vocational experts must accommodate continuous, and often conflicting, legal positions.

This scoping literature review is a first step in understanding where employability assessment fits and what may be needed to make it of maximal value in the TPD context (see Figure 3 for a summary). Research is required to underpin forensic employability assessment. Equally important is the development of professional standards and education for the fledgling group of forensic employability assessors as they face changing policy demands and scrutiny by insurers, lawyers, superannuation funds, and claimants. The next chapter flows from the gap in knowledge about the claimant identified in this review, particularly from the voice of the claimant.

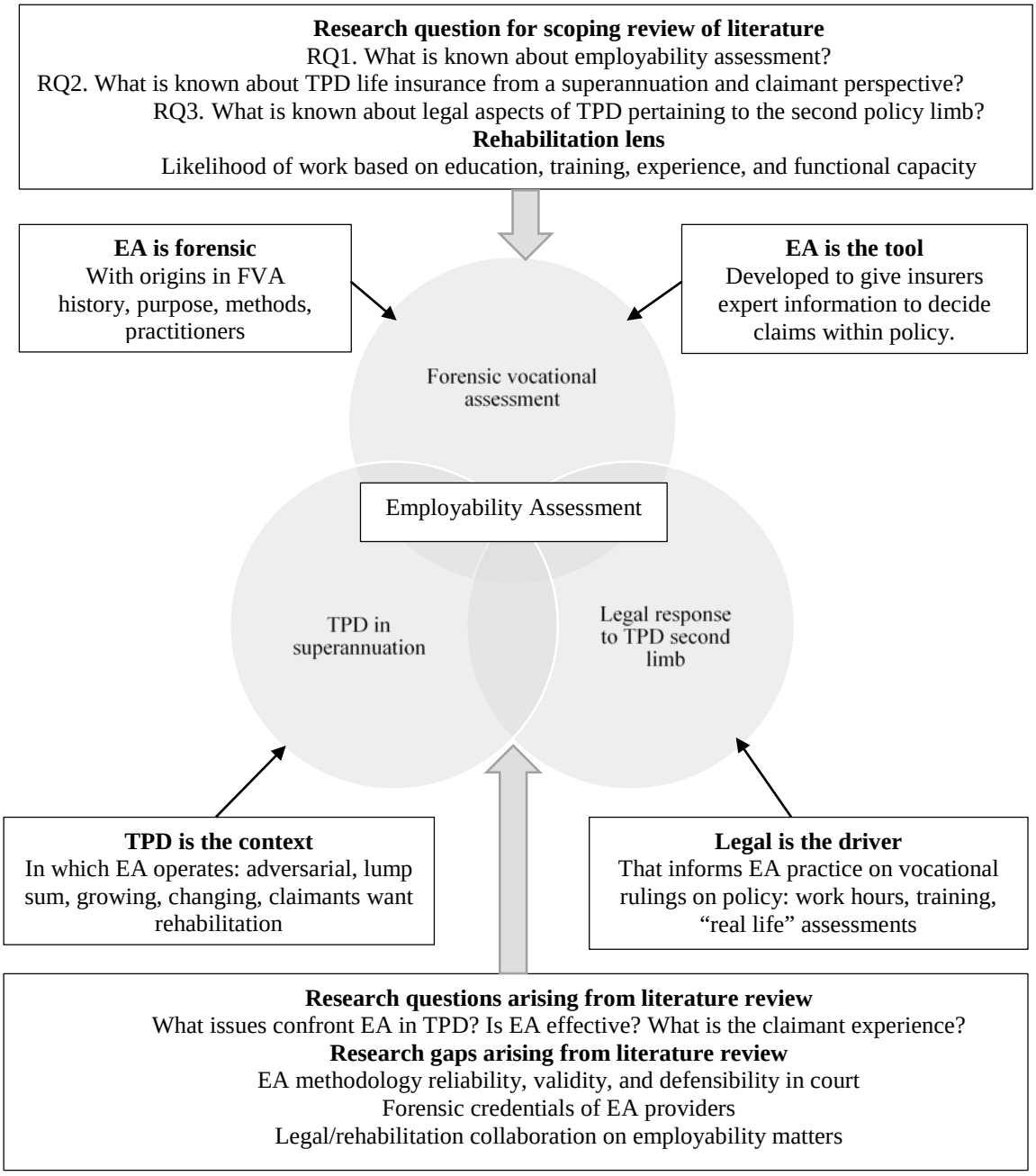

Figure 3. Summary of main outcomes of scoping review of literature.

Chapter Three - Study 2

TPD Claimant Interviews

TPD insurance is a straightforward concept. The claimant provides evidence of disablement and the claim is assessed. The claim is either approved or declined. However, little is known about whether the experience of the claimant is as straightforward. Claimants from other insurance schemes have identified complex and unfamiliar systems fraught with challenging processes (Pollard, 2014; Roberts-Yates, 2003; Wall et al., 2009). What is meant to provide for a claimant's financial welfare may not always seem so to those being assessed. This study listens to the claimant's voice to understand their experiences of the TPD insurance system.

Overall, claimants who meet with an employability assessment provider for an interview are in the minority. In fact, most employability assessments are conducted without the claimant's knowledge. As discussed in the introduction, recruiting claimants who had specifically undertaken an employability assessment may have raised concerns for paid-out claimants about being "checked on," or it may have created hope for and thoughts about "trying again" for those with declined claims. Therefore, after ethical consideration of doing no harm to claimants with serious disability, the study population was broadened to invite *any* claimant who had a *finalised* TPD claim to participate. Finalised TPD claims take two forms, claims that have been paid and finalised, and claims that have been declined. The TPD rate of decline (16%) is the highest of the four types of life insurance claims—death, trauma, TPD, and income protection—that may be declined for various reasons (Australian Securities and Investments Commission, 2016).

The impact on claimants from other compensable schemes such as workers' compensation and motor vehicle accident has been widely researched (Grant et al., 2014;

Kilgour et al., 2015; Lippel, 2007; Murgatroyd et al., 2015). The claimant experience of TPD has not been studied even though more than 19,000 Australians are claiming TPD per year.

The work presented in this chapter is under revision with *Journal of Qualitative Research in Financial Markets.* Revisions arising from reviewer comments are contained within this chapter. The publication is:

Black, M. E., Matthews, L. R., & Millington, M. J. (2018). Claimants' views on total and permanent disability insurance claims. *Journal of Qualitative Research in Financial Markets.*

Purpose

The purpose of this exploratory study is twofold: to report the claimants' experiences of the TPD claims process, and to ask the claimants for recommendations to improve the claims experience. Specific research questions for this study were:

1. What are the claimants' experiences and views of the TPD claims process?
2. What are the claimants' recommendations to improve the claims experience?

Method

Study Design

Qualitative research methods based on in-depth interviews were used to understand the views of people with disabilities whose TPD claims had been finalised. Interviews are often used to gather detailed insights from specific individuals about a new issue (P. Rao, Kumar, Gaur, & Verma, 2017). In-depth interviews are particularly valuable when dealing with vulnerable groups such as those with a disability (Liamputtong, 2012).

Themes were identified, evaluated, and defined through analysis of the claimants' narrative. Steps outlined by Braun and Clarke (2006) were followed and the COREQ interview checklist was used to report the study (Tong, Sainsbury, & Craig, 2007). The University of

Sydney Human Ethics Research Committee (HREC Project No. 2015/204) approved the research protocol. The initial design included a workshop to present the research project to multiple superannuation funds and request their assistance in recruitment of participants. Because of difficulties encountered in coordinating attendance of national superannuation fund representatives, modification to a single-fund strategy was approved by HREC (see Appendix A, Item 3).

Research Reflexivity

Three reasons justified the researcher undertaking the interviews personally: (1) extensive knowledge of TPD insurance claims, (2) many years of experience interviewing TPD claimants by telephone and in-person, and (3) interview consistency. Having two supervisors who were experienced rehabilitation counsellors but unfamiliar with TPD contributed to robust discussion during review of field notes and thematic analysis; this diversity in viewpoints was advantageous in reducing bias and increasing validity (Creswell & Miller, 2000; Liamputtong, 2012). Field notes were made before, during, and after each interview for richness of impression (Phillippi & Lauderdale). The formal letter of introduction and participant information statement advised prospective study participants of the interviewer's background in TPD claims and the reasons for the research.

Participants

The Australian Institute of Superannuation Trustees (AIST) is a peak advocacy body supporting the interests of fund members (Australian Institute of Superannuation Trustees, 2017). As almost 90% of all TPD policies are held by superannuation fund members (Association of Superannuation Funds of Australia, 2014), AIST was consulted to identify an ethical approach to claimants. Recruitment via not-for-profit superannuation funds was recommended.

One of Australia's largest profit-to-member superannuation funds (with 1.9 million members) agreed to select and contact a purposive sample of members with finalised TPD claims. From a database of over 10,000 finalised TPD claims, the following claims were excluded: (a) those with subsequent terminal illness/death payouts; (b) those with severe medical conditions as they are paid automatically without assessment; and (c) those lodged before 1 July 2015 because the fund considered that a two-year range would yield adequate responses. The resultant sampling frame was 197 claimants. An invitation to participate in the study, along with the study's participant information statement, was emailed from the fund to these claimants, with a reminder-invitation sent two weeks later. Twelve TPD claimants responded by contacting the researcher to arrange an interview. A participant consent form was emailed to each respondent following initial contact and confirmation of eligibility.

Key characteristics of the 12 participants are as follows[3]:

- all had their TPD claims paid;
- eight were women, four were men;
- age ranged from 34 to 69 years. Ten were over 50 years old;
- five had illnesses including stroke and lung disease. Four had musculo-skeletal conditions such as arm and back injury. Three had mental illnesses including depression and schizophrenia;
- occupational status varied from self-employed to manager, assistant manager, and employee. Most were last employed in the retail sector, but many had previously worked in other industries including banking, communications, insurance, technical services,

[3] Demographics such as gender, location, age, condition, occupation, and claim details were not tabulated to avoid the risk of claimant identification.

welfare, hospitality, and transport. None recalled having an employability assessment in relation to their claim;

- they came from every Australian state/territory except the Northern Territory; most lived in cities;
- two were claimants-by-proxy—each undertook the claims process with power-of-attorney for a family member with Alzheimer's disease;
- three had multiple finalised TPD claims with different funds/insurers;
- two-thirds received life insurance salary continuance/income protection payments prior to or concurrent with their lump sum TPD claim. Most had first-hand experience with government disability or workers' compensation schemes.

Provision was made with the fund to draw a second group from which to sample but this was not necessary due to 'saturation' of data from the 12 interviews. Purposive sampling relies on rich in-depth information and "saturation occurs when additional information no longer generates new understanding" (Liamputtong, 2012, p. 83). Guest, Bunce, and Johnson (2006) found that 12 interviews of a homogenous group are all that is needed to reach saturation.

Data Collection

Thirteen potential participants contacted the researcher by telephone or email to register interest in the study. An interview was arranged with those who had finalised TPD claims and wished to be interviewed after this initial conversation. The researcher advised claimants that if they were uncertain or anxious about undertaking the interview, they should discuss this with their treating doctor; one withdrew following initial contact. Details of phone screen items and prompts for interview are available in Appendix B, Item 2.

Data collection occurred during October and November 2017. Ethics-approved safety protocols were activated for the conduct of each interview, for example, the researcher's supervisor was advised of the researcher's location details immediately before and after each meeting. Four face-to-face interviews were conducted in the claimant's home and one interview was at a café. In three cases, the spouse of the claimant was present, with minimal but supportive contribution. Telephone interviews were conducted at a prearranged time. Written and audio-recorded consent was obtained prior to interview commencement. The interviewer consistently used several questions/prompts which covered (1) lodgment of claim, (2) support provided, (3) gathering work-related evidence, (4) health and wellbeing during the claims process, and (5) thoughts on future work capacity. Each claimant was invited to offer suggestions/changes which may be helpful to the TPD claims process. The interviewer re-contacted claimants by phone or email the day following the interview to check that 'they were okay' after recounting their TPD experience. Recorded interviews ranged from 18 to 62 minutes in duration and were transcribed verbatim, de-identified, then checked before data analysis. Transcripts and documents were stored according to the university's security protocols.

Data Analysis

Six steps of thematic analysis described by Braun and Clarke (2006) were applied in a recursive process of (1) data familiarisation – by repeatedly reading the transcriptions, checking audio version as required, and informally noting ideas in the margin; (2) initial code generation – by inserting codes in the margin of each transcript, for example Interviewee 2 transcript showed *2.3 feelings, 2.4 forms, 2.9 health, 2.16 surveillance, 2.19 work, 2.22 change* and so on; (3) collation of codes into potential themes – by colour-highlighting coded transcripts then transferring onto spreadsheets in tentative themes such as *process, impact, change, contact*; (4)

theme review – by first checking the coded data extracts within each theme, moving them to make better sense or creating new themes, and second by checking the entire data set to best fit the themes, recoding/regrouping themes until clearer; (5) theme definition/refinement – by ensuring the essence of each claimant's story formed the collated claimants' stories and themes named to best describe the overall meaning and research questions; and finally (6) extract selection – by choosing and ordering compelling extracts as evidence of the themes. Transcripts were coded by the researcher with second coding by one supervisor. Discussion with both supervisors and hand-mapping aided coding, theme categorising, and collective decision-making; all steps were documented in Microsoft Excel (Carcary, 2009; Cutcliffe & McKenna, 2004).

Results

This section presents the main findings relating to TPD claims from a claimant (interviewee) perspective. All 12 interviewees received their TPD payment; some advised of multiple paid claims. Thematic analysis identified two main themes—process and disability—and eight subthemes which are set out in Table 10. Every interviewee contributed recommendations to help future claims; some are interwoven in corresponding subthemes and all recommendations are summarised in Table 11 at the end of this section.

Table 10

Themes, Subthemes, and Interviewee Responses

Themes	Subthemes	Interviewee responses											
	Interviewee:	1	2	3	4	5	6	7	8	9	10	11	12
Process	Withheld information	o	-	-	-	-	-	-	-	-	o	+	-
	Arduous procedures	o	-	-	o	-	-	-	o	-	-	o	-
	Ineffective communication	+	-	-	-	-	-	-	-	o	-	o	-
	Chasing up	-	-	-	-	-	-	-	-	-	-	o	-
	Sources of support	+	-	-	+	o	+	+	+	-	o	+	#
Disability	Disability in crisis	-	o	-	-	-	-	-	-	o	-	+	-
	Payout consequences	+	-	-	#	-	o	o	o	+	o	o	-
	Future work	o	o	+	#	+	#	+	+	o	#	+	#

Note. **+** = positive response. **–** = negative response. **o** = neutral or both negative and positive responses. **#** = no response.

Theme 1: Claims Process

This overarching theme reflects significantly negative accounts of five aspects of the TPD claims process reported by interviewees.

Withheld information. No consistent source of information about TPD insurance in superannuation was reported by interviewees. Only two interviewees knew they had TPD cover: Interviewee 10 had worked in insurance and superannuation, and for Interviewee 11 it was common practice to read superannuation fine print including insurance matters. The other interviewees were unaware of TPD and found out in various ways: “I actually wasn’t even aware that I had TPD coverage until I applied for income protection, it was a default sort of thing for a minimum amount or whatever” (Interviewee 2); “I think it was Centrelink [government disability agency] and they said that you may be entitled to total and permanent disability pension so I looked, and lo and behold, I was entitled to apply” (Interviewee 1); “I’d just seen an ad on TV for [named legal firm] and they talked about claims through superannuation funds, then I looked at my superannuation and yes, noticed that, I guess, I had insurance cover” (Interviewee 5); and “My GP said if Centrelink fails we can go for total and permanent disability through my super”

(Interviewee 8). One interviewee commented: “I just think it’d be nice if more people knew about it, because they don’t. It’s just not right. There must be hundreds of people out there that could have done it, and not known about it” (Interviewee 9).

Once aware of having TPD insurance, interviewees reported insufficient information to help them understand the overall claim process: “Getting the information from the fund on the phone was very difficult, she just sent me the forms I already had” (Interviewee 4). Several interviewees acknowledged that people commit fraud and that stringent processes were needed, however, they were very anxious about being under scrutiny and fearful to get it right, for example:

> Knowledge is power so if you don’t know their processes you feel immediately that you are hiding something. That is the impression that I got. The people were lovely, the lady that was my case manager was lovely, but I thought there was quite a bit of secrecy involved and that was the part that I found quite distressing. You feel like you are defending yourself. (Interviewee 7)

The exception was the interviewee who used a solicitor: “I wasn’t well enough to totally do it on my own. So, I just thought, well they think it is worth it, so I signed with them and let them guide the procedure” (Interviewee 5). Solutions to lack of information were forthcoming:

> I suppose I could have said can I speak to someone about it, but nobody rang me and said, ‘this is the process you will be going through.’ I didn’t get a letter from them or there was no definite road map. I sort of learned these things as I was going along. I would have felt much better about the process all the way along if I had had more information. (Interviewee 2)

> I think some sort of handout, or an initial face-to-face kind of situation where somebody explained the processes and procedures, what’s involved, and how long it might take, and the kinds of things that we might come across along the way, would be very helpful. (Interviewee 6)

Finally, one interviewee summarised his experience with recommendation for improvement:

> My thoughts at the time was as a member who owns the funds, it would be appropriate that the funds provide better service once the initial evidence is provided that a payout may be forthcoming. This could be by a couple of visitations and follow up on the phone or email or similar. (Interviewee 12)

Arduous procedures. Few reported that claiming was a straightforward process. Several who regarded the payout as small, unexpected, and a bonus were in the position to submit and forget, as described by one interviewee: “It was sort of a one-off thing and then I got the letter to say it had been approved so it was quite painless really. It wasn’t a priority” (Interviewee 1).

Nine interviewees identified the following tasks as problematic: gathering supporting evidence such as medical reports and detailed work history, completing forms, or ensuring receipt of forms and documents. For example: “It was so hard. You know, I think there was two specialists, two doctors. And filling my own form in, I thought it was a little bit complicated. Yes, the whole thing was quite complicated” (Interviewee 9); “The amount of book work, time, appointments, and travel that I had to go through was overbearing I don’t know how any manual worker would possibly be able to claim without assistance” (Interviewee 12); “I managed to get the stuff done, it just took me a really long time. I nearly gave up, it’s too much [expletive] hassle” (Interviewee 3); “When you are under stress and when you have to get all your medical certificates, the length and the repetition of the claim forms is just mind-boggling. I was battling all the time” (Interviewee 7);

> I guess it was pretty hard work for me to get all that information together, in respect that my focus, or ability to focus, was really not in a good spot. It could probably take somebody half a day; it would take me a month, longer, to get the information together in each phase of the process. (Interviewee 5)

One interviewee reflected the frustration fellow interviewees had with documents going astray:

> Filled out the forms, gathered the information, duly sent them off, and then it started to go wrong. Three envelopes full of documents. They claim they only ever got my forms; they claim they never got the GP stuff and the doctor's stuff. How can that be? So that's where [named fund] frustrated us, right from the word, go. (Interviewee 6)

The interviewee who submitted online regretted not "doing it by paper":

> I know that everything's online these days, but there's not enough spaces to fill in what you need to write. I thought, in the end after I'd done it, and sent it off, oh, my goodness, that's not right at all. I really needed to write more in it so that I could explain, but it wasn't relevant on the [online] forms, so it was quite hard. I wasn't sleeping at night; it was horrible. I would wake up with a nightmare, thinking, oh, my God, [they're] going to think we're doing fraud. (Interviewee 10)

Ineffective communication. Some interviewees were unable to differentiate between communication with the fund and the claims assessor whereas for others, the fund was clearly the main point of contact with case managers assigned in several cases. Paradoxically, while interviewees found the process arduous, uncertain, and lack of communication frustrating, they generally found staff pleasant:

> The people that I've spoken to, they don't know me from a bar of soap, no one's ever been abrupt. They usually finish off their conversation with 'all the best'. They are never in a hurry to get off the phone. They're always quite interested to have a little chat if they can. (Interviewee 1)

> A lot of the time the staff were really nice, they act nice, but they are telling you things that, like I said it felt like deliberate incompetence. It's like if I go somewhere and someone's not very good at their job but they're nice so you don't necessarily have an unpleasant experience, but you still have a negative association with that particular business" (Interviewee 3).

Poor confirmation about receipt of forms, lack of progress updates, and the ever-changing contact person were identified as key communication problems. While most acknowledged that assessing claims takes time and staffing is challenging, interviewees reported inadequate communication with fund/claims professionals, for instance: “You don’t expect people to be at your beck and call, but a little better, a lot better communication. We really felt in all cases, they weren’t up to their job” (Interviewee 6); “Try to stick to one claims officer, not change it all the time” (Interviewee 8); “You speak to one person and then that person will say ‘oh, such and such isn’t here now’, they need easier ways to communicate” (Interviewee 7). Written communication was preferred: “When it’s important and you need to remember things because I can’t express myself properly on the phone or remember” (Interviewee 4); “Well, if I send an email, then I expect an email straight back, not waiting for days and days. I understand they have more than one case, but just generally a smoother way of corresponding and everything in writing” (Interviewee 7).

Chasing up. In response to not knowing the claim process and/or inadequate communication, all except one interviewee mentioned having to “chase up” their claim by phone or email. Frustration was particularly apparent during three interviews:

> Oh, I guess I made a hundred or so calls the whole time. Yeah, a lot of the time that was just to clarify. Like, they’d say ‘oh, we’re sending forms you should get them next week.’ Then three or four weeks later you’d ring back, and they’d be like, ‘oh yeah, they’ve been sent. ‘Oh, you didn’t get them? We’ll send them again’. (Interviewee 3)

> I guess I had to chase the solicitor for what was happening, and they had to chase them [fund/claims assessor] as to what was happening. That process, on top of where I was mentally, was extremely hard for me. Yes, it was the fact that you’d do it, and then three months later,

> you'd hear nothing, and you'd have to chase it up, and I guess from both the solicitor and the claims professionals, to me, that wasn't good. (Interviewee 5)

> We had to keep chasing, saying, 'have you got the stuff? Why is it taking so long for feedback?' Always checking, and chasing, the communication was abysmal. The feedback was generally non-existent unless we demanded it. We felt that we were leading. We were driving it, not [named claims assessor]. (Interviewee 6)

Sources of support. Eleven interviewees reported some measure of support at various stages of the claims process; most support was given at the beginning of the claims process. Six had help from doctors or specialists who supplied medical evidence of disablement. In three claims, professional assistance came from a solicitor, a social worker, and a disability-specific organisation, respectively. A friend without claims experience supported one interviewee. In addition to help from the trade union and an employer, one interviewee met with the fund representative which proved to be a valuable relationship: "Absolutely, categorically, without doubt, definitely. Meeting someone [from the fund] face-to-face made an enormous difference" (Interviewee 6).

Theme 2: Disability

The following three subthemes focus on aspects of disability from the TPD interviewees' perspective.

Disability in crisis. When questioned about the effect of the claims process on their health and wellbeing, all interviewees reported that managing their health was their primary concern: "It's the feeling of not having any self-worth. It's horrible, I've been so independent and strong, and you know, it's an entirely different lifestyle" (Interviewee 1). Interviewees were divided into a small group who regarded the claim as low impact on their situation, for example:

"Pretty easy for us because of the social worker, I just had to tell her, and she fixed it up" (Interviewee 11). The other group—two-thirds of those interviewed—felt that claiming TPD added varying levels of stress to their situation. Some were preoccupied with negotiating regular payments from workers' compensation, Centrelink, or income protection streams, as well as TPD. Many interviewees described "living on the edge": "That process, on top of where I was mentally, was extremely hard for me because I just didn't know what the future was. I don't think it helped my health in any way. In that situation, you're battling the uncertainty of life anyway" (Interviewee 5); "We were sane at the beginning, and as you can tell, we're probably now a little less sane. It was very frustrating" (Interviewee 6). Financial and future uncertainty led to stress according to one interviewee with a musculo-skeletal condition:

> It was dreadful. I was so financially stressed and coupled with where was my future going, and I was about to lose my house. It went on for a long time and I can understand that because it was quite complex, but I never knew, and the longer it went the more horrible. In saying that, by the time it was ending I was really emotionally a mess. I would say at the end I was close to, I think I am a stronger person [than] to have a nervous breakdown, but I reckon you could put me up to the 10, if it's between 1 and 10 of anxiety and distress levels. (Interviewee 7)

Insufficient fund/claims professionals understanding of the disability undermined interviewees' wellbeing. It was the primary reason for the interview according to one interviewee who wanted to say that the fund/insurer should understand what it means to have a progressively debilitating disease: "It's on their paperwork but their staff have no idea what [named condition] is. It's very debilitating, so it's, it's hard. I mean if they are ringing someone up they should check to see what you [have] and some knowledge of your illness before they call" (Interviewee 4); several others agreed and one suggested: "It is such a big thing in your life, I mean you don't do that

[claim] because you want to. Even just a quick little phone call and say, how are you, are you going okay. That would've been lovely" (Interviewee 10).

Finally, an interviewee recounted that providing work history at a very difficult time was arduous, and recommended changes to make it easier for a person with significant disability:

> The last thing you think about is what work you did. Had a lot of things I had to think about. I couldn't remember over the years, so it was hard. It would have helped if the work part of the form was shorter, easier. Maybe just ask for less jobs in work history, not to go back to day one. Just for the last few jobs, four or five jobs. Follow up if needed later on, not when starting the claim. Yes, good to give general, shorter form if not likely to work. Just sign to super [fund] and they will accept that [you] couldn't remember the history. The superannuation [fund] may have the whole work history from a member's records. They can pass on to the insurance company. (Interviewee 11)

Payout consequences. Notification that the TPD claim had been approved was inconsistent. Interviewees reported various modes of advice: letter from fund; phone call from fund, phone call from claims professionals to unauthorised party (person with advanced dementia) requesting bank account details, money in account without notice, and in a call to fund for progress update was advised of approval.

There was mixed reaction to receiving the TPD lump sum payment. Two interviewees were unreservedly happy with the outcome, for instance: "It helps a lot when you are a pensioner. Actually, I got $2,000 more than I expected, so that's great" (Interviewee 9); For some however, relief in receiving the money was jaded by the process, for example:

> It was so long-winded to get to that point, and I sort of got to a point where I didn't really trust anything until it actually happened. And, I guess, part of where I was, and in some ways, still am mentally, I'm always scared to enjoy or savour the moment, so I couldn't let myself get excited

> by it, although it was great to know that in a way, you're going to have some financial relief, so to speak, it still is a long way from when you're earning a good wage or salary. (Interviewee 5)

Interviewees reported unanticipated negative consequences once payment was made into their superannuation account. The main consequences were: finding that a new process was required to release money from superannuation account; difficulties and time delays withdrawing money from superannuation account; heavy taxation which could have been reduced with foreknowledge; no compensation for medical/administrative costs incurred in claiming; orders to repay government disability benefit debt; welfare support services cancelled; no paperwork accounting for the amount approved; delays from claim to payment extended time out of work thus reducing employability; and the inability to manage a large amount of money. This last point was referred to by other interviewees but occupied much interview time with one younger interviewee:

> I think I'm pretty sure they [the fund] recommended financial advice. I was with [named welfare agency] because I was nearly on the street at the time. I got the payout and I went back the next week and they told me that because I had the payout that I was no longer eligible for any help from them, so it was disappointing. I asked all my [expletive] case workers and social workers I told them 'every time I get a big amount of money I stuff it up'. I was sort of asking, how do I get help? Can I get financial [help]? And no one could sort of help me, it never sort of happened. And then afterwards I got a bit [upset] I said [expletive] I'm asking everyone for help and no one [expletive] could even help me. I think I was a little bit incompetent. I probably should have pushed through and tried harder. Now I know what it is like to have it and lose it. So, it kind of, it didn't have much of a good impact at all. I'd probably be happier now if I'd never got the money but that's a separate issue. (Interviewee 3)

Several interviewees likened the TPD payout to winning the lottery and how inept people can be when inexperienced in managing large lump sums of money. One solution was for "an advocate to help them with the pitfalls in claiming and managing the payout" (Interviewee 7).

Considering future work. Four interviewees did not discuss work. Specific review of field notes and audio replay confirmed that during discussions with interviewees about work possibilities—raised toward the end of the interviews—there was a distinct lifting of mood and voice tone. Lighter body language was also observed during this part of the face-to-face interviews. This significant positive change in disposition was despite uncertainty and realistic outlook expressed on work prospects. For example, one interviewee had unsuccessfully attempted working post-payout: "I wish there was a way that yeah, I'd like to work again, and I was always happy when I worked but it doesn't seem to last. I just don't know what [work] to do" (Interviewee 3). Voluntary work as a first step to employment was discussed. Four interviewees wanted to start back as consumer advocates in their fields of disability and a fifth wanted to be a TPD advocate having assisted four people to claim already. One interviewee who had also returned to work post-payout talked at length about new work options needing to be suitable: "You need someone like a vocational advisor, someone who knows about disabilities, is empathetic, to give advice and retraining" (Interviewee 7). Interviewees with mental illness had access to return-to-work service providers under government mental health schemes. The rest were trying independently, for example: "I've been trying to apply for positions like assistant receptionist type work and I'm at the point of, well, I don't know, maybe if I try and see how I go one day a week voluntary work, see how I pull up, see how my back is" (Interviewee 8); "Can I trust myself to work again? I probably won't be able to, it probably won't happen. But I'll try" (Interviewee 11).

Recommendations from Claimants

Notwithstanding the difficulties experienced by TPD interviewees, there were positive features: “Good that it was part of my super automatically as I was 40 and pregnant at the time of my [named condition]” (Interviewee 11); “Yeah, I’ve had no complaints. They’ve been fabulous, really fabulous” (Interviewee 1);

> Although I’ve given away a little bit, I guess I paid the solicitors a fair lump to do the process, to achieve that, in my circumstances I felt the weight of the solicitor and how they went about things, was positive to getting the claim approved. (Interviewee 5)

One interviewee-by proxy was certain that their relative with Alzheimer’s would be homeless if they had not intervened on his behalf. For others, TPD meant financial security; by using the lump sum to pay off the house one interviewee narrowly avoided bank foreclosure. This experience underscores recommendations for future interviewees to prioritize financial decisions and pay off debts, for example:

> I strongly encourage them that when they get the money to pay off their house. There should be some little thing, and I know it might be breaching human rights or whatever, but I think if they have a mortgage that it should go off that. It is there to help you restructure your life, and if people can’t fill out the forms and have never had money, they don’t have the knowledge how to utilise that money to their advantage. You can’t take away their rights with the money, but I do believe there should be some safe guards. I strongly believe that. (Interviewee 7)

Advocacy was a proactive suggestion to avoid chase-ups, anxiety, and frustration. Interviewees thought that for certain situations such as mental illness, high anxiety, isolation, poor cognition, or complex issues, it would save the fund/claims professionals time and money to appoint a specialist as an advocate:

> I mean, even if the insurance company had a couple of people that were liaison officers, social workers and whatnot, who could, when an assessor is having an issue with somebody, whatever the issue is that they're finding hard to deal with. The liaison person could perhaps contact the claimant and just give them a heads-up with the process, to help them with, just, sort of, a bit of handholding. Yes, whereas if there was somebody that would do a little bit of handholding, or guiding, or counselling or something, just to help the person, the claimant get through it. Because, you'd go mad. You do go mad. You tear your hair out. I'm sure people must give up with it. (Interviewee 6)

Recommendations made by interviewees are summarised in Table 11.

Table 11

Summary of TPD Interviewees' Recommendations

Category	Synthesised interviewee recommendations
Information	▪ Effectively advise all superannuation fund members that TPD is available in their super. Ensure additional TPD cover is accessible. ▪ Handout/checklist of documents needed at the outset of claim. In clear, very basic, plain English. ▪ Outline the process, preferably face-to-face, or with phone contact, and always confirm in writing. ▪ Provide a realistic framework with steps and timeframes. Set expectations at the start. ▪ Request only recent (last 4–5 jobs) work history; clarify later if required.
Electronic assistance	▪ Video introduction to TPD on claims websites. ▪ Online chat facility with a TPD specialist. ▪ Online TPD claim tracker. ▪ Allow space within online forms for claimant to add additional relevant information.
Contact	▪ Ensure one fund/insurer contact-person for the claim. Advise details of a back-up contact-person at outset of claim. ▪ Avoid secrecy. ▪ Only and always communicate with the authorised nominated claimant. Flag cases where advocacy would help both parties.
Reasonable response	▪ Check claimant's preferred means of communication. Use email as default communication. ▪ Acknowledge claimant communication in reasonable timeframe.
Progress updates	▪ Avoid claimant anxiety and having to chase up issues by giving regular updates.
Empathy	▪ Treat each claim as important. Know details and prognosis of claimant's condition. ▪ Acknowledge the difficulties claimant and family may be experiencing. ▪ Understand that claimants may have concurrent claims/issues which can be confusing and frustrating.
Support	▪ Check if they have someone to support them. ▪ Appoint a qualified person with TPD and disability knowledge from insurer or fund to give attention/support to claimants.
Financial	▪ Provide details of agencies that claimants can contact for financial advice. ▪ Appoint an advocate if requested or flagged.
Return-to-work	▪ Check what RTW services a claimant has, offer to liaise. Ask if they need advice or conversation about future work/retraining options. ▪ Provide realistic information or help if required. ▪ Understand the functional limitations of claimant's medical condition in relation to work. Consider other factors affecting work function.

Note. TPD = total and permanent disability. RTW = return to work.

Discussion

This study provides formative insights from claimants into their TPD claims experiences in two main themes: process and disability. Overall findings showed that the process was challenging and, in some cases, flawed, and because of that, disability was devalued. Claimants interviewed were critical of flaws in the system—institutional failings, deliberate or otherwise—rather than the service providers, who were pleasant and doing their best.

Interviewees were keen to have their voices heard; the interview format allowed them to relate their experiences freely. Evidence of their involvement included offers to be identified by name, to contribute to further research, provide records of contact with fund/claims professionals, and all wanted an outcome summary. Most commented that the phone/email contact post-interview was much appreciated and contrasted with the poor follow-up communication they experienced with funds and insurers.

The first theme pointed to lack of transparency, particularly about having a TPD policy and progression of the claim. Fund members should expect their insurance will be managed in a fair and transparent manner (Leas & Burgess, 2015), yet this was not the case for most in the study. Having no clear understanding what is likely to happen with their claim meant that interviewees had no benchmark for gauging expectations or satisfaction levels. Nonetheless, most found their intrinsic perception of good service delivery was unmet, thus causing distress. Their experience is consistent with vulnerable people participating in other bureaucratic processes without having adequate information or understanding to do so, also with detrimental consequences to their wellbeing (Kilgour et al., 2015; Matthews, Quinlan, Rawlings-Way, & Bohle, 2011; Murgatroyd et al., 2015; Pollard, 2014). For instance, not understanding what they needed to do for their claim was reported as “highly stressful” by workers’ compensation

claimants (Grant et al., 2014, p. 449). Such outcomes occur in highly regulated and monitored systems which have been in place for many years (Purse, 2005), and are criticized for being "too rigidly process-oriented, disregarding unique individual circumstances" (Roberts-Yates, 2003, p. 900). In July 2017, a *Code of Practice* was finally implemented by the life insurance industry under the auspices of the Financial Services Council. The Code defines clear timeframes and promises to explain the claims process and to keep claimants informed about progress of their claim (Financial Services Council, 2017). Experiences from other schemes suggest that evaluation of best-practice, service standards, and the impact of the Code on TPD claimants is warranted.

Effective means of conveying TPD information is needed: *telling* is no substitute for *informing* (Volpato, 2012). A randomised controlled trial of an interactive website was conducted in a quest for Dutch insurance claimants to fully understand the medical assessment process they were commencing. Results were mixed: claimants showed increased knowledge, however, there was no reported improvement in their empowerment or coping, and an adverse effect on satisfaction due to perceived injustice was identified (Samoocha, Snels, Bruinvels, Anema, & van der Beek, 2011). TPD interviewees volunteered several online modes for improving information delivery such as online chat-with-expert and claim-tracker, however overall, they preferred face-to-face contact. Active partnership with clients helps innovate and evaluate communication improvements (Powers et al., 2002). The TPD claimants interviewed were keen to contribute new ideas to improve interaction about their claim.

The second theme—disability—reflects the disempowerment many interviewees expressed from undermining effects of procedural issues. Empowerment of a person with disability imbues a sense of control and self-determination (Samoocha, Snels, Bruinvels, Anema,

& van der Beek, 2009). While claimants generally reported positive support from medical and other professionals, provision of advocacy services by fund/insurer was thoroughly endorsed by the only interviewee to receive face-to-face assistance from the fund. Superannuation trustees may have a role to play in supporting their members throughout the claims process.

Extracts illustrate the health crisis every interviewee poignantly recounted in interview. Even in the two cases of claimant-by-proxy, the effects of the claims process on their own and their relative's wellbeing were palpable. One claimant-by-proxy found it almost impossible to navigate the claim (despite three university degrees), logged more than 90 discreet points of contact and wondered how unwell people would cope. The other claimant-by-proxy considered that people are applying for TPD *because* they are disabled, and that many would get to the point where they would give up. As mentioned in the introduction, the TPD stakes are high—none more so than the "tough" circumstances that necessitate lodging a claim. However, the payout did not bring universal benefit, and fell short of fulfilling the purpose for which TPD insurance was intended. Unpreparedness and foreseen consequences arising from the payout had an ambivalent or negative effect on three-quarters of interviewees.

The topic of return-to work produced a positive reaction; interviewees' desire to work was clear yet realistic. Research conducted in other schemes indicates a need for thorough investigation into TPD employability assessment and rehabilitation service provision. For instance, compensable-injury claimants are known to experience poorer health outcomes, benefit from early intervention, and report altered psychosocial circumstances (Australasian Faculty of Occupational & Environmental Medicine, 2011). People claiming lump sum payouts are reportedly much worse off than claimants on instalment payments—the process was found to be too stressful, too slow, and too traumatic for claimant and family (Greenough & Fraser, 1989). A

further cautionary note is sounded as compensation is associated with greater risk of negative vocational rehabilitation outlook (Lysgaard, Fonager, & Nielsen, 2005). Comparison with other schemes is difficult due to the heterogeneous nature of compensation, schemes, and disability (Spearing & Connelly, 2011), however, several TPD-specific factors compound the complexities reported elsewhere. For example, late claim lodgement, a six-month waiting period, or prolonged claim assessment preclude early rehabilitation intervention; and psychosocial factors are not considered in employability assessment.

A reported weakness of lump sum TPD is that it provides incentives for members not to return to work or participate in rehabilitation, described as a *moral hazard* (Leas & Burgess, 2015, p. 7.2.5). Findings from this study refutes this premise. Although diminished by disability and participation in the claims process, interviewees retained a strong sense of being a worker and wanting/trying to work. An informal telephone survey of 330 Australian TPD claimants conducted by their superannuation fund indicated that 36% had returned to work or were looking for work, and 66% wanted help to return to work (Rowley, 2015). This feedback prompted the fund/claims professionals to pioneer return-to-work rehabilitation within TPD; several other funds have also included rehabilitation elements into policy (Leas & Burgess, 2015).

The predominant TPD model, however, remains a predetermined lump sum payment set in a winner takes all framework. Interviewees described unexpected consequences arising from their “win”. Whose responsibility is it to ensure that once paid, the lump sum is secure? A defining feature of TPD is the traditional thinking that when disabled, “a lump sum would pay off the mortgage and debts before moving into the social security net” (Mace, 1996, p. 35). Automatic inclusion of TPD cover within compulsory superannuation was mandated by the government in 2014 to safeguard many underinsured Australians (Berrill, 2014). A fundamental

step would be to extend this social compact to ensure financial assistance is available to those with approved claims. An arrangement with a national community organisation offering free financial counselling services would be a positive start (Australian Securities and Investments Commission, 2018).

The study findings indicate that funds/insurers should adopt a person-centred, humanistic approach, rather than continue *corporate-rationalist* imperatives described in other insurance schemes (Pollard, 2014). Person-centredness is applied in the health and disability arena to foster supportive relationships between service providers and service users; mutual respect and empathy underpin a person-centred culture (Dewing & McCormack, 2017). Interviewees called for empathy in various ways, particularly in understanding the disability and taking an interest in how the claimant is managing the claims process. A lawyer dealing with TPD claims demonstrated that listening to claimants resulted in efficiency and fairness; and in a critical situation, showed that conveying TPD information face-to-face with empathy resulted in an outcome which was "feasible, fair, and focused on the individual" (Volpato, 2012, p. 2). This example of "transactional dignity" empowers superannuation claimants to manage their claims with confidence (Furlan, 2014).

Exploratory research is expected to identify areas for future research (Matthews et al., 2011). The findings from this first study from the claimants' viewpoint require evaluation and extension. A larger survey of TPD claimants is warranted using information and key issues raised in this study. Indeed, some of the interviewed claimants expressed interest in helping with further research and would be invaluable as consumer partners in developing future research programs.

Further research is recommended in three areas: (1) an evaluation of outcomes and experiences of claimants receiving rehabilitation intervention to identify the value of return-to-

work assistance, (2) an appraisal of the new Code of Practice to determine if mandatory service provision equates with improved claimant experience, and (3) a comparison with other compensable schemes may identify positive mechanisms to support and avoid harm to TPD claimants.

The study findings may not represent the experience of all claimants with a finalised TPD claim. Purposive sampling limited claimants to one superannuation fund and their insurer, although a quarter of the sample had additional TPD claims with other funds/insurers. Experiences of claimants from other funds/insurers may differ from those responding to this study, and those with a declined claim may have different views to this sample with accepted claims.

In conclusion, despite receiving a positive claim outcome, interviewees reported systemic shortcomings in the claims process. Frustration and anxiety arising from insufficient information was experienced by most interviewees. Process flaws further undermined interviewees' ability to function at a critical time in their lives. Many interviewees retained a desire to work, although all expressed uncertainty about their health and future.

A person-centred approach adopted by superannuation funds and insurers would accomplish three things. First, it would help claimants manage their claims more easily. Second, it would provide support to claimants, particularly with financial management or employability. Finally, and importantly, empowering the claimant as a partner in the claims process affirms their lived experience at a crucial time.

In the absence of previous research, this study identifies areas of concern in the TPD claimant experience and posits a set of important claimant issues for further investigation and improvement. In the next chapter, the focus is on rehabilitation and capturing views on

employability assessment from those most closely involved: the expert TPD rehabilitation advisors.

Chapter Four - Study 3

Rehabilitation Advisor Focus Group

Insurance-employed rehabilitation advisors are pivotal to employability assessment. They developed and refined the model and deliver training in all facets of employability to claims staff and providers. They are responsible for the management of case referral, for instructions to providers, and for maintenance of quality standards. In-house rehabilitation advisors may also advise claims professionals and other stakeholders on employability matters and employability assessment reports, they may review cases, and sign off on provider payments. They are specialists with the capacity to change the model if required. Their perspective is therefore crucial when considering what is problematic or challenging about employability assessment and the TPD environment in which it operates.

Study 3 was designed as a focus group to hear the opinions of rehabilitation advisors who are national subject matter experts on employability assessment. Having this group gathered at the same place and time presented a rare opportunity to also harness those same expert opinions for the Delphi process in Study 4. Their willingness to contribute is evidenced by the attendance of all except two national employability assessment experts who were constrained by company policy. A by-product of these two studies is a unique description of insurance-employed rehabilitation advisors.

The work presented in this chapter has recently been peer-reviewed by *WORK: A Journal of Prevention, Assessment, and Rehabilitation.* This chapter includes emendations requested by the journal reviewers. The publication is:

Black, M. E., Matthews, L. R., & Millington, M. J. (2018). Issues facing employability assessment in total and permanent disability insurance claims: A rehabilitation perspective. *WORK: A Journal of Prevention, Assessment, and Rehabilitation.*

Purpose

The purpose of this study is to document the views of rehabilitation advisors who have expertise in employability assessment. Specifically, their opinions are sought on the following single open-ended research question:

What are key issues pertaining to employability assessment in the TPD context?

Method

Study Design

A single focus group of rehabilitation advisors was used for this exploratory descriptive research into employability assessment. A focus group is appropriate for people who share an interest in a specific research topic to discuss a range of insights and opinions (Liamputtong, 2012). A typical focus group has 6–10 people with a facilitator/researcher who leads the discussion for one or two hours. This group approach places participants in an active role in the generation of new knowledge (Sturesson, Edlund, Fjellman-Wiklund, Falkdal, & Bernspång, 2013). Data generated from focus group interaction helps clarify or validate results from other study methods—in this case comparing data from the claimant interviews and claims professionals survey—to add rigour to the overall research (Minichiello, Sullivan, Greenwood, & Axford, 1999).

Thematic analysis of data is a foundational and flexible method of qualitative analysis used to identify, analyse, and define themes (Braun & Clarke, 2006). Thematic analysis was applied in both stages of data analysis using the six-step analysis technique of Braun and Clarke

(2006, p. 87) consisting of (1) becoming familiar with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report. The COREQ checklist for reporting qualitative research using focus groups guided reporting of the study (Tong et al., 2007).

The study was designed in two stages because of the relatively short discussion time available (45 minutes) and a relatively large focus group (10 participants). The first stage generated a topic agenda of issues, as having a list to guide the group process is beneficial (Webb & Kevern, 2001). The second stage was group discussion based on the agenda topics. The University of Sydney Human Research Ethics Committee (HREC Project No. 2015/204) approved the study protocol. A modification to recruitment of participants from two groups into one was requested and granted by HREC (see Appendix A, Item 2); this allowed the focus group and Delphi study to occur concurrently.

Participants

Insurance-employed rehabilitation advisors who were deemed *employability assessment experts* by their team managers were identified as potential participants for the study (n = 10). Team managers and their expert nominees were advised of the study via a participant information statement (see Appendix C, Item 1). They were aware of the larger TPD research project, the reasons for it, and the status of the researcher as focus group facilitator from industry communiqués. All participants knew the researcher through former roles as insurance rehabilitation advisor, external employability assessment provider, or as a member of industry TPD working groups. The participants were known to each other.

Ten participants represented 89% of rehabilitation TPD teams from Australia-wide (see Table 12 for main characteristics). Three companies did not have suitably experienced advisors

and one company declined participation for commercial reasons. Participants averaged five years' experience in employability assessment (M = 4.99, SD = 3.66, range 0.8–12 years). Half the participants held membership of an Australian rehabilitation counselling professional body which requires demonstrated proficiency in vocational assessment practice. All participants had undertaken regular in-house and external training in various aspects of employability assessment and TPD, most notably in case law impacting employability.

Table 12

Characteristics of Focus Group Participants

Participant	Professional Discipline	Tertiary VA Training	Occ. Rehab. (Years)	EA Experience (Years)
1.	Rehabilitation Counselling	yes	23	12
2.	Rehabilitation Counselling	yes	15	3
3.	Rehabilitation Counselling	yes	8	3
4.	Rehabilitation Counselling	yes	20	10
5.	Psychology	no	23	8
6.	Behavioural Science	no	13	2.6
7.	Occupational Therapy	no	4.5	2.5
8.	Occupational Therapy	no	7.5	0.8
9.	Physiotherapy	no	0	3
10.	Naturopathy, Counselling	no	10	5

Note. VA = vocational assessment. Occ. Rehab = occupational rehabilitation. EA = employability assessment.

Procedure

In Stage 1, participants were invited to email their key employability assessment issues to the researcher for thematic analysis in advance of the group discussion. Resultant themes were compiled in a report and returned for review prior to the focus group. The report was part of an orientation pack that also included the topic agenda, the consent form, and a demographic questionnaire.

For Stage 2, participants convened in the city boardroom of a reinsurance firm prior to a meeting that they were all attending**.** The focus group session was scheduled for 45 minutes, without a break. Time was allocated at the start for introductions and questions, and at the end for thanks, debriefing, and questions. The researcher invited participants to select the first agenda topic for discussion and guided them to choose a new topic when each topic was fully covered. Group discussion data was collected by audio recordings which were transcribed verbatim; the speakers were not identified. Data was also gathered from the researcher's contemporaneous notes and from participant comments written on the topic agenda form. This additional participant data may have been written prior to the session although some participants were observed writing notes during the discussion. The two stages of data collection are outlined in Figure 4.

Data Analysis

The material emailed at Stage 1 was collated, printed, and reread for total familiarity with the content. A coding process was used to identify, review, and form categories from the data. Repeated or thematically similar issues were then merged, split, or moved, with care taken to retain the essential meaning. Emerging categories and issues were rechecked for meaning and relevance to the topic, and final categories were formulated (Braun & Clarke, 2006; Liamputtong, 2012). Coding and categorising steps were performed using Microsoft Excel, and the decision trail recorded (Carcary, 2009; Cutcliffe & McKenna, 2004). To ensure analysis integrity, two participants were phoned to clarify the meaning of several items. Appraisal of this process was conducted by two research supervisors as a safeguard against bias (Lane, McKenna, Ryan, & Fleming, 2001). Finally, data were compiled into a topic agenda for group discussion, ordered by frequency of issues.

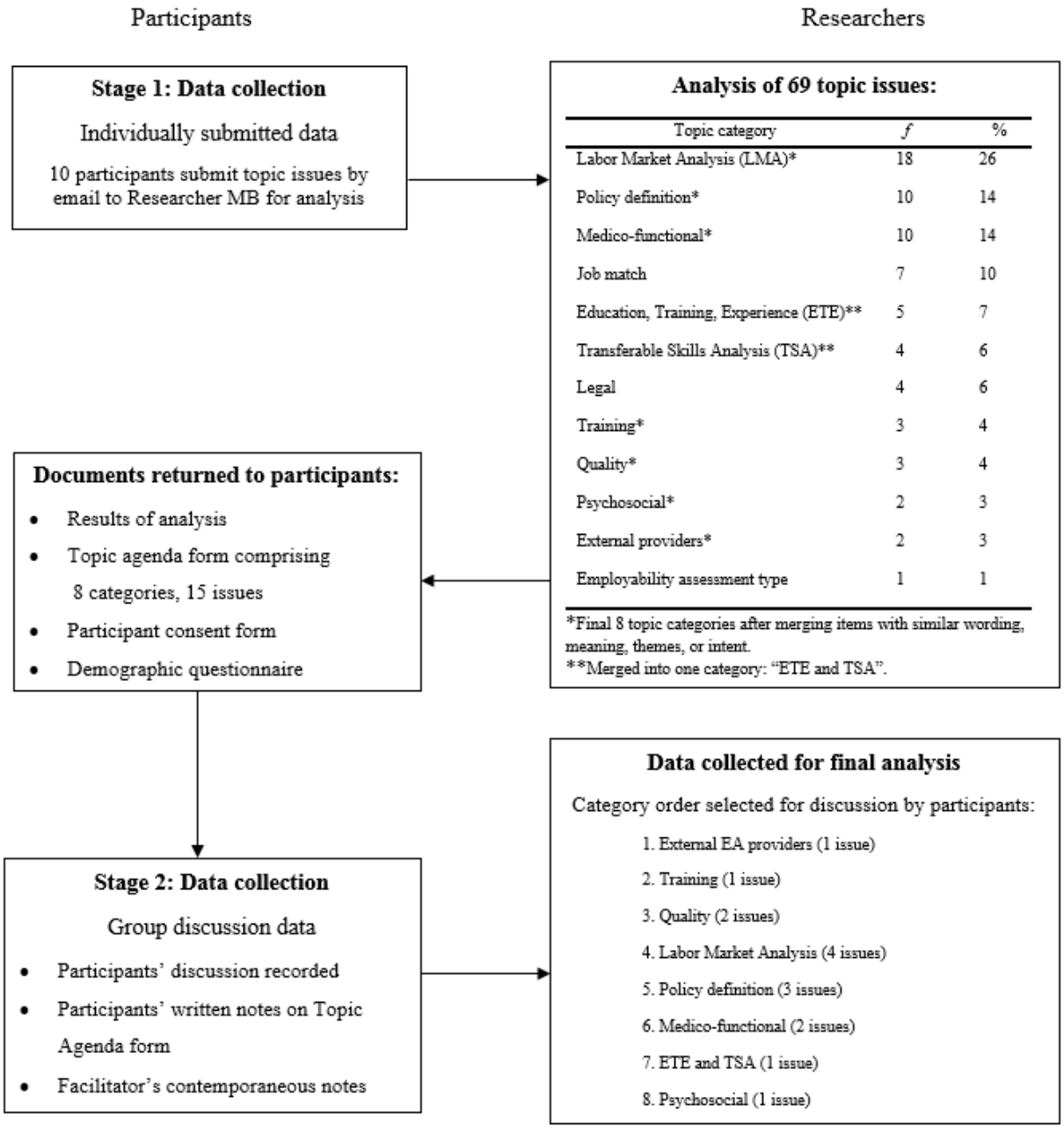

Figure 4. Flow chart of 2-stage data collection process.

Stage 2 analysis of group discussion used data originating from three sources: transcribed audio recording, additional participant written comments, and facilitator notes. Data were

thoroughly reviewed within their original sources and categories. Comparing datasets for common or contrasting views (Leech & Onwuegbuzie, 2007; Minichiello et al., 1999) compressed the transcripts and contemporaneous notes into a single dataset by means of merging similar comments as described in Stage 1. The resultant two datasets were recoded and organised into new categories and subcategories for fresh analysis. Identified themes were formulated into final outcomes.

Results

Participants submitted 69 issues grouped in 12 initial topic categories (see Figure 4). Thematic analysis produced four category mergers: job match into transferable skills analysis; legal into policy definition; employability assessment type into quality; and education, training, and experience combined with transferable skills analysis. A final topic agenda was created with eight categories containing 15 key issues. Group discussion and notes on the topics generated 83 items of data for further analysis. Synthesis of this discussion data produced one overarching theme, three categories and eight subcategories (see Table 13). The results are presented below with descriptive extracts. Identifiers in parenthesis are (Group) for transcribed participant comments and (Note) for additional comments written by participants on their topic agenda forms. The subcategories are interwoven in each corresponding category.

Table 13

Main Theme of EA with Categories and Subcategories

Theme	Category	Subcategory of issues	Group items[a]	Note items[b]
EA as a forensic document	EA Provider	Qualifications	6	3
		Training	8	6
		Medical/functional role	7	4
	EA Methodology	Types of EA	11	4
		Labor market information	9	7
		Psychosocial	4	2
	TPD Policy	Date of assessment	3	2
		Terms: reasonable, unlikely, unable	5	2

Note. EA = employability assessment. TPD = total and permanent disability.
[a] Group items = coded comments from transcript of focus group discussion and facilitator's contemporaneous notes.
[b] Note items = additional participant notes written on topic agenda form, deidentified, and coded.

Employability Assessment as a Forensic Document

The overall theme illustrates participants' mindfulness of the context in which employability assessment sits. A large proportion of discussion items contained references to the courts, legal rulings, or processes bound by case law precedent. "The end-point is the legal system. It is about what is strongest if it goes to litigation" (Group). Participants described waiting for the courts to determine several aspects of employability assessment, including policy definitions, current methodology, and provider credentials. Disagreement from one participant challenged reliance on the court for provider credentials, writing "It is up to *us* to decide" (Note). Issues of poor report quality and consistency brought agreement that employability assessment quality must be "Robust for court, irrespective of jurisdiction" (Group).

The Employability Assessment Provider

Participants favored development of agreed qualifications and experience criteria for external providers who conduct employability assessments. There was uncertainty whether the

courts or claims professionals should decide the specifics but agreement that there are qualifications, a certain number of years of experience, professional body membership and ongoing professional development that constitute expert credentials. Qualifications required to undertake an employability assessment vary between Australian states and can create an issue of compliance. An example raised was that of one State, Queensland, where occupational therapists are frequently employability assessment expert witnesses whereas rehabilitation counsellors and psychologists are preferred in most other States. Irrespective of discipline, providers needed "Qualifications and high-level experience. We want RTW [return-to-work] experience, not just medicolegal experience. Without hands-on experience, they are an easy target for legal challenge" (Group).

Consensus was that "A standard of training is required for employability assessment to have credibility within life insurance" (Group). Several participants noted that as a minimum, providers should (but do not) undertake generalist *expert witness* training, raising the question of who should present this training. Employability assessment-specific methodology training was discussed without resolution despite agreement that having consistent methodology was important and any training to improve quality of reports was worthwhile. Prevailing training issues included: "The challenge with methodology is [that] insurers have inconsistent expectations – cannot train providers when we don't have consistent methods. Does it go back to university training of rehabilitation counsellors or is training satisfactory and EAs are above usual training?"; "Problem with employability assessment is different disciplines – occupational therapists, rehabilitation counsellors, psychologists. Who will take the initiative unless it is university or body like ALUCA [life insurance peak body] to carry more weight?" (Group). One participant likened employability assessment to a functional capacity evaluation (FCE): "Good to

have evidence-based methodology, like with FCE. Good concept but FCEs have specific training, expensive monopolies; if companies offer training there may be credibility problems" (Group).

The medico/functional issue concerned weighing up various medical evidence as the basis for provider identification of job options. Participants considered that it was the role of the provider to include rationale for their selection of alternative occupations based on functional evidence. It was not the role of the provider to discern the weight of medico/functional evidence, particularly conflicting reports. Most participants considered that the claims professionals should specify a claimant's functional capacity for the provider, for example: "EA provider gets information via IME [independent medical examination] or FCE [functional capacity evaluation] to inform function. Claims assessors need to say which functional level the provider [is] to focus on" (Group); and "It's not the job of the provider; EA should be directed by claims for two EA options, then refer back to medicos for clarification, the provider can always give a supplementary report if further medical information is to hand" (Group). Another agreed: "Too many medical reports to an EA provider are unnecessary – give direct instruction" (Group). One participant concluded: "The art of EA is to summarise conflicting opinions, acknowledge them but not let that influence expert choice of occupation" (Group).

Employability Assessment Methodology

Three types of employability assessment were discussed: file-based with documentation supplied to the provider, with claimant telephone contact, or face-to-face interview with claimant. Opinions varied on which methodology was best and whether there should be clear guidelines for each type. Two participants offered legalistic arguments for file-based: "No definitive rulings from court. Report is objective if claimant seen by doctors. Claimant signs their

information is correct. No subjective elements required yet it's very hard for providers to have no subjective position" (Group); and "In interview, they may have less truthful emphasis on jobs as coached by solicitors (Group). A compromise came from another: "Paper-based is fine as default. If aspects need stronger fact than assumption then stepped to phone, then interview for certain aspects of employability like presentation and general manner" (Group). An alternative suggestion was to interview former employers and workmates rather than rely on claimant self-report, although late claim notifications would make this difficult. Most of the group agreed that thorough review of education, training, experience (ETE) and transferable skills analysis (TSA) required telephone or face-to-face contact with claimant. One participant remained adamant that "file-based was objective and sufficient" (Group).

There was unanimous support for including labour market information in employability assessment methodology despite some policy interpretation to the contrary. Contact with employers about job options was highly regarded as part of methodology: "Theoretical until confirmed, courts like direct employer contact" (Group); "Yes, turns theory into real world" (Note); and "Yes, employers provide a powerful real picture" (Note). Caution in employer discussions was advised by two participants: "Needs standardisation to direct providers; how to pose questions to employers. A set of criteria should be included" because "Some providers shop for right answers" (Group).

The final methodology issue concerned the inclusion of psychosocial aspects of a claimant's situation. Responses were wholly against inclusion, for example: "No, TPD is about capacity" (Note); "Psychosocial is fluid, temporary, situational and leading to subjectivity" (Group); "Exclude psychosocial as EA based on policy and TPD intent" (Group); "No place in a

EA report, should be addressed by claims assessor" (Group); and "Psychosocial barriers are not necessarily the result of condition" (Note).

TPD Policy Issues

TPD policy terms and definitions that inform several employability assessment parameters were raised by some participants. Date of assessment (DoA) was an issue particularly if it related to a retrospective point in time and because "DoA is a legal ruling so we need to adhere to it" (Note). While retrospective work history and job options were not considered as issues, labour market analyses were.

Two legal terms were singled out as affecting employability assessment. First, *reasonable* or *reasonably suited* was described by a participant as "subjective" and others agreed that criteria needed to be set by the courts around defining "reasonable." Suggested parameters included education, training, experience, age, income, aptitude, ability, and accessibility. Second, the trend is to replace *unlikely* with *unable* [to return to work] which is more prescriptive. Whereas "Unable comes back to focus on capacity" (Group), the consensus was to wait for the courts to determine categorically.

Discussion

This study provides insights into employability assessment issues within TPD claims. Insurance rehabilitation advisors—the experts—who participated in the focus group emphasised the forensic nature of employability assessment throughout their discussion. Reliance on the courts was the common theme, whether for legal judgements, anticipated clarification of aspects impacting employability assessment, or legal interpretation of TPD policy. Employability assessment as a forensic document permeated the key issues raised and discussed. Issues of most relevance to employability assessment were identified by participants in three categories: (1)

employability assessment providers (who is best qualified to conduct an employability assessment?); (2) employability assessment methodology (which is best, file-based, telephone or interview?); and (3) TPD policy (what do the policy terms mean from a legal perspective?). The first two categories will emerge as questions posed to claims professionals as survey participants.

Provider qualifications, experience, and training were rated as a priority for discussion. Inconsistent provider standards were an issue for the life insurance industry and training in consistent methodology was crucial to improving employability assessment quality. Universities or the life insurance peak body, the Australasian Life Underwriting Claims Association, were viewed as being well placed to deliver evidence-based employability assessment training regardless of providers' disciplines.

Experience gained first-hand in disability return-to-work services was regarded as fundamental to practitioner credentials. This accords with the high value placed by the courts on expertise gained through years of experience in the field, which enabled the forensic vocational expert to evaluate sources and information and to "separate the wheat from the chaff" (Sleister, 2000, p. 119). Legal rulings are absent regarding what constitutes an expert in the field of employability evaluation of TPD claimants. In the historic 1993 *Daubert* judgement in the US, the court unleashed a new era of rigour in forensic vocational assessment provider standards of scientific practice (Crystal & Erickson, 2010; Sleister, 2000; Weed & Field, 2012). Rather than waiting for Australian courts to define criteria, independent regulation of Australian provider standards is imperative. The American Board of Vocational Experts (2015) is an example of a professional credentialing organisation that fosters training, education, and research to members from several disciplines (Barros-Bailey, 2013). Affiliation with this or similar agency would be

an excellent step in establishing sound independent credentials for employability assessment providers.

Interpretation of medical and functional information was an issue of interest. In employability assessment, there is no direct access to health professionals, therefore the provider must rely on documentation supplied by the claims assessor. Reliance on such evidence can be problematic; claimant files can be extensive, with contradictory evidence, and missing or undisclosed information (Pryor & Hawkins, 2009). Participants considered that the responsibility lay primarily with the claims professionals to clearly specify work capacity. They found that it was not the provider's role to weigh up conflicting evidence but to identify realistic alternative occupations based on guidelines from functional and medical experts.

Exclusion of psychosocial factors in employability assessment methodology was solidly endorsed by participants. Reasons given for exclusion were that psychosocial factors such as the family situation, pain management, or secondary mental health issues were temporary and subjective, may not be relevant to the claimed condition or the TPD policy, and did not fit the purpose of an employability assessment report. On the other hand, employability is a psychosocial construct that embodies individual characteristics which impact the person-work interface (Fugate, Kinicki, & Ashforth, 2004). In an earlier discussion of whether to include labour market information, participants agreed that reflecting "real life" in an employability assessment report was important. Having a realistic view of a claimant's employability by including his or her access to the labour market, yet excluding psychosocial factors such as personal circumstances, age, adjustment to disability, or barriers to work appears anomalous.

Transition from a purely biomedical model of disability in the late 1970s toward a biopsychosocial model was marked by the World Health Organization adoption of the

International Classification of Functioning, Disability and Health (ICF) in 2001 (World Health Organization, 2001). The ICF acknowledges the dynamic multidimensional nature of disability, evidenced by activity limitations, participation restrictions, and contextual (environmental and personal) factors that a person may experience in a life situation such as employment. The ICF framework is increasingly relied on in forensic vocational rehabilitation (Paquette & Lacerte, 2014). Forensic vocational assessors—possibly including employability assessment providers—must be able to consider personal and environmental contextual factors to accurately establish a person's potential for work (Robinson & Paquette, 2013). More discussion is required to reconcile exclusion of psychosocial factors on TPD policy grounds in light of vocational evidence on employability.

The study design illustrates that the focus group is a "remarkably flexible research tool" (Liamputtong, 2012, p. 77) and served several positive purposes. First, the initial stage gave participants time to think about key issues of employability assessment, assemble their thoughts and submit issues for collation. They also had time to reflect on agenda topics prior to meeting as a group. This meant that they were "primed" with familiar items and so the discussion flowed easily. Second, there was no "leading" by the researcher/facilitator as participants focused on the issues and expressing their viewpoints (Minichiello et al., 1999). Finally, the prepared topic agenda coupled with the time constraint eliminated tangential or unhelpful discussion (Minichiello et al., 1999).

At the group session, participants easily agreed on the first topic they wished to discuss and selected their next item with minimal input from the researcher as facilitator. Perhaps due to the homogeneity of the group—all professionals with shared commitment to a new and complex field—participants displayed positive interest throughout and allowed everyone the opportunity

to speak openly. Frequently-observed nodding agreement confirmed like-minded opinion on many issues. Divergent views were clearly expressed *during* each issue discussion rather than at the end when invited by the researcher to add further views. High face validity was apparent from these frequent mixed viewpoints (Holmgren & Ivanoff, 2004). Somewhat unexpectedly, more than half used the topic agenda form to write notes before the session and some were observed jotting notes during the discussion; these notes contributed helpful additional data.

Because data analysis required the conceptual interpretation of the researcher, care was taken to reduce researcher bias in assigning and classifying meaning between and across data sets (Lane et al., 2001). This was done in two ways: first, through sharing personal presuppositions and biases with two supervisors at the outset and during both stages of analysis; and second, by following a structured analytical procedure and frequent review of the classification decisions.

Future focus groups with other stakeholders would enrich data gathered from this initial study involving rehabilitation advisors. Five additional employability assessment stakeholder groups with diverse perspectives are: the providers, claims professionals who decide TPD claims, medical practitioners, legal professionals who challenge and try employability assessment evidence, and claimants who have a personal interest in the outcome. Triangulation of data from such disparate focus groups would strengthen the rigour of research findings.

A reported focus group weakness is the limited breadth of information collected in one session (Lane et al., 2001). Unfortunately, this study had a timeframe of 45 minutes, distinctly shorter than usual (Liamputtong, 2012; Minichiello et al., 1999); discussion was therefore confined to the items on the topic agenda—albeit their own—with no broadening of the scope of discussion. In hindsight and given the autonomous nature of the group discussion, having a

different facilitator would have freed the researcher to observe group dynamics and non-verbal responses (Webb & Kevern, 2001).

In summary, findings confirm that the forensic nature of employability assessment is prevalent across all key issues identified and discussed by rehabilitation advisor participants. Policy and legal issues place employability assessment firmly within TPD context. The quality of employability assessment depends on the expertise of assessors and agreed methodological standards; both aspects are critical to withstand legal scrutiny. Independent training and certification may address current concerns regarding provider credentials. Contact with prospective employers and face-to-face interviews offer realistic information on a claimant's future employability, although not all participants agreed that employability assessment with claimant interview was best. Psychosocial factors are unanimously excluded from consideration of claimant employability. TPD claimants are again brought into focus with the imperative for realistic assessments yet without psychosocial consideration. The next chapter uses the same rehabilitation advisors as the resource for developing a survey instrument to canvass views of claims professionals who rely on employability assessment in their TPD decision-making.

Chapter Five - Study 4

Developing a Survey Instrument using the Delphi Technique

In the previous chapter, rehabilitation advisors were in a focus group setting for Study 3. To take full advantage of these experts' in-person attendance, this next study (Study 4) is structured around—before and after—the focus group, thus completing two studies from one meeting. This chapter is the link between the creators of the survey (rehabilitation advisors) and the respondents of the survey (claims professionals). The process of selection and adaptation of the Delphi technique to produce a new survey instrument for use in the following study is described in this chapter.

The work presented in this chapter is accepted for publication as:

Black, M. E., Matthews, L. R., & Millington, M. J. (2018). Using an adapted Delphi process to develop a survey evaluating employability assessment in total and permanent disability insurance claims. *WORK: A Journal of Prevention, Assessment, and Rehabilitation.*

Purpose

The purpose of this study is twofold: (1) to generate survey items by drawing on the knowledge of rehabilitation advisors with expertise in employability assessment, and (2) to develop a survey instrument to be administered online to TPD claims professionals for feedback on employability assessment. The specific research question for Study 4 is:

What are the most important items about employability assessment to be included in a survey of TPD claims professionals?

Method

Study Selection

Four consensus approaches were reviewed for a means of converting the ideas of a select group into an agreed survey: Nominal Group technique, National Institutes of Health Consensus Conference, Glaser approach, and Delphi technique. The first three methods were discounted as they respectively required: a highly-trained leader, existing information or research, and the researcher to provide initial content (Fink, Kosecoff, Chassin, & Brook, 1984; Glaser, 1980; Jones & Hunter, 1995). *Delphi* required that the researcher (a) justifies the use of Delphi over other approaches, (b) knows the experts and how to access them, (c) knows what type of results to expect from using Delphi, and (d) defines an objective amenable to and achievable through collective subjective judgement (Dawson & Brucker, 2001). Satisfied that these criteria were realistic for this application, Delphi was explored further.

Delphi is designed to develop agreement among a group of experts where none previously existed (Keeney, Hasson, & McKenna, 2011; Linstone & Turoff, 1975). Four enduring characteristics unify the many variants of Delphi: expert panel input, anonymity, iteration with structured feedback, and statistical group response (Goodman, 1987). Several considerations confirmed the choice of Delphi. First, Delphi is widely accepted for general use in health and social research and specifically to generate survey questionnaires (Gagnon et al., 2014; Powell, 2003; White, 2011). Second, application of Delphi in forensic vocational rehabilitation is well documented (Chan, Rubin, Kubota, Chronister, & Lee, 2003; Robinson & Pomeranz, 2011; Shaw, Leahy, Chan, & Catalano, 2006; Vázquez-Ramos, Leahy, & Estrada Hernández, 2007). Third, Delphi "recognises the value of experts' opinions, knowledge and intuition when full scientific knowledge is lacking" (Pearce et al., 2012, p. 2). Finally, and

importantly, Delphi is a flexible model which may be adapted to suit study needs (Hasson, Keeney, & McKenna, 2000; Keeney et al., 2011; Linstone & Turoff, 1975; Powell, 2003).

Study Design and Rigour

Delphi iterations may be set anywhere from three to ten rounds, or in rare cases may continue until consensus is reached (Hasson et al., 2000; Hsu & Sandford, 2007). A reported disadvantage of Delphi is panellist attrition over numerous rounds, with a possible drop in response rate of up to 40% (Dawson & Brucker, 2001; Hsu & Sandford, 2007). Three rounds were chosen for this study for two reasons: first, given the potentially small panel (12 employability assessment experts nationwide) it was important to retain panellists, and second, three rounds were generally favored in vocational research literature (Chan et al., 2003; Robinson, Pomeranz, & Young, 2012; Vázquez-Ramos, 2003). A classic Delphi technique was applied in which the first round elicits ideas from panel members by mail or electronically. Delphi literature warns of the time-consuming nature of this technique, which usually takes between four and eight weeks per round, but at times more than one year (Beretta, 1996; Hsu & Sandford, 2007; Keeney, Hasson, & McKenna, 2006). Lengthy time delays are reported as contributing to reduced response rates (Dawson & Brucker, 2001; Hsu & Sandford, 2007; Keeney et al., 2011). Consequently, a single face-to-face, *real-time* session was developed for the second and third rounds.

Face-to-face is unusual because Delphi is regarded as an alternative to conferences or focus groups where views are openly discussed (Geist, 2008). Anonymity was preserved in the second and third rounds by using *card sort* as an individual deidentified rating method (described below). The card sort method was preferred over electronic rating technology as it met prerequisites of cost and availability. Health and vocational rehabilitation literature recommends

and uses either 5-point or 7-point Likert-type scales for Delphi purposes (Chan et al., 2003; Keeney et al., 2011; Robinson, Pomeranz, & Moorhouse, 2011; Shaw et al., 2006). A 5-point scale was chosen to contain the size of 10 individual rating charts set around the boardroom table for practical and privacy reasons. Consensus levels in Delphi are debatable; they are not always preset, may be variable (ranging from 51% to 100%), and are not always disclosed to the panel (Goodman, 1987; Keeney et al., 2006; Powell, 2003). In this study, an arbitrary level of 75% was disclosed to the panel. The University of Sydney Human Research Ethics Committee (HREC Project No. 2015/204) approved the study protocol (see Appendix A, Item 2). The study design with adaptations in Rounds 2 and 3 is illustrated in Figure 5.

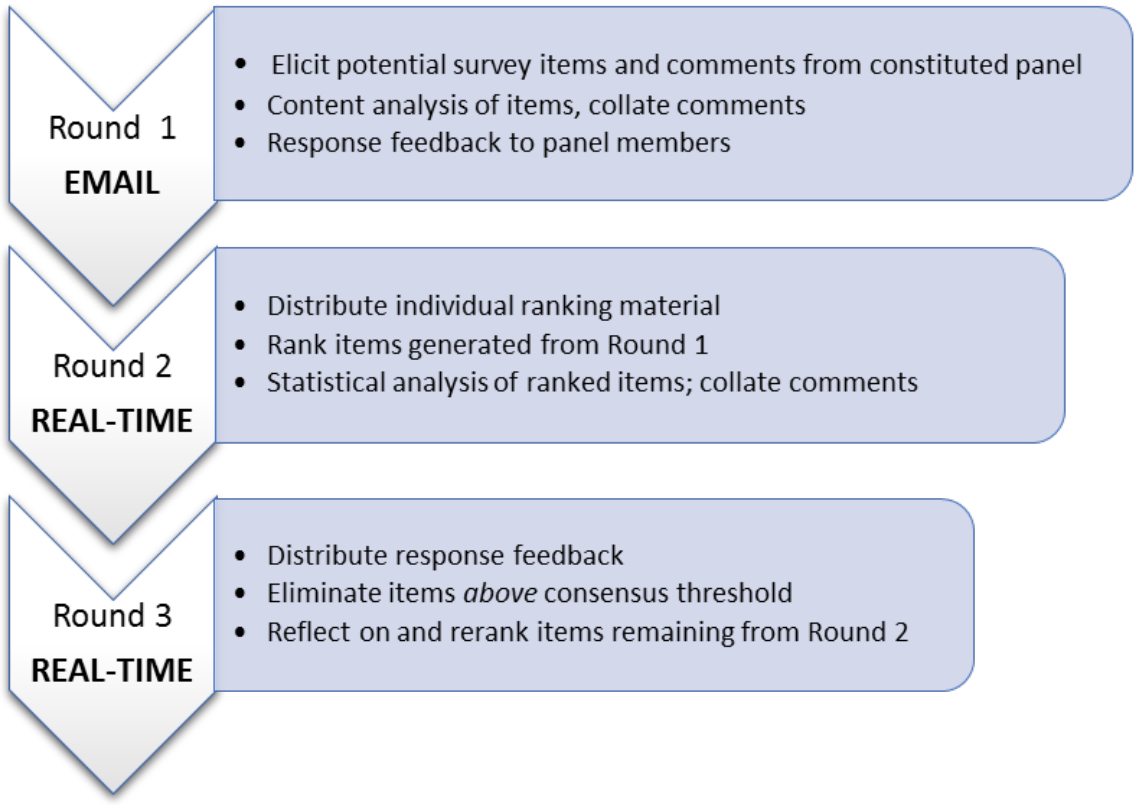

Figure 5. Three-round Delphi adapted to include two real-time rounds.

Many authors highlight issues of Delphi methodological rigour including the complex question of reliability and validity (Goodman, 1987; Powell, 2003; Sackman, 1975). Selection of a panel presents potential threats to validity (Keeney et al., 2011), accordingly, this study relied on *all* national rehabilitation managers to identify each "expert" and nominated a time and venue to maximise panellists' availability (attendance at a national TPD event). To reduce researcher bias, particularly during qualitative distillation of items (Beretta, 1996), and to strengthen reliability, qualitative criteria such as credibility, applicability, and confirmability were applied (Hasson et al., 2000). An audit trail was maintained to justify (a) the problem selected, (b) the composition of the expert panel, (c) identification of consensus thresholds, (d) the means of implementation, as well as (e) data collection procedures (Powell, 2003).

Delphi Process

This study followed qualitative then quantitative processes of a classic Delphi described by Keeney, Hasson, and McKenna (2011) in five steps outlined by Vázquez-Ramos, Leahy, and Hernández (2007).

Step 1 Selection – asynchronous by email. The Life Rehab Forum (LRF) assisted in selection of the Delphi panel. At the time, LRF represented the interests of all (approximately 50) rehabilitation advisors employed by life insurance and reinsurance firms throughout Australia. Rehabilitation managers identified advisors from within their teams who had expertise in employability assessment. Each nominated expert was emailed an invitation to join the panel and provided with participant information and a consent form. Responding panellists were each assigned a deidentifying code letter (A to J) that would apply throughout the Delphi process.

Step 2 Exploration – Round 1, asynchronous by email. Round 1 consisted of qualitative exploration of potential items for the survey instrument. Contact throughout this

round was by individual email with each panel member. Panellists were requested to (1) contribute items that they thought should be included in a survey of TPD claims professionals, (2) write a brief comment on their rationale for choosing each item, and (3) rate items from most important to least important to be included. No guidance or limit was placed on the number or content of items to avoid researcher bias. Data on professional and TPD experience were also gathered from panellists.

Content analysis of Round 1 responses was conducted based on recommended methods (Liamputtong, 2012). Submitted items were deidentified, coded, and categorised into domains. Repeated or thematically similar data were merged to one universal description, often containing multiple options. Mindful of researcher bias, the wording of each item and comment remained true to the contributing expert. Reasons underpinning decisions to merge and categorise items were recorded (Carcary, 2009). Collated items and comments were emailed to each panellist for review and reflection before convening in person. Information about the next two Delphi rounds was also included.

Step 3 Evaluation – Round 2, synchronous real-time. The next two steps were part of a two-hour face-to-face session conducted in the city boardroom of a reinsurance company. Round 2 panellists were each provided a Delphi kit comprising: instruction sheet, rating chart, list of items/comments generated in Round 1, and white cards preinscribed with code letter and item number. Panellists were tasked with placing each card on their 5-point Likert-type chart to denote their rating of relative importance—with 1 being *not important* and 5 being *very important*—to include that item in the survey. Panellists were also encouraged to write a brief comment about their rating choice on each item card and asked to write their rating decision on each card as a recording precaution. Completed rating charts were photographed (see Figure 6)

and data collected. Statistical analysis and collation of comments occurred during the scheduled break between rounds.

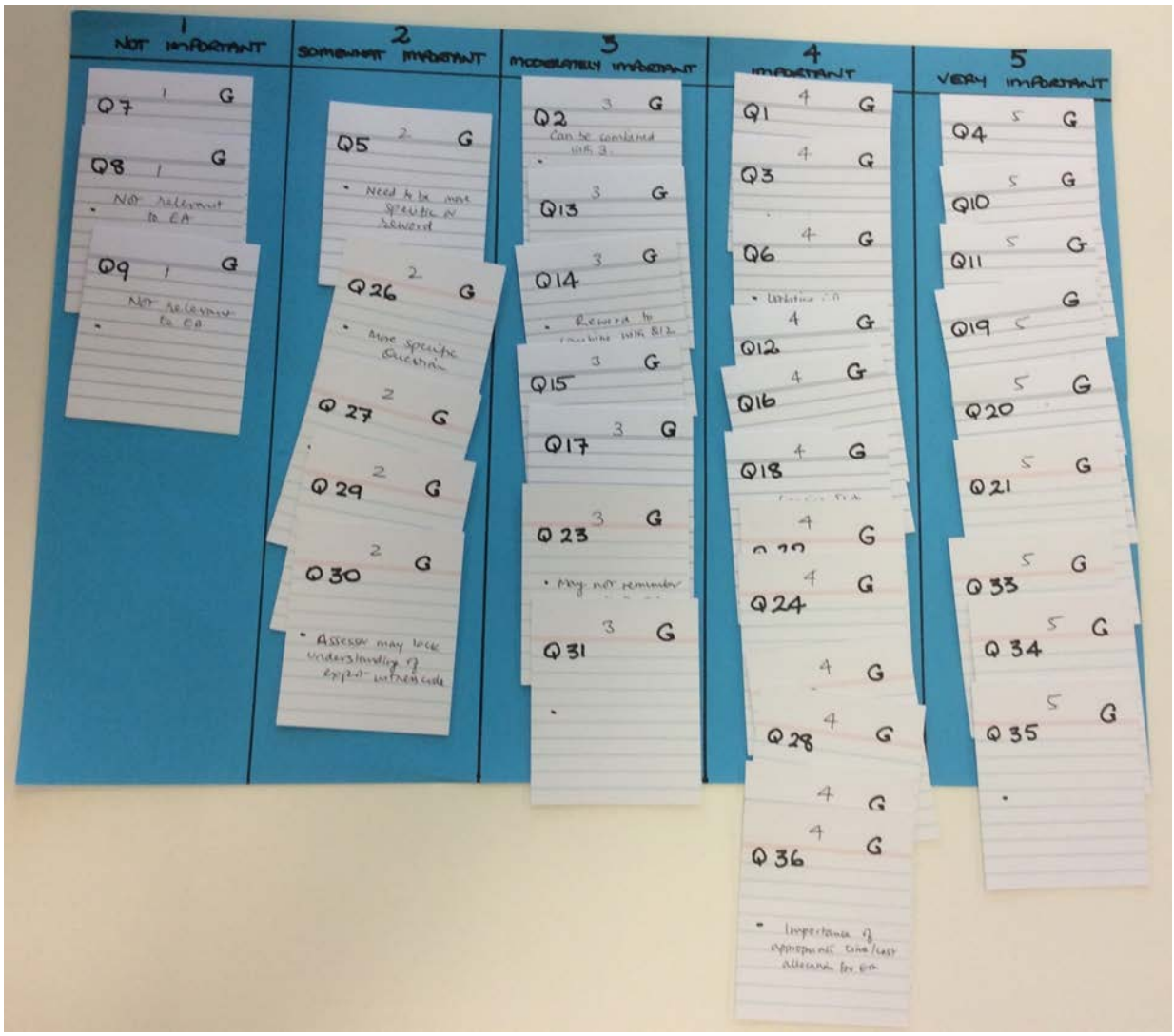

Figure 6. Image of an anonymous completed Round 2 card sort.

Step 4 Re-evaluation – Round 3, synchronous real-time. Round 3 panellists were each given a printout containing coded results of Round 2 items that fell *below* an arbitrary consensus threshold of 75%. Printed results contained each item's mean score and collated comments. Items reaching consensus were set aside; panellists were guided to eliminate those items *above*

consensus threshold from their original item/comment list. They were then invited to reconsider and rerate each remaining item based on feedback from their own and peers' second-round rating and comments. In this round, yellow precoded item cards required the inclusion of the item number as well as comment and rating decision. All material was photographed and collected once rating was completed.

Step 5 Final consensus. Data were collated and recorded. Statistical analysis was conducted on second and third round data to derive central tendency and dispersion (*Mean* and *Standard Deviation*). Based on the ratings, items scoring below the consensus threshold were excluded and those above were included in the survey prototype.

Results

This three-round Delphi process generated 21 items from which a REDCap (Research Electronic Data Capture) survey would be constructed. A response rate of 100% was achieved because all panel members who submitted items in the first round were present for subsequent real-time rounds. Three rounds of Delphi were completed in less than four weeks with 75% agreement of the panel.

Participants

The Delphi panel comprised the same 10 focus group participants described in Chapter Four and whose characteristics are set out in Table 12. The panellists represented almost all national insurance rehabilitation advisors with expertise in employability assessment and TPD. They averaged five years' experience of employability assessment. Half the panellists were members of a rehabilitation counselling professional body hence had exposure to vocational assessment principles and practice.

Item Generation

Four domains—quality, content, claims, and utility—resulted from content analysis of 94 potential survey items submitted in Round 1. The flow chart in Figure 7 depicts domain items at each step of the Delphi process.

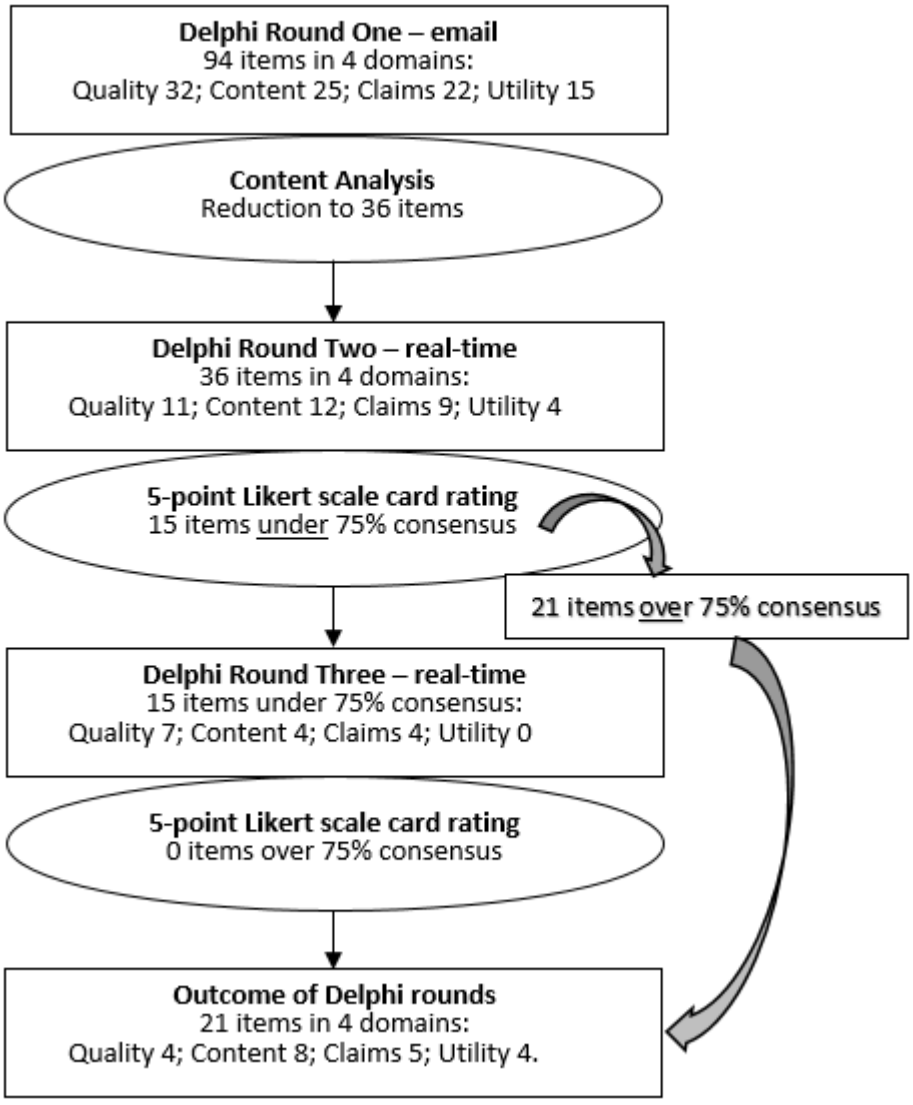

Figure 7. Flow chart of four item domains over three Delphi rounds.

The quality domain contained items regarding objectivity, improvement, provider expertise, and standard of evidence. The content domain addressed concepts and components of employability assessment along with transferable skills, job match, and labour market information. Claims professionals' education, training, and legal understanding of employability assessment occurred in the claims domain. The utility domain related to the usefulness of employability assessment when determining TPD. Merging, paraphrasing, or reformatting thematically and/or linguistically similar items resulted in 36 potential survey items progressing to Round 2.

In Round 2, the preset consensus of 75% was reached on 21 items (mean score 3.7 and above in Likert-type scale, range 1–5); these items were removed from the next round. Of the remaining 15 items rerated in Round 3, 17% ranked upward and 83% ranked down from Round 2 results. No third-round items reached more than mean score 3.3, therefore no items met the consensus threshold for adoption into the survey.

Table 14 sets out items achieving consensus. The highest-ranked item concerned deficits of employability assessment and options for improvement. Second highest was a multiple-choice item about contact with employers. Two items with third-equal rating concerned components of employability assessment and factors prompting labour market analysis. The lowest mean score and widest rating distribution to achieve consensus questioned the number of occupational options needed in an employability assessment. These items were reformatted to form the final REDCap version of the survey instrument which is available in Appendix E, Item 2.

Table 14

Outcome of Three-round Delphi in Four Domains

Stem items[a]	Mean	*SD*
Claims domain		
Tick the areas you have received training in (5 options).	4.41	.86
Do you receive regular legal updates on case law that impact TPD assessment?	4.24	.91
How long have you been assessing TPD claims?	4.16	.80
Provide tertiary qualifications.	3.93	.94
Do you have access to legal advice on complex cases?	3.80	1.27
Content domain		
Please rate the value of components of the conversation with employers (5 options).	4.72	.64
Tick the components you think are critical in an EA (12 options).	4.68	.54
What factors guide you to include a Labour Market Analysis? (4 options).	4.62	.57
Tick all the factors you believe are relevant to the concept of employability (8 options).	4.47	.93
What factors influence your decision for face-to-face, phone, or file-based EA? (7 options).	4.30	.81
What type of EA do you think is appropriate/cost effective? (5 options).	3.85	1.30
When should external EA include opinion on function from medical evidence (3 options).	3.81	.70
What is your preference for identified and researched occupational options? (3 options).	3.76	1.43
Quality domain		
In general, how do you find the quality of aspects of EA reports? (7 options).	4.59	.56
Do EA assessors need to have expert witness code?	4.52	.93
What should EA's have more of?	3.85	.97
In your opinion, who is most qualified to conduct an EA (6 options).	3.81	1.11
Utility domain		
What do you feel is/are the most common weaknesses of an EA report? (6 options).	4.99	.36
To what extent do you rely on the EA to inform your decision on a claim?	4.65	.82
What are reasonable hours billed for components of the report (6 options).	4.02	1.56
Does the sum insured influence your decision to use an EA?	3.91	.91

Note. TPD = total and permanent disability. EA = employability assessment. SD = standard deviation.
[a]Branching options are listed in Appendix E, Item 2.

Discussion

In Study 4 an adapted Delphi methodology was used to generate items for a survey instrument to help understand claims professionals' views on employability assessment in TPD claims. Items deemed most important for inclusion in the survey were selected by tapping into the collective knowledge of rehabilitation advisors who are experts in TPD employability.

The item domains highlight the panel's common purpose in learning, for the first time, what claims professionals think about employability assessment and what can be improved. Core

vocational assessment components featured strongly in the content domain, with more than 40 options relating to elements of vocational assessment. This finding confirms that the foundations of employability assessment are firmly grounded within a forensic vocational assessment framework and suggests relevance of the study to other rehabilitation markets. The quality domain included inquiry into external providers of employability assessment: improving report quality largely hinges on competency of the provider. Providers have a professional stake in the survey findings given increasing legal scrutiny. Of interest was the breadth of items deemed important to gain from claims professionals' feedback, which ranged from preference for job options to expert witness code, billable hours for employability assessment tasks, and employer contact. This finding endorsed the decision to consult a group rather than rely on researcher-obtained items, and confirmed the underpinning Delphi philosophy of safety in numbers (Hasson et al., 2000).

Differences in qualifications and experience were noted in the Australian panel when compared with similar US panels (Robinson et al., 2012; Shaw et al., 2006; Vázquez-Ramos, 2003). Illustrating this disparity is a Delphi study involving 47 forensic vocational rehabilitation experts, a quarter of whom held doctorates compared with none on the TPD panel. Over 70% held rehabilitation counselling qualifications (40% of TPD panel) and 85% were members of a relevant professional organisation (50% of TPD panel). Occupational rehabilitation experience also differed: the US panel averaged 28 years compared to 14 years' experience (TPD panel) (Robinson et al., 2012). In an earlier Delphi study, 11 of 12 panel members were credentialed vocational experts and 91% held related doctoral degrees (Vázquez-Ramos, 2003). While the TPD element—a relatively new field and unique to Australia—is absent from these comparisons, affiliation with organisations such as the American Board of Vocational Experts or the

International Association of Rehabilitation Professionals may assist in developing education and accreditation programs for TPD employability advisors and providers.

There is debate on what defines an "expert" group (Fink et al., 1984; Hasson et al., 2000; Powell, 2003). Keeney et al. (2011) claimed that topic knowledge and experience, interest in the outcome, commitment to the process, and impartiality constituted an informed panel. In this study, managers verified panellists' topic knowledge. The 100% participant response rate confirmed commitment and interest, and it can be argued that anonymity contributed to impartiality of response (Keeney et al., 2011). Accordingly, and despite the relatively recent emergence of this field, it is reasonable to say that rehabilitation advisors with responsibility for employability assessment constitute an expert panel.

No literature was found regarding the intended adaptation of rounds. However, knowing that "how the researcher designs and implements the method is not as important as the philosophical assumptions underlying its usage" (Vázquez-Ramos et al., 2007, p. 112) instilled confidence to tailor Delphi to the circumstances of the study. That said, diligence was exercised in constructing and trialing the modified rounds throughout development, bearing in mind the opinion of Jones and Hunter (1995) that Delphi structure is fundamental in minimising any disadvantages of collective decision-making.

An unconventional coded card rating process for two compressed rounds was developed in a trade-off to preserve anonymity, avoid delays, and maintain a high response rate. Keeping the conventional email approach for the formative Round 1 allowed panel members time to consider their own and other panellist responses (Hasson et al., 2000; J. K. Rao et al., 2010); they were "primed" for the rating rounds. Thus, the adaptability and flexibility of the Delphi

technique accomplished optimum response rate and achieved preset consensus in a relatively short timeframe of four weeks.

A limitation of the study was the two-hour time constraint on the real-time session. While panellists were under no time pressure during the rating process, increased time *between* rounds would allow more computational capacity to prepare for the next round. Additional time to incorporate other statistical feedback such as median and interquartile range as measures of variability should ensure greater confidence levels as evidenced in other forensic vocational studies (Robinson, 2011; Vázquez-Ramos, 2003).

It is feasible to apply this adapted Delphi methodology to generate items of relevance for surveys of other TPD stakeholders, such as lawyers, superannuation funds, medical practitioners, or claimants. Indeed, broader application is possible whenever panellists can be gathered for compacted rounds in one session.

Forensic vocational assessment is common within diverse rehabilitation schemes dealing with disability including workers' compensation, veterans' administration, personal litigation, long-term disability compensation, health insurance, and motor vehicle accident insurance (Crystal & Erickson, 2010; Robinson, 2014a; Strauser, 2014; Weed & Field, 2012). Therefore, development of an efficient measurement tool for employability assessment has implications for organisations and professionals involved in the whole sector. Controls such as limiting initial items, raising the consensus threshold, or conducting additional Delphi rounds may be required to ensure the final survey instrument is concise.

In summary, this chapter described the selection, implementation, and outcome of the Delphi technique. Novel adaptations took advantage of panellist in-person attendance without losing key features of Delphi. The result was a prototype survey instrument with items generated

by experts in the field. These multi-faceted items represent the most important aspects of employability assessment to be included in the first-ever survey of claims professionals. The application and outcome of this survey is the topic of the next chapter.

Chapter Six - Study 5

TPD Claims Professionals' Perspectives

TPD claim decisions are made by the life insurance company based on information provided by the claimant and evidence obtained by the claims professionals. Where there is medical indication of work capacity, the claims assessor may request an employability assessment to help decide if the claimant is, or is not, totally and permanently disabled under the terms of the policy. This is a big decision which affects the profitability of the insurance company and each claimant's financial, physical, and mental wellbeing.

The contribution of employability assessment in assisting the claims professionals to reach a fair and timely decision in this crucial financial judgement is an assumption without proof. Indeed, there is no research to substantiate the key features of an employability assessment or examine its common use. The claims professional or insurer-employed rehabilitation advisor specifies the employability assessment protocol, the number of billable hours, and the hourly rate for a given type of employability assessment. The reasoning behind these decisions is unsubstantiated; there has been no inquiry into how or why claims professionals make their requests to external employability assessment providers.

Although the exact proportion of employability assessments requested industry-wide is not known, it is thought to be approximately 13%. This estimate is little more than a guess, based on poor data from a limited sample of insurers (Van Den Akker, 2014). Even so, it is likely that well over two thousand employability assessments are conducted annually, each one with the potential to be tried in court. The case for evidence-based practice becomes clear when considering that more than $1.7 billion is paid out to claimants annually (Clare, 2017).

Rehabilitation advisors developed the employability assessment model and have strong ownership of employability assessment methodology, therefore, they are best positioned to generate items for the survey instrument used in this study. For the first time, anecdotal and informal feedback from claims professionals is replaced by structured scientific exploration into many facets of employability assessment. This inaugural study represents the first step in remediating this knowledge gap—an opening call for the industry to pursue an evidence-based employability assessment practice in TPD claims.

The work presented in this chapter is prepared for submission as:

Black, M. E., Matthews, L.R., & Millington, M.J. (2018). Employability assessment in total and permanent disability insurance claims: A survey of claims professionals' views. *Disability and Rehabilitation.*

Purpose

The purpose of this study is to document TPD claims professionals' views on employability assessment. The study sought to answer the following four questions:

1. What is the claims professionals' concept of employability in the context of TPD?
2. What components of employability assessment are important to TPD claims professionals?
3. How do TPD claims professionals perceive employability assessment usefulness, quality, cost, and type?
4. Who is most qualified to conduct an employability assessment?

Method

A survey was considered an appropriate method of gaining descriptive data from claims professionals about employability assessment in light of the exploratory nature of the research project. Surveys are commonly used in health science research to describe the opinions of

participants and show differences or interrelationships among variables (Polgar & Thomas, 1995). TPD claims professionals have high computer literacy as most operate in “paperless” offices and many work out-of-office electronically. Given this literacy and work mode, an internet survey was selected rather than in-person or postal survey modality; so that claims professionals nation-wide could express their opinions anonymously, confidentially, in a time and place of their choosing using a personal computer, smart phone, or iPad. From a researcher perspective, economies of time, convenience, and costs associated with other means of survey were gained using online methodology (Sue & Ritter, 2012; Wright, 2005). Sue and Ritter (2012) provided resources on methodology and conducting online surveys as no specific survey guidelines were available (Bennett et al., 2011).

Respondents

Claims professionals across Australia were eligible for the survey if they were familiar with employability assessments as part of their role in the TPD claims decision-making process. A total of 126 claims professionals, from an estimated population of 200 employed within the Australian life insurance TPD claims sector, responded to the survey. Twenty-two (17.6%) cases from this initial sample were not completed. Of these cases, 7 (5.6%) cases were blank, 8 (6.3%) stopped at the second demographic item (TPD experience), and 7 (5.6%) stopped at the third demographic item (TPD role). These cases were excluded on the assumption that the respondents deemed themselves ineligible for the survey. The final sample size of respondents was 104. Of the study sample, 79% (n = 82) completed every section of the survey. Exact national claims population data were unobtainable due to commercial confidentiality, fluidity of staffing, and varied composition of TPD claims teams. Five experienced industry leaders from reinsurance and insurance firms were consulted about TPD staff numbers. Each leader calculated TPD

personnel across all companies and an average was agreed upon. The response rate (n = 104) approximated 52% of the study population based on industry leaders' estimation of a sampling frame of n = 200.

Respondent's role, education, TPD claims experience, and their training relating to employability assessment are presented in Table 15. The effect of respondents' educational level, role, and years' experience on their opinions was of interest because little is known about these characteristics of TPD claims professionals in Australia. For this reason, these variables were explored further in analyses.

Technical advisors comprised almost half (49%) the sample and represent a variety of professionals whose role is to provide specialist support to the TPD process. Technical advisors offer information and advice to claims teams on matters such as medical or legal information, rehabilitation, reinsurance, product, or policy. *Claims* assessors are responsible for the management, assessment, and formation of a decision about each TPD claim. In combination with their team leaders (n = 5) and managers (n = 12), who contribute higher-level decision-making expertise, the claims assessor team forms 51% of the sample.

The most common level of education reported by respondents was an undergraduate bachelor's degree. Almost 70% of respondents' education was at a tertiary level. Tertiary education encompasses bachelor, masters, and postgraduate university degrees in this study. Fifty-two percent of all respondents reported being in the first five years of their TPD career.

All respondents had received various trainings in the six topics relating to employability assessment listed in Table 15. Four "other" training topics had been undertaken in relation to TPD or employability assessment and these were: demystifying TPD, date of assessment, job analysis, and functional capacity evaluation (FCE). Respondents received legal updates on TPD

case law on average four times per year (M = 4.03, SD = 2.87, range 0–12) after removal of case 67 as an outlier with 20 updates per year.

Table 15

Survey Respondent Demographics

		n	%
Role in TPD insurance:			
	Technical advisor	51	49.0
	Claims assessor	36	34.6
	Manager	12	15.5
	Team leader	5	4.8
Education, highest level achieved:			
	High school	16	15.4
	Diploma	16	15.4
	Bachelor's degree	39	37.5
	Master's degree	20	19.2
	Graduate diploma	13	12.5
Experience, years in TPD:			
	Less than 1 year	15	14.4
	1 to 5 years	39	37.5
	6 to 10 years	19	18.3
	11 to 15 years	16	15.4
	Greater than 15 years	15	14.4
Training received in EA:			
	Purpose of EA	85	81.7
	Components of EA	70	67.3
	Interpreting an EA	62	59.6
	When to arrange an EA	77	74.0
	Employment case law	83	79.8
	Meaning of *reasonably suited*	68	65.4

Note. TPD = total and permanent disability. EA = employability assessment.

Data Collection Instrument

The previous chapter described the development of a survey tool purpose-built for use in this study. Items for the survey tool were generated by rehabilitation advisors using the Delphi process. The final version of the survey comprised 11 sections; the nature of items in each

section are summarised in Table 16 and the full survey instrument can be found in Appendix E, Item 2.

Survey items were formatted for use in REDCap, a secure, web-based application for building and managing online surveys and databases for research surveys (Harris et al., 2009). The survey was piloted by three of the Delphi panellists to determine accuracy, ease of use, sequence, and clarity; minor adjustments were made to wording and formatting.

Section 1 collected demographic information (see Table 15). Sections 2 to 9 used a 5-point Likert-type scale to capture respondents' evaluation of the importance of variables featured in each section. The following rating scale was applied in these sections: *0 = not important, 1 = somewhat important, 2 = moderately important, 3 = very important, 4 = extremely important.* Section 10 relied on a 5-point ordinal scale for respondents to quantify the number of billable hours estimated for certain employability assessment tasks: *0 = <1 hour, 1 = 1 hour, 2 = 2 hours, 3 = 3 hours, 4 = ≥4 hours*. The final section (section 11) sought respondents' preference among four types of employability assessment using a 4-point nominal scale with the following response options: *1 = internal review, 2 = file-based, 3 = phone interview, 4 = face-to-face interview.*

The survey embedded a welcoming introduction, the participant information statement in *pdf* format, and electronic consent. A "forced-response" mechanism required completion of each item, including consent, before proceeding to the next section. Provision for "other" comments was included where relevant without application of a forced-response mechanism.

Table 16

TPD Survey Instrument showing Measures Applied to Section Items

Section	Items	Response options
1. Background	Highest level of education; Experience assessing TPD claims; Role in TPD claims; TPD training; Most qualified EA providers; Meeting expert witness code.	Closed-response options
	Frequency of legal updates.	Open-text field
	Importance of legal TPD advice.	5 response options
2. Employability concepts	*Importance of*: Medical opinion of work capacity; Claimant ETE; Occupations within ETE; Occupations matching function; Availability of suitable occupations; Claimant age; Claimant motivation.	5-point Likert-type scale
3. Usefulness	*Importance of*: TPD in decision-making; Picture of claimant work potential; Based on sum insured.	5-point Likert-type scale
	How EA assists in TPD claims assessment.	Open-text field
4. Quality	*Importance of:* Evidence-based information; Objective reporting; Interpreting function; Linking occupations/skills; Readability; True picture of claimant; Realistic job options; Robust for court.	5-point Likert-type scale
	How EA quality could be improved.	Open-text field
5. Components	*Importance of:* Medical/functional information; Psychosocial issues; ETE; TSA; Job match rationale; Occupational information; Labour market statistics; Employer contact; Salary information; Provider opinion on employability; Executive summary.	5-point Likert-type scale
6. Provider opinion	*Importance of:* Always including job/function opinion; Opinion depends on sum insured.	5-point Likert-type scale
7. Alternative occupations	*Importance of*: All reasonably suited occupations needed in EA.	5-point Likert-type scale
	Ideal number of identified occupations in EA.	Open-text field
8. Labour market	*Importance of*: Prompts to request LMA: Policy definition; Legal advice; High sum insured; Case complexity.	5-point Likert-type scale
9. Employer contact	*Importance of* discussing: Job duties; Skills and experience; On-the-job training; Claimant skills; Claimant function.	5-point Likert-type scale
10. EA cost	Estimated billable hours for: Document review; Claimant interview; TSA; LMA; Employer contact; Writing report.	5-point ordinal scale
	Is EA cost-effective?	Closed-response *yes/no*

Section	Items	Response options
	Comment on the cost-effectiveness of EA.	Open-text field
11. EA type	EA type preferred for: High sum insured; High claim complexity; Legal involvement; Decision time pressure; Conflicting evidence; Insufficient evidence; EA cost; Other factors.	4-point nominal scale
	Which type of EA is best?	4 response options

Note. TPD = total & permanent disability. EA = employability assessment. ETE = education, training, experience. TSA = transferable skills analysis. LMA = labour market analysis.

Demographic questions included in the survey were limited because of the nature of the topic. Data on age, gender, or employer were not collected and the survey was anonymous. No geographic or jurisdictional data was sought because TPD reporting and prudential oversight, unlike other schemes, is not confined to State regulations or jurisdictions. The TPD product is available and applies Australia-wide; assessment and determination are based on the terms and conditions specified in the policy which relates to each claim.

Individual (retail) TPD is purchased through direct-to-consumer channels. Group (wholesale) business is derived mainly from the large superannuation market (Fabrizo, 2014). Key portals and examples of companies involved are outlined in Table 2 and Table 3. Some claims professionals may specialise in individual or group life insurance, depending on the company they work for. Others may have experience in both areas or rotate between individual/group teams. Management practice of TPD claims evaluation, however, is uniform regardless of source of policy. Employability assessment also applies irrespective of jurisdiction or individual/group product as the TPD policy informs referral instructions for each case conducted. For this reason, no information was gathered about respondent's profession, area of specialty, or experience of employability assessments.

Procedure

Respondents were drawn primarily from the membership of Australasian Life Underwriting Claims Association (ALUCA). Project details (i.e. purpose, summary, eligibility, and survey link) were shared through the ALUCA website, LinkedIn, eNewsletter, and biennial conference posters. An ALUCA email solicited national claims managers to distribute the online survey link to their TPD staff. These managers were best positioned to know who was familiar with employability assessments as part of their TPD role (the eligibility criteria). Managers were provided with the participant information statement and eligibility criteria details. Survey champions emerged from the recruitment process to facilitate dissemination outside of the ALUCA membership. The champions were senior claims managers, rehabilitation team managers, ALUCA representatives, and reinsurers in claims and rehabilitation who operate within the TPD environment. No inducement was provided to potential participants at any level of recruitment.

Respondents were invited to read the participant information statement (see Appendix E, Item 1) and give informed consent before beginning the survey. An example of material promoting the survey is available in Appendix E, Item 3. The University of Sydney Human Ethics Committee approved the study's protocol (HREC Project No. 2015/204). The survey was open from July to December 2016. Upon completion of the survey, responses were downloaded from REDCap and stored on a secure drive for analysis.

Data Analysis

Quantitative analysis was conducted using the Statistical Package for Social Sciences (SPSS), Version 22. Descriptive data including frequency distribution, percentages, modes, median, means, standard error, and range were conducted for demographic and contextual

variables. Initial examination of the data identified that the small number of entries in some response options for the variables Role, Education, and Experience would restrict analysis to descriptive results due to small cell counts. These variables were therefore regrouped.

Role was regrouped into two groups: *claims* (*n* = 53) and *technical* (n = 51). C*laims* comprised assessors and their team leaders who undertake frontline assessment and decision formation, merged with managers who oversee TPD claims decisions. *Technical* comprised advisors who provide policy, medical, rehabilitation, reinsurance, or legal support services to claims.

Education was regrouped into two groups: *secondary education* (*n* = 32) and *tertiary education* (*n* = 72). *Secondary* included respondents with high school or diploma as their highest educational level, and *tertiary* comprised respondents with an undergraduate bachelor's degree, merged with those having a master's degree and postgraduate diploma as their highest level of education.

Experience was regrouped into two groups: *less experienced* (*n* = 54) and *more experienced* (*n* = 50). *Less experienced* included respondents with up to five years TPD experience and *more experienced* comprised respondents working in the sector for six or more years.

Nonparametric Mann-Whitney-U tests compared the differences between the claims professional's subgroups in role, education, and experience against the dependent ordinal variables of usefulness, quality, and billable hours. A non-parametric methodology was employed because the dependent variables were not continuous or interval but ordinal (Likert-type scale).

Fisher Freeman Halton (Fisher's) exact test (*Fet*) of independence was applied to determine differences in the type of employability assessment preferred by respondents (internal

review, file-based, phone interview, or face-to-face interview) within the groups of role, education, and experience. Fisher's exact test is considered more accurate than Chi-Square when expected numbers are small and when using sample size smaller than 1000 (McDonald, 2014).

Point biserial correlations (r_{pb}) and Cramer's V were calculated to determine effect size of significant relationships. The magnitude of the effect size was determined using the following guidelines: small 0.1, medium 0.3, large 0.5 (Cohen, 1998, p. 79-80).

Integrating several qualitative open-text fields into the survey provided opportunities for claims professionals' views to be examined more deeply than a single-dimensional quantitative approach and enabled appraisal of findings from each method (Barbour, 1999). Five open-text fields were used in the survey to capture respondents' opinions (see Table 16). Responses from two of these fields (sections 1 and 7 of Table 16) required frequency and numbers and were converted for presentation as numeric equivalents.

Two open-text datasets concerning usefulness and quality of employability assessment (in sections 3 and 4) were analysed using qualitative thematic analysis. The five-step process involved (1) data familiarisation, (2) generation of initial codes, (3) collation of codes into tentative themes, (4) revision and mapping themes, then (5) refining and naming themes (Liamputtong, 2012). An audit trail and reflective notes were recorded to maintain data trustworthiness (Carcary, 2009; Cutcliffe & McKenna, 2004). Where quoted material is used, the participant group (claims, technical) from which the comments came is identified in parentheses after the quote. Thematic analysis was not conducted on the fifth open-text field (in section 11) regarding cost-effectiveness due to low response rate (n = 5).

Results

TPD Claims Professionals

The regrouped respondents' characteristics are examined by their role within TPD claims (see Table 17). The groups were comparable except for level of education, training in employment case law, and the number of annual legal updates they received. Significantly more technical advisors had completed tertiary education, training in employment case law, and legal updates than their claims assessor counterparts (p = .006, *Fet; p* =.003, *Fet; t* = –2.29, p = .025, respectively).

Table 17

Characteristics of Respondents by Role in TPD Claims

	Respondent TPD roles				
N = 104	Claims (n = 53)		Technical (n = 51)		*Fet*, p value
	n	(%)	n	(%)	
Educational level					.006
High school/diploma	23	(43.4)	9	(17.6)	
University	30	(56.6)	42	(82.3)	
Experience in TPD					.239
Early-career (less than 6 years)	31	(58.5)	23	(45.1)	
Mid/late-career (6 years or more)	22	(41.5)	28	(54.9)	
Training received					
Purpose of EA	42	(79.2)	43	(84.3)	.614
Components of EA	31	(58.5)	39	(76.5)	.061
Interpreting an EA	28	(52.8)	34	(66.7)	.167
When to arrange an EA	39	(73.6)	38	(74.5)	1.000
Employment case law	36	(67.9)	47	(92.2)	.003
Meaning of *reasonably suited*	30	(56.6)	38	(74.5)	.066
TPD legal updates per year[a] N = 97	(n = 50)		(n = 48)		t, p value
	M	SD	M	SD	
	3.46	2.95	4.95	3.46	.025

Note. TPD = total and permament disability. EA = employability assessment. M = mean. SD = standard deviation.

[a] Case 67 (technical) reported 20 updates, therefore was considered an outlier and removed from analysis.

Concepts of Employability within TPD Claims

Respondents (*n* = 97) rated the importance of seven employability concepts that have a bearing on a claimant's employment potential (see Figure 8). The three highest-rated concepts of employability—*education, training, or experience (ETE), identification of occupations within claimant's ETE,* and *identification of occupations matching claimant's function*—encapsulate the primary purpose of employability assessment. The lowest rated—*labour market, claimant's age* and *motivation*—pertain to concepts containing psychosocial elements. Among "other" concepts of employability offered by respondents (*n* = 20), 85% were within the psychosocial classification. Some examples were: psychosocial or psychological factors which may not necessarily affect capacity, trust and transparency in the process, family arrangements, secondary gain, cognitive deficits identified through psychometric testing, claimant's attitude toward employment, external barriers to work, multiple claims running, and claimant's financial situation.

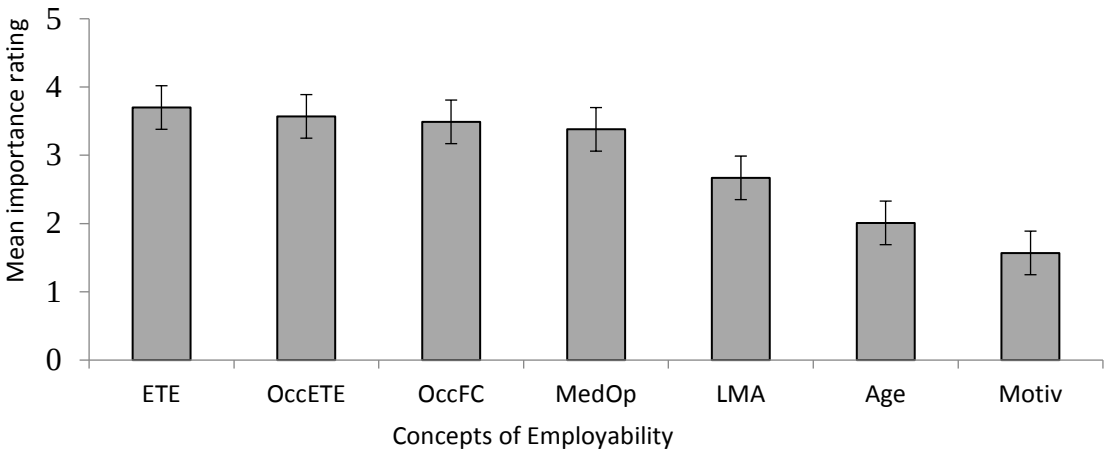

Figure 8. Mean importance rating with standard error of listed concepts of employability.

Abbreviations: ETE = education, training, experience; OccETE = identification of occupations within claimant's ETE; OccFC = identification of occupations matching claimant's function; MedOp = medical opinion confirming claimant's work capacity; LMA = availability of identified occupations in claimant's area; Age = claimant's age; Motiv = claimant's motivation. (*n* = 97)

Importance of Various Employability Assessment Components in Claim Decision-making

Using a scale where *0 = not important* to *4 = extremely important*, respondents (*n* = 88) rated 23 variables (set within five corresponding aspects of employability assessment) for importance in helping decide TPD claims (see Table 18). Highest-rated variables included *rationale for job match, transferable skills analysis,* and *summary o*f *education, training, experience (Mo* = 4). Respondents rated all discussion topics with potential employers as extremely important. The value of employer contact was captured in qualitative comments: "Ensuring contact is made with employers in the market means identified roles are realistic" (claims); and "It is really helpful to have labour market research to highlight that employers would consider the claimant for the role based on ETE and despite symptoms" (technical). Respondents were least concerned about the *sum insured* (the predetermined lump sum amount paid to claimant) when *deciding whether to request a labour market analysis* (*Mo* = 0). Similarly, in terms of sum insured, respondents ranked inclusion of whether a *provider's opinion of job/function depends on sum insured* as unimportant (*Mo* = 0).

An additional item not directly related to employability assessment (therefore not included in Table 18) asked how important respondents thought it was to have legal advice on TPD cases. The result shows that on a scale of importance (*0 = not important to 4 = extremely important),* respondents deemed legal advice to be extremely important (*Mo* = 4).

Table 18

Importance of Aspects of EA in Assisting Claims Professionals Decide TPD Claims

	n	*Mode*[a]	*Median*
Components of an EA report:			
Rationale for job match	88	4	4.00
Transferable skills analysis	88	4	4.00
Summary of education, training, experience	88	4	4.00
Occupational information	88	4	4.00
Summary of medical and functional information	88	4	3.00
Employer contact	88	4	3.00
Labour market statistics	88	4	3.00
Provider's professional opinion regarding employability	88	3	3.00
Summary of psychosocial issues	88	3	3.00
Executive summary at front of EA report	88	2	3.00
Salary information	88	2	2.00
Discussion with employer:			
Discussing job duties	86	4	4.00
Asking if a person with similar skills would be suitable	86	4	4.00
Discussing desired skills and experience	86	4	3.00
Asking if a person with similar functionality would be competitive	86	4	3.00
Discussing on-the-job training	86	4	3.00
Reasons for requesting Labour Market Analysis (LMA):			
Policy definition	86	4	3.00
Claim complexity	86	3	2.00
Legal advice	86	2	2.00
High sum insured	86	0	1.00
Number of alternative occupations:			
All reasonably suited occupations identified are needed in an EA	88	4	3.00
Ideal number of identified occupations needed in an EA[b]	61	-	-
Provider's opinion on job/function match:			
To always include opinion on job/function in EA report	88	3	3.00
Inclusion of job/function opinion depends on sum insured	88	0	.00

Note. TPD = total and permanent disability. EA = employability assessment.

[a] Rating scale: 0 = not important, 1 = somewhat important, 2 = moderately important, 3 = very important, 4 = extremely important.

[b] This item required numeric response only. Mean data recorded between 3 and 4 jobs. (Range = 2–5).

Usefulness of Employability Assessment

Usefulness of employability assessment to TPD claims professionals' decision-making process was measured in two ways. The first method was via three statements on ways respondents use employability assessment (see Table 19). On a scale from *0 = not important* to *4*

= *extremely important*, respondents (n = 96) rated *using EA to get a clear picture of the claimant's work potential* of equal importance as *for decision-making* (Mo = 4). Both aspects were more important than *using the sum insured to decide whether to request an EA* (Mo = 0).

Mann-Whitney U tests revealed no significant differences between respondents' roles (claims, technical) or TPD experience (less experienced, more experienced) in the rating of usefulness of employability assessment. There was a significant difference between the respondents' education groups (secondary, tertiary) for the variable *using the sum insured to decide whether to request an EA* (U = 712, p = .010, r_{pb} = .26). The group with tertiary education (Md = 1.00, n = 64) rated *using sum insured to decide whether to request an EA* as more important than those with secondary education (Md = .00, n = 32). The r_{pb} of 0.26 suggested medium effect size although the low median importance rating by both groups suggests the difference is of low practical significance.

The second method for gaining information about the usefulness of employability assessment was to ask respondents to describe how it assisted them to assess and decide TPD claims. Qualitative responses (n = 83) were coded into 190 items. Thematic analysis identified three main uses of employability assessment, set out below as vocational overview, vocational opinion, and vocational integrity.

Vocational overview. Employability assessment provided valuable rehabilitation summaries of claimant education, training, and experience, and their functional capacity. Employability assessment was regarded as useful in linking, incorporating, comparing, and matching information to provide a balanced overview, factual snapshot, overall picture of work potential, clear argument on options, and an objective critical analysis.

Table 19

Usefulness and Quality of EA by Respondent Role, Education, and Experience

				Role	Education	Experience
	n	*Mo*[a]	*Md*	*U*	*U*	*U*
Usefulness:						
Clear picture of claimant's work potential	96	3	3.00	101	851	110
To make TPD decisions	96	3	3.00	104	879	110
Use sum insured to decide to request EA	96	0	1.00	953	712**	111
Quality:						
Identification of realistic job options	92	4	4.00	909	808	875
Objective reporting	92	4	4.00	951	830	875
Evidence based information	92	4	4.00	102	873	100
Accurate interpretation of functional capacity	92	4	4.00	878	893	950
True picture of claimant's situation	92	4	4.00	105	837	965
Linking alternative occupations to skills	92	4	4.00	907	916	918
Robust for court	92	4	4.00	822***	837	951
Readability	92	3,4[b]	3.00	972	839	935

Note. EA = employability assessment. TPD = total and permanent disability. *Mo* = mode. *Md* = median. U = Mann-Whitney-U Test statistic.

[a] Rating scale: 0 = not important, 1 = somewhat important, 2 = moderately important, 3 = very important, 4 = extremely important.

[b] Readability was multimodal.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Vocational opinion. Employability assessment provided expert opinion on important vocational areas such as education, training, or experience (ETE), identification of suitable occupations, the labour market, claimants' return to work potential, and claimants' transferable skills. For instance: "Identification of employment in consideration of the claimant's function/ETE/work availability which cannot be reached by simply reviewing the claimant's history provided in the claim forms" (claims); "Gives a 'subject matter expert' opinion on the match between ETE, function, and real occupations" (technical); "Helps by providing a professional opinion on what reasonable options are open to claimant in terms of re-employment in consideration of transferable skills, function, and local labour market" (claims).

Vocational integrity. Underpinning the usefulness of employability assessment was the imperative that it reflects the real world of work: “EA provides clarity and an additional overview of a claimant’s ETE, function and applies a ‘real world’ test to whether it translates into a suitable vocational option” (technical); “EA hugely assists in assessing TPD claims as it provides tangible examples of real life roles which are suited within members ETE” (claims); “Provides real world prospect of return to work within a person’s existing skill sets” (claims).

Quality of Employability Assessment

Responses about the quality of employability assessment reports were evaluated in two ways, quantitative and qualitative. In the quantitative method, respondents (n = 92) rated eight characteristics of report quality by importance from *0 = not important* to *4 = extremely important* (see Table 19). All quality characteristics were deemed extremely important (Mo = 4) except for *readability* which was multimodal and deemed both very important and extremely important (Mo = 3 and 4).

Mann-Whitney U tests revealed no significant difference *between respondents’ education and experience* in how they regarded quality characteristics of an employability assessment report. By role, however, there was significant difference in the two groups of claims professionals (claims, technical) concerning the variable *robust for court*, (U = 822, p = .039, r_{pb} = .21). Technical advisors rated *robust for court* as a more important characteristic for the quality for an employability assessment report (Md = 4.00, n = 44) than those involved in claims decision-making (Md = 3.00, n = 48). The r_{pb} of 0.21 suggested a small to medium effect in an area rated as very and extremely important, and therefore of practical significance.

According to one technical advisor who commented in the “other” text field about quality: “If the report had all eight characteristics listed above, it would be considered a quality

report – currently it is rare to have all of these elements in the one EA report." Additional quality characteristics offered by respondents (n = 12) included: explores other factors if relevant, must contain labour market review, draws out inconsistencies, and appropriateness of the provider.

In the qualitative approach, free-text responses (n = 66) describing ways in which employability assessment quality could be improved were coded into 90 items that were thematically analysed. Respondents identified the following three areas for quality improvement:

Presenting realistic employment options. Respondents berated identification of unrealistic or inappropriate roles such as car park attendant, console operator, or ticket collector. Instead, they posited that report quality would be improved by giving a clear rationale for including/excluding various occupational options. The rationale should link the new options to functional capacity and residual skills from education, training, or experience: "Clear links between occupation, function, transferable skills and suitable occupations with evidence to the real world of work" (technical); "We require realistic job options, rationale for job options and ensure that the job choices offered have been thoroughly researched and fit the insured's ETE" (claims); "Expert needs to provide conclusions based on evidence and tie roles to ETE. We want realistic options. If the insured is unemployable, say so" (technical). Respondents also thought that contact with employers was an essential means of verifying occupational and labour market data: "Contact prospective employers to confirm the jobs identified are realistic and sustainable" (claims); and "Potential employers need to be contacted to confirm actual requirements of the roles, not just using DOT [occupational data] guidelines or similar" (technical).

Improving rigour of employability assessment. Introduction of minimum industry standards and standardised training for providers was recommended. For example: "A set of guidelines that is agreed upon needs to be included in an EA – the variation of content across

providers is frustrating" (technical); "Consistency in standards across the industry" (technical); "a minimum standard would be good that outlines how evidence should be presented, the sources used along with their methodology and rationale" (claims); and "Providing training to report writers [providers] on delivering a simply presented, readable, logically analysed summation of evidence provided and associated labour market research" (technical). Respondents also recommended introduction of provider accreditation: "Providers that undertake EAs to undergo mandatory training to be certified" (claims); "Specific certification to do EAs for TPD claims with training to be consistent for court across all life insurers" (claims). On the claims side, improving the quality of referrals to providers was important: "Better training for claims in how to brief providers" (claims); and "Quality EA stems from instructions provided by claims professionals and the evidence provided" (technical).

Clear and concise reports. In this final area the advice was unequivocal: "Ensure opinions are objective and stick to facts provided" (claims); "Easy to read and understand for readers who are not rehab counsellors" (technical); "Some reports can be up to 30 pages long which can be overwhelming to assessors" (claims); "Simplifying the report and focusing on the important parts that we mostly rely on" (claims); "Remove the amount of information that is copied/pasted" (claims); and "Remove any and all ambiguity" (technical).

Cost of Employability Assessment

Two cost matters were surveyed. First, cost-effectiveness: most respondents (n = 84, 91%) affirmed that employability assessments were, in general, cost effective. By contrast, the open-text field seeking views on cost-effectiveness drew comments from a small number of respondents who were not convinced that they were cost effective (n = 5, 4.8%), evidenced as follows: "Costly for return" (claims); "If a provider needs to travel to conduct EA we could pay

up to $5000 for report, which is considerable when considering sum insured" (claims); and "Travel time, long-winded reports with no critical analysis. I rarely see a good value report" (technical).

The second cost matter concerned the estimation of billable hours for various tasks required to produce an employability assessment report (see Table 20). The scale used for each task was *0 = <1 hour, 1 = 1 hour, 2 = 2 hours, 3 = 3 hours, 4 = ≥4 hours*. Mann-Whitney U testing revealed no significant difference in billable hours by respondents' role or education.

There were significant differences by experience in two of the six tasks, *interview with claimant* and the *labour market analysis.* In the first task, billable hours estimation was greater in the more experienced group (Md = 3.00, n = 37) when compared to those with less experience (Md = 2.00, n = 47; U = 1,207, p = .001, r = .35). The difference was of medium effect size. The second significant difference in task estimation of billable hours was for *labour market analysis* (U = 605.5, p = .011, r = .27) with medium effect size. In this case, the less experienced respondents (Md = 3.00, n = 47) estimated longer to conduct a labour market analysis than their counterparts with more experience (Md = 2.00, n = 37). The sum of median hours for each billable task (15 hours) provided an approximation of a billable timeframe for an employability assessment report using main tasks (see Table 20).

Table 20

Cost of EA Tasks in Estimated Billable Hours

n = 84			Role	Education	Experience
Estimated hours for EA tasks:	*Mode*[a]	*Median*	*U*	*U*	*U*
Write EA report	3	3.00	713	777	778
Labour market analysis	3	3.00	841	696	605**
Review documentation	3	3.00	801	689	826
Employer contact	2	2.00	801	715	720
Claimant interview	2	2.00	849	691	532***
Transferable skills analysis	2	2.00	770	710	808

Note. EA = employability assessment.
[a] Rating scale: 0 = <1 hour, 1 = 1 hour, 2 = 2 hours, 3 = 3 hours, 4 = ≥4 hours.
*p < .05, ** p <.01, *** p <.001.

Type of Employability Assessment

Employability assessment may be conducted in four ways: by internal rehabilitation review, by file-based report, with a telephone claimant interview, or with a face-to-face claimant interview. Respondents' preference among four types was sought using a 4-point nominal scale with the following response options: *1 = internal review, 2 = file-based EA, 3 = phone interview, 4 = face-to-face interview.* Over half the respondents (56%) rated *face-to-face interview* as the best means of assessment when asked to select from these four options. Respondents were offered seven variables to consider regarding what may influence their choice of employability assessment type requested (see Table 21). Five variables had the strongest influences (*Mo* = 4) on employability assessment type preferred. Two variables, *time pressure for a decision* and *cost of an EA*, were ranked least influential (*Mo* = 2) when selecting the type.

Fisher's exact tests (*Fet*) assessed for independence in respondents' choice of employability assessment by their role, education, and experience groups.

By role, a significantly larger proportion of the technical group (53.7%) reported preference for using file-based employability assessment compared to the claims group (29.3%)

when faced with *time pressure for deciding a TPD claim* (*p* = .041, *Fet = 8.130, Cramer's V = .32*). Cramer's V indicates medium effect size. For the *cost of an EA,* a significantly higher proportion of the technical group (65.9%) preferred to use a file-based employability assessment (vs. claims group, 22.0%), while a significantly higher percentage of the claims group (24.4%) reported a preference for a telephone interview (vs. technical group, 7.3%; *p* = .001, *Fet = 16.480, Cramer's V* = .45). Cramer's V indicated a medium-to-strong effect size.

By education, secondary-educated respondents indicated a preference for internal review (33.3%) when experiencing *time pressure for a TPD decision* (vs. tertiary-educated, 14.5%) while those who were tertiary educated preferred file-based (49.1% vs. secondary-educated 25.9%; *p* = .042, *Fet = 8.087, Cramer's V = .32*). Cramer's V indicates a medium effect size.

By experience, a significantly larger proportion of respondents with less TPD experience (36.9%) reported a preference for file-based employability assessments than those with more experience (13.9%) in view of *high sum insured* (*p* = .033, *Fet = 8.391, Cramer's V* = .32), and a significantly larger proportion of the less experienced group (43.5%) preferred a file-based employability assessment compared to their more experienced counterparts (13.9%) if there was *legal involvement* in the case The more experienced group (63.9%) reported a significantly greater preference for face-to-face employability assessments than the less experienced group (41.3%) when there was *legal involvement* (*p* = .031, *Fet = 8.680, Cramer's V* = .32). Both differences had a medium effect size.

Table 21

Type of EA Preferred by Respondent Role, Education, and Experience

			Role	Education	Experience
n = 82	*Mo*[a]	*Type of EA*	*Fet*	*Fet*	*Fet*
Type of EA preferred when considering:					
High complexity claims	4	Face-to-face interview	1.112	3.294	6.911
High sum insured	4	Face-to-face interview	5.041	3.333	8.391*
Legal involvement	4	Face-to-face interview	3.923	1.091	8.680*
Conflicting evidence	4	Face-to-face interview	2.473	2.572	6.066
Insufficient evidence	4	Face-to-face interview	0.772	1.913	3.895
Time pressure for decision	2	File-based EA	8.130*	8.087*	4.200
Cost of EA	2	File-based EA	16.480**	3.303	1.061

Note. EA = employability assessment. Fet = Fishers exact test.
[a] Rating scale: 1 = internal review, 2 = file-based EA, 3 = phone interview, 4 = face-to-face interview.
* $p < .05$, ** $p < .01$, *** $p < .001$.

"Other" comments from respondents ($n = 5$) regarding what may influence their choice of employability assessment included: "inappropriate for internal rehabilitation advisor to conduct an EA, should always be by external provider" (technical), "we have internal rehabilitation review first" (claims), "we begin with a phone call, always from external provider" (claims), "my preference is for all EAs [to] involve an interview with the claimant; for time-effectiveness and due to geographic location, a telephone-based interview is faster and easier on all involved" (technical); and "we always complete a file-based EA as the member has provided a true and accurate depiction of their ETE" (claims).

Who is Most Qualified to Conduct an Employability Assessment?

Of the 104 respondents, 58 (56%) indicated that rehabilitation counsellors were most qualified to conduct an employability assessment. Thirty-seven (36%) considered that occupational therapists were most qualified. Medical practitioners were selected by two respondents (2%); and physiotherapists, psychologists, and occupational allied health practitioners were each selected by one respondent (3%). Four (4%) did not know who was

qualified to conduct an employability assessment. Most respondents (81%) believed that the provider conducting an employability assessment should meet the courts' Expert Witness code requirements. A lay summary of the survey results was distributed via ALUCA channels, and is available in Appendix E, Item 4.

Discussion

This study explored the views of two groups of TPD claims professionals—claims assessors and technical advisors—to gain baseline information about employability assessment. The education and training reported by each group tended to reflect the distinctive roles they had as TPD claims professionals. The claims group consisted of more secondary-educated respondents and this tends to be representative of TPD claims teams generally in Australia. Claims assessors frequently enter via insurance call centres and administration where training is obtained at a Certificate level (Australian Government, 2010). Specialist technical positions tend to require tertiary qualifications (e.g., medical, legal, allied health) from the outset. Further, the recent increase in claims has meant a corresponding high intake of claims assessors at a greater rate than technical advisors.

In the first research question about concepts of employability, respondents' concept of employability directly addresses a claimant's employment potential, the identification of suitable occupations within a claimant's education, training, or experience; and identification of suitable occupations based on medical and functional capability. Within the confines of TPD policy, however, respondents' concept of employability places less importance on the psychosocial concepts of a claimant's motivation for work, and to some extent their age and the labour market in which he or she operates. Rehabilitation advisors from the focus group and claims professionals from this survey indicated that psychosocial aspects of a claimant's situation have

low priority in an employability assessment. Of interest, however, is the high proportion of psychosocial comments in "other concepts" of employability posited by survey respondents. When given an opportunity to express their own views, respondents showed a desire to understand a more holistic—real life—picture of the claimant's situation. They also expressed this desire in the open-text fields relating to usefulness and quality of employability assessments. By contrast, the focus group rehabilitation advisors did not express a similar desire in their anonymous written notes. Psychosocial influences are widely regarded as integral to consideration of an individual's future work potential and are common concepts of employability in other forensic settings (Austin et al., 2009; Pryor & Hawkins, 2009; Robinson, 2013).

Identification of the components of employability assessment that were important to TPD claims professionals was the second research question in this study. Findings identify that policy and practice are at odds concerning the importance of employer contact and the use of labour market analysis. Contact with employers (part of labour market analysis) was highly endorsed in quantitative and qualitative responses, yet policy definition governs respondents' thinking on when to request a labour market analysis. A common interpretation of the policy regarding labour market analysis is based on case law such as *Hannover Life v. Colella* (2014) and *Long v. United Super* (2014) whereby the TPD test is one of *capacity* to perform alternative work, not the *availability* of that work. This policy restriction challenges the prevailing 'real life' imperative established by the courts (Drummond, 2014; Tsacalos, 2005): if it is unknown whether alternative work options are available in the labour market, how realistic is the report? Claims professionals and rehabilitation advisors involved in this project agreed with the court: employability assessment must reflect the "real world of work" and a claimant's realistic chance of getting a job. Some TPD policies thwart evidence-based rehabilitation. A review of

international literature identified that labour market research and employer survey data are fundamental to forensic employability assessment for an integrated assessment of a person in the real world of work (Barros-Bailey, 2014; Barros-Bailey & Robinson, 2012; Robinson, 2013).

In answer to the third research question, there was no appreciable difference in the way respondents perceived the overall usefulness of employability assessment. They primarily use employability assessment to get a clear picture about a claimant's work potential from an expert and utilise this information when making TPD claims decisions. Respondents use the provider to synthesise information about the claimant and then document their professional opinion on suitable employment options in their employability assessment reports. Although requesting an employability assessment based on the sum insured was rated of no to low importance by claims professionals, tertiary qualified claims professionals placed significantly greater importance on requesting an assessment based on sum insured than those with secondary qualifications. Salient to the difference is that advice on actuarial and business risk factors such as sum insured are more likely to be given by tertiary-qualified technical advisors.

Concerning the quality of employability assessments, respondents believed that identification of realistic alternative occupations using evidence-based information is the hallmark of a quality report. It is unsurprising that technical advisors held a significantly stronger view that employability assessment should be robust to stand the scrutiny of the court. As advice-givers to claims, their role is to take a higher-level perspective and position on containing risk to the business, therefore ensuring that meeting prevailing legal requirements with each report is within their remit. The findings on quality are congruent with results in the preceding studies: presenting realistic employment options was clearly called for by legal and rehabilitation advisor voices; claimants also expressed a desire for advice about future work that would realistically

reflect their circumstances and chance of getting a job. The literature contains emphatic calls for empirical research to support information contained in reports particularly in the wake of US court rulings regarding expert evidence (Crystal & Erickson, 2010; Williams et al., 2006). Likewise, respondents viewed employability assessment reports that were evidence-based, objective, and robust for court as extremely important criteria. Views on improvement to the quality of employability assessment centred predominantly on the competency of the provider who conducts the employability assessment. Claims professionals were in accord with rehabilitation advisors in urging the introduction of standardised guidelines for provider training, methodology, and certification across the industry.

Respondents overwhelmingly regarded employability assessment as cost effective. Experience is important in two aspects of billable hours estimated for certain tasks—claimant interview and labour market analysis. The group with more experience allowed significantly more time to conduct an interview with the claimant than their colleagues with less experience. This finding aligns with free-text comments by respondents wanting more psychosocial information about the claimant, which is generally gleaned by interview. It also fits with forensic literature in which interview-with-claimant is described as a principle source of information (Robinson, 2014b). The interview must be comprehensive (Van de Bittner, Wallace, Cottle, & Simon, 2012), be conducted with consideration of the claimant's communication needs (Austin et al., 2009), and allow time to focus on personal background and issues (Pryor, 2003). The group with less experience estimated more hours for labour market analysis, perhaps yet unaware of data access tools and methods described by one respondent: "providers do not need so much time as they have labour market information already available and they are experts at calling employers" (technical). Allocation of billable hours for employability assessment was based on

2007 standard return-to-work vocational assessment timeframes and the 8–10 hours usually allocated for main tasks (listed in Table 20) remain the same today. Respondents estimated around 15 hours for these tasks. Anecdotally, providers frequently comment on the challenge of producing quality assessments within standard timeframes. Other insurance schemes report estimates of 20–40 hours as an average time to complete a comprehensive expert vocational evaluation (Van de Bittner et al., 2012). It is timely to bring employability assessment timeframes into line with current forensic vocational rehabilitation practice rather than that of standard return-to-work rehabilitation.

Employability assessment with a face-to-face interview with the claimant was deemed the best type by just over half the respondents. When time pressure to make a decision and cost of obtaining an employability assessment were factors in choosing type, the cheaper and generally quicker file-based assessments were considered appropriate by the technical group whose role requires heightened time/cost/risk awareness. The claims group—the only group who are in telephone contact with claimants during regular course of the claim—favoured the next step down in time and cost, a telephone interview with the claimant. Significant differences were noted in education with those from secondary level preferring to use the internal rehabilitation review process when pressured for time to make a decision, whereas the tertiary group sought the file-based type with a provider despite a minimum 14-day delivery. The reason for this finding is unclear but it could be that those with secondary education lacked confidence, thus when under pressure will seek employability information directly from internal rehabilitation advisors as a first step. When there was time pressure to make a decision or when the cost of obtaining an employability assessment was a factor, the cheaper and generally quicker file-based type were considered appropriate. Employability assessment quality and fairness should not be

compromised when faced with issues of expediency and economy; evidence and justice underpin the emergent model in the introductory chapter. It is of interest therefore, that time and cost were rated the *least* influential variables by respondents when requesting an employability assessment.

Respondents with more TPD experience significantly opted for a face-to-face claimant interview when there was legal involvement in the claim. A growing practice that occurs in almost a third of cases (Rowley, 2014) is for lawyers to submit and track a claim on behalf of a claimant. Described as predatory legal behaviour (Spits, 2015), this can be intimidating to inexperienced assessors and requires discernment in handling the claims process. In such cases, an experienced TPD claims professional is more likely to request an employability assessment report as a safeguard strategy to minimise legal disputation. An interview with the claimant is a requisite step in the process of identifying realistic occupations in many forensic assessment methodologies reviewed (Austin et al., 2009; Crystal & Erickson, 2010; Robinson, 2013; Van de Bittner et al., 2012). In the world of forensic vocational assessment, reliance on claimant's self-report is regarded a hazard for providers who mostly work as counsellors (Pryor & Hawkins, 2009), therefore, objective and realistic employability assessments depend on the experience, skills, and integrity of the forensic provider (Sleister, 2000).

The final research question for this study asked who is most qualified to conduct an employability assessment. Rehabilitation counsellors were nominated as the most suitable providers by over half the respondents in this study. It is noted that data on respondent's profession and geographical location were not collected and potential bias of respondents could not be established. Future studies that identify differences in preferred provider using these respondent characteristics would add valuable information to the separate topic of employability assessment providers.

Important concepts and highly-ranked components of employability assessment identified by respondents (including summarising education, training, and experience, transferable skills analysis, identifying and justifying job matches, and labour market analysis/employer contact) align with the rehabilitation counselling profession. Core competencies for vocational assessments—and employability assessment—have been long established within the profession (Australian Society of Rehabilitation Counsellors, 2014; Rehabilitation Counselling Association of Australasia, 2015b). Guidelines for providers were recently released under the auspices of ALUCA (Australasian Life Underwriting Claims Association, 2017c). A minimum of five years of experience in the following competencies is mandatory: vocational assessment, vocational counselling, transferable skills analysis, job preparation skills, job seeking and placement, knowledge of the functional requirements of occupations, analysis of the Australian labour market, and report writing. Paradoxically, over a third of respondents thought occupational therapists were most qualified to conduct employability assessment, yet a similar review of occupational therapy standard competencies did not specify tasks relevant to the guidelines (Occupational Therapy Australia, 2010).

Improving rigour of employability assessment through standardised training for providers was a main theme arising from qualitative analyses of open comments on the quality of employability assessments. Respondents recommended improved training and certification for employability assessment providers. The focus group of rehabilitation advisors also placed high priority on independent training and certification of providers. There is no independent forensic training/credentialing system extant in Australia. Rapid growth in this sector mirrors past US expansion of forensic vocational assessment and corresponding development of formal forensic

training/accreditation (Barros-Bailey, 2013). Qualitative feedback from this study supports the introduction of standardised forensic certification for Australian expert providers.

The sharp rise in claim numbers in the last five years is reflected in this study's finding that more than half the respondents had up to five years of TPD experience. This is a bourgeoning industry and acquisition of baseline data from this exploratory survey is essential for future research. Three areas of research—legal, quality, and cost—emerge from the findings.

Literature review, rehabilitation advisors, and now claims professionals draw attention to legal aspects of employability assessment in the TPD context. The importance of legal advice was clear in the survey results and sends a message to providers to be cognisant of the impact of case law on employability assessment. Future collaboration with legal researchers to examine the juxtaposition of employability and law would add depth of understanding to the TPD employment limb.

Criteria for measuring quality of forensic reports is varied. According to Robinson (2014b), the quality of reporting goes beyond the constituent aspects of a vocational assessment such as background information, transferable skills analysis, and vocational options. Five additional factors that influence the perceived quality of a report were: the utility of the report, the specificity of the report, style and readability, jargon and grammar, and the length of the report (Robinson, 2014b, p. 5). Objectivity and consistency of methodology also contributed to report quality (Shahnasarian & Lassiter, 2002), as well as a report which is balanced and impartial (Pryor & Hawkins, 2009). Therefore, broader inquiry into employability assessment reports would provide more definitive evidence of quality.

In terms of cost of employability assessment, the disparity in current and respondents' estimates of billable hours warrants further research to identify appropriate billable hours for key

tasks associated with employability assessment, to ensure that timeframes set for providers correspond with forensic vocational assessment standards.

The findings of this study need to be considered in view of methodological challenges, notably sampling and self-selection bias (Wright, 2005). The first two stages of recruitment exposed these challenges. First, not all TPD claims professionals are members of the peak body ALUCA which promoted the study, and second, because there was no way of knowing if all claims managers had cascaded the survey link to their teams as requested, responses may have come exclusively from the teams that did receive the link. The use of in-office survey champions to encourage claims staff to participate in the survey may have somewhat offset the issue to gain a more representative sample. Information about respondents' professional backgrounds and geographical location was not documented. This may have biased their selection of the provider who is most qualified to conduct employability assessments. Although the survey response rate of 52% appears to be average for individual voluntary responses (Baruch & Brooks, 2008), one respondent in five did not complete the survey. The scope of the study was ambitious with 68 mandatory-response items. Anecdotal feedback from many claims professionals was highly supportive of the survey but taking time from hectic workloads to address detailed items may have contributed to the attrition rate. A condensed version refined by further Delphi iterations would be more feasible in the future (Keeney et al., 2011). The inbuilt forced-response mechanism requiring respondents to complete every item (except "other" option) may also have discouraged them from completing the survey. A larger trial to identify and correct points of "dropout" would reduce attrition for future implementation of the survey (Hochheimer et al., 2016).

Just over half the respondents had less than five years' experience in making crucial decisions about TPD claims. This finding reflects the influx of new personnel to the sector in response to the surge in claims in the last five years as described in the overview of TPD in Chapter One. The overall benefits and uses of employability assessment were clearly identified in this study along with recommendations for improvement in quality. Respondents with more experience favour contact with the claimant via face-to-face interviews, particularly when there is lawyer involvement. A comprehensive, clear picture of a claimant's situation and employment prospects is highly valued and obtaining an employability assessment report is a strategy used by experienced claims professionals in the claims process. Respondents estimate more time to complete employability assessment tasks than is currently the case.

Findings from this study show claims professionals' preference for claimant contact, psychosocial insights, and labour market information. This is in line with rehabilitation best-practice yet contrary to legal interpretation of TPD policy. Rehabilitation counsellors are considered well qualified to conduct employability assessments, and standardised training and credentialing of providers is endorsed. This final study completes a three-year program of active research. The next chapter summarises findings from the five studies, updates recent evidence and discusses implications of the research.

Chapter Seven - Discussion

The overarching aim of this thesis was to contribute formative information about employability assessment in the context of TPD insurance claims. This was achieved in five studies commencing with a review of literature and followed by an exploration of the views of three key stakeholder groups: claimants, rehabilitation advisors, and TPD claims professionals. This final chapter summarises the main findings from each study. The findings are presented through the lens of forensic vocational rehabilitation, consistent with the rehabilitation background of the researcher.

Several years have elapsed since the beginning of this research project so there is a need to identify and discuss recent evidence related to employability assessment and the TPD market. Implications for future research and rehabilitation practice are also discussed, with consideration given to the strengths and limitations of the studies.

Summary of Findings

Scoping Literature Review

Study 1 was a review of 34 items of evidence which form a new body of knowledge about employability assessment in TPD in three domains: forensic vocational assessment, TPD within superannuation, and legal perspectives.

Forensic vocational assessment. The employability assessment model shares common purpose and methods with forensic vocational assessment. Similarities in methods include: review of medical, educational, and employment information; consideration of functional and cognitive capacity; transferable skills analysis; identification of suitable work options; occupational and labour market research; and formation and presentation of opinions on

identified occupations. Employability assessment lacks the comprehensiveness of its counterparts by giving less significance to claimant interview and psychosocial factors. Lawyers in one study found assessments were inconsistent in methodology and objectivity: improving scientific rigour in the face of legal scrutiny underpins all models reviewed in the literature. There was no conclusive evidence on variables the forensic experts consider when conducting an assessment. Opinions differed on the role and function of vocational experts within the forensic rehabilitation arena although there was consensus that the highest standard of scientific practice is demanded in this subspecialty.

TPD insurance in superannuation. Automatic cover and lump sum payments are defining features of TPD. Claim numbers surged in the last five years in response to financial and consumer market forces. Policy changes impact the employment limb in several ways: in wording such as changing "unlikely" to "unable" to work, by including return-to-work rehabilitation if supported by medical evidence, and to consider all previous and future retraining and rehabilitation at the time of employability assessment. No empirical evidence from the TPD claimant perspective was identified.

Legal perspectives. Articles on case law pertaining to the second limb of TPD show how forensic opinion applies to employability assessment practice. The most consistent finding was that work options identified must be real jobs offering the claimant a realistic chance of gaining employment locally. Factors affecting return-to-work such as prior job seeking efforts, age, and transferable skills of the claimant are important to consider. Whether part- or full-time work is assessed remains debatable and is influenced by the circumstances of the case, and the judgement that "regular remunerative work" may be part-time. The date at which employability

is assessed (at six-months or time of assessment) determines a current or retrospective employability assessment.

TPD Claimant Perspectives

Most of the 12 claimants interviewed in Study 2 were unaware that they could claim TPD through their superannuation. Interviewees found the claims process arduous, frustrating, and lacking transparency. They reported that uncertainty and anxiety about their health was exacerbated by stress associated with the claims process. Providing work history at a very difficult time was challenging and should in future be limited to recent work rather than all jobs since leaving school. Payment of their claim brought unexpected consequences including high taxation, reduction in government services, more paperwork to release funds, and inability to manage a lump sum of money. Claimants who retained a desire to re-enter the workforce wanted realistic information and help to return-to-work. Voluntary work was regarded as a good first step and several expressed an interest in TPD or disability advocacy. Being treated with empathy, negotiating a straightforward process preferably with initial face-to-face contact, on-going proactive communication with one claim contact, access to electronic information, and financial advice/advocacy were among solutions arising from issues many interviewees experienced.

Rehabilitation Advisor Perspectives

Study 3 explored 10 rehabilitation advisors' opinions on key employability assessment issues in a focus group discussion. Employability assessment is a forensic practice informed by case law and legal interpretation of TPD policies—a finding which accords with legal literature reviewed in Study 1. Inconsistent and poor-quality employability assessments can be remedied by improvement to provider proficiency in two ways (1) standardised training in methodology and as an expert witness, and (2) including return-to-work rehabilitation experience as essential

to qualification criteria. Shifting responsibility for governance of these areas from insurers to third-party service providers—universities and industry organisations—is seen as a step toward an independent framework. It is the role of the insurer, not the provider, to weigh the medical evidence and provide functional capacity information for the employability assessment. Participants differed in their views on whether employability assessment should be file-based or include some form of interview (phone or face-to-face) with the claimant. They were unanimous, however, in two aspects: inclusion of labour market analysis with employer contact, and exclusion of psychosocial aspects of the claimant's situation.

Delphi Panel

Study 4 Delphi panellists reached consensus on 21 items for use in a survey of TPD claims professionals in a novel combination of emailed and real-time iterations. Multi-optioned items about employability assessment were generated in four domains: quality (e.g., objectivity, evidence, provider expertise, improvement), content (e.g., concept, components, job-claimant match, labour market), claims (e.g., claims staff experience, training, legal views), and the utility domain (e.g., usefulness, cost, type). Panellists' demographic information reflected the newness of the TPD sector in Australia in terms of experience, vocational rehabilitation qualifications, and affiliation with forensic vocational rehabilitation organisations.

TPD Claims Professional Perspectives

Study 5 surveyed an estimated half of all Australian TPD claims professionals for their views on employability assessment. The respondents' concept of employability was congruent with the purpose of an employability assessment, that is, to identify occupations within claimants' education, training, or experience and which match their functional capabilities. These concepts were also rated as extremely important components of an employability assessment,

along with labour market analysis with employer contact. The psychosocial concept of a claimant's motivation for work was rated of least importance although 85% of respondents' open-text comments embraced a more holistic evaluation of a claimant's situation.

In terms of utility, respondents used employability assessment to get a clear picture of claimants' work potential and this information was extremely important in deciding whether to pay or decline a claim. Seven characteristics of quality—realistic job options, linking jobs to skills, accurate objective evidence-based information, true picture of claimant's situation, and robust for court—were deemed extremely important based on quantitative and qualitative data. It was significantly more important to the technical group that report quality meant being robust for court. Respondents thought that employability assessments were in general cost-effective. Differences occurred when estimating specific billable hours for key tasks associated with employability assessment. The group with more experience allowed significantly greater time to interview a claimant than those with less experience. Less experienced respondents estimated significantly greater time to conduct a labour market analysis than their more experienced counterparts.

Of the four types of employability assessment (internal review, file-based, telephone contact, or face-to-face interview), 56% of respondents favoured a face-to-face interview with the claimant as the best type. Five variables were extremely important influences on this choice: high sum insured, high claim complexity, legal involvement, conflicting evidence, and insufficient evidence. The claims professionals' experience is again noteworthy: a significantly higher proportion with more experience preferred employability assessments with face-to-face claimant contact if lawyers were active in the case compared to their colleagues with less experience, who preferred file-based assessments. The group with less experience significantly

favoured file-based employability assessments in high sum insured claims. The difference in claims professionals' opinion regarding file-based versus interview-with-claimant corresponds with mixed views expressed by rehabilitation advisors about the ideal type of employability assessment in their focus group discussion. Just over half (56%) the respondents nominated rehabilitation counsellors as best qualified to conduct an employability assessment.

Comparison with Recent Literature

Study 1 Literature Review

An evaluation of literature published since the inception of the research project followed the same search protocol and selection criteria used in Study 1. An updated search of allied health and multidisciplinary electronic databases was conducted for items published between 2016 and 2018. No new items were found dealing with the specific topic, employability assessment in TPD claims, therefore the same three domains featured in Study 1 were applied to maintain uniformity of eligibility: (1) forensic vocational assessment as the theoretical foundation, (2) TPD in life insurance and superannuation as the context, and (3) legal aspects of the TPD second (employment) limb as the driver.

The only item found that would have been included in the original review's forensic vocational assessment domain was a book chapter by Barros-Bailey (2017). This book chapter refined and clarified two specific elements that relate to employability assessment practice: forensic and indirect service provision. Within the vocational rehabilitation setting, *forensic* assessment involves the formation of objective expert opinions on a claimant's work potential for the court or other jurisdictions. *Indirect service* is an independent evaluation for a third-party, a consultation with little likelihood of court appearance. Neither forensic nor indirect services entail a rehabilitative claimant-provider alliance. Indirect service provision may occur in the

employability assessment environment when a provider is asked to review evidence to assist in strategic case preparation or to conduct a labour market analysis as background to a case. New TPD policies requiring rehabilitation may use indirect services to fulfil an emergent demand for expert evidence-based information on a claimant's return-to-work prospects.

A recent superannuation industry report by Clare (2017) met the inclusion criteria for the contextual domain of TPD insurance in superannuation. In addition to an analysis of recent data on life insurance in superannuation (which updated introductory overviews in the first chapter), the report presented eight examples and one testimonial of beneficial experiences of TPD claimants. The report was prepared in response to recent debate on default superannuation insurance cover, which includes TPD, to counter predominantly negative media coverage on claimants' experiences of TPD (in claimant section which follows).

Three new items were identified as eligible to be included in the legal domain. Two articles were commentaries on a recent case judgement: *Jones v. United Super* (Drummond, 2017; Purcell, 2017). The judgement determined that identification of a claimant's potential occupations must (1) fully take into account the definition *reasonably fitted by education, training, or experience,* and (2) connect past education, training, or experience with future work by careful extrapolation of this information in the transferable skills analysis (Drummond, 2017). Physical *and* psychological issues, entry level positions, retraining, and age were also noted as salient factors when considering jobs reasonably suited to a claimant (Purcell, 2017). Adding to the divided opinion of the courts on the matter of labour market, Drummond (2017) noted the judgement that work should be limited to what is available locally. A third legal article (Bowley, 2016) was deemed eligible for inclusion within the legal domain. The focus of Bowley's article was on the rights of superannuation members as "third party" beneficiaries, given that policies

are owned by superannuation funds on behalf of their members. The article traced the evolution of an insurer's duty of *utmost good faith* to the claimant when assessing TPD. It also incorporated the notion of *procedural fairness* required of insurers. This means that in cases of declinature, insurers must supply all evidence they relied on to form their decision and allow the claimant time to respond. The call for realistic not theoretical assessment of claimants' future work capacity was common to this update and the legal literature in Study 1.

Study 2 Claimant Perspectives

Recent literature supports key findings from claimant interviews and elevates the claimant in the TPD equation. Claimants in Study 2 reported a poor experience in at least one facet of their claim: insufficient knowledge, lack of transparency, challenging procedures, and poor communication caused claimants distress, anxiety, and frustration at a time of health crisis. There has been unprecedented media attention on the predicament of TPD claimants in the past few years (Ferguson & Ferguson, 2016; Irvine, 2017; Martin, 2017; Riskinfo, 2016b; Vergara, 2018). Lawyers confirmed that completing initial forms is lengthy and complex, that numerous delaying tactics make the process neither straightforward nor easy, and that claimants are often not well enough to file or fight a claim (Etienne & Zackeresen, 2016). Regulators have called for fairness and transparency to avoid financial stress for claimants and/or their families (Australian Securities and Investments Commission, 2016). Industry stakeholders are placing high importance upon building a better claimant experience in an effort to rebuild reputation and gain trust of members of superannuation funds (Rice Warner, 2017). Superannuation funds reported specific innovations such as using plain English to improve understanding and awareness of insurance policies, lowering premium costs without affecting cover, and the use of mobile phone technology to allow members to change or opt out of their cover (Snyder, 2017). A joint

voluntary code of practice is to be implemented by participating superannuation funds in July 2018 (Insurance in Superannuation Working Group, 2017). Insurers introduced their Life Insurance Code of Practice in 2017 to place consumers first and foremost by improving disclosure to claimants, providing greater transparency in communication, deciding claims within set times, limiting surveillance of claimants, and giving additional support to vulnerable claimants (Financial Services Council, 2017).

Studies 3 and 4 Rehabilitation Advisor Perspectives

Two important guidelines were produced and released by rehabilitation advisors that have implications for themselves, providers, and ultimately, report and service quality. The TPD employability assessment guidelines define minimum provider qualifications and list components to be included in a report (Australasian Life Underwriting Claims Association, 2017a). The rehabilitation services guidelines for the broader life code of practice outlines minimum standards of practice such as fairness, communication, timeliness, and respect (Australasian Life Underwriting Claims Association, 2017b). The publication of these guidelines underscores the leading role played by rehabilitation advisors and the decision to recruit them as participants in Studies 3 and 4.

Study 5 TPD Claims Professional Perspectives

New and significant interpretation to the survey findings on availability of work in the local labour market, types of employability assessment, and the best discipline to conduct an employability assessment were introduced in a district court judgement, *Reynolds v. Sunsuper* (2016). On availability of work, the judgement countered claims professionals' view that labour market analysis and employer contact were extremely important. The judge cohered with an

earlier case, *Hannover v. Colella* (2014), which asserted that work capacity rather than availability of work was the correct test of TPD.

On type of employability assessment, two file-based employability assessment reports from two different providers were submitted in evidence for the defence. The judge stated: "It is not relevant for the purpose of their expert opinions for them to have interviewed the plaintiff" (*Reynolds v. Sunsuper,* p. 64) thus adding a new dimension to the existing conundrum facing the sector. Forensic rehabilitation literature indicates that methodology which includes a claimant interview is best practice, yet current focus group and survey studies have mixed findings. Rehabilitation advisors are divided between file-based and interview whereas claims professionals tend to favour employability assessment with claimant interview except when under time or cost pressure. The domination of file-based employability assessment is likely to prevail because of this new legal view—until challenged in a higher jurisdiction.

On field of expertise to conduct employability assessment, the court referred to two professions involved in the *Reynolds* case: rehabilitation counselling and occupational therapy. The judge preferred the two reports authored by providers with rehabilitation counselling credentials. The reasons given were that each undertook a logical analysis of the claimant's work capacity based on transferrable skills analysis, realistic evaluation of vocational suitability, application of the actual policy definition, and acknowledgement of the relevant date for assessment. The third report, which was undertaken for the plaintiff was conducted by an occupational therapist who conceded that his training was to assess functional rather than vocational capacity. The judge identified 14 reasons to discount this report. More than half the respondents in Study 5 were in accord with this crucial legal opinion in considering that rehabilitation counsellors are well qualified to conduct employability assessments.

Implications for Future Research

Exploratory research inevitably points the way for further research (Stebbins, 2011). In a hitherto unexamined field, scope for further research projects arising from study findings is presented in this section.

The review of literature (Study 1) and subsequent update provide formative evidence about the employability assessment model in the TPD claims setting. Forensic vocational assessment as the "first cousin" to employability assessment has a strong research base built by academic and practitioner contribution (Reid, 2014). Closer comparison of employability assessment methodology with other forensic vocational assessment models is needed to validate the approach that sets employability assessment apart from that relationship. The key differences identified in Study 1, which then thread throughout all studies are face-to-face interviews with claimants and psychosocial factors. Further examination is needed to provide an evidence-based rationale for the model to remain the same or to change by incorporating these factors and thus strengthen the employability assessment methodological foundation.

Labour market analysis and contact with potential employers are important facets of methodology raised in the literature review and developed as an important thread by rehabilitation experts in Studies 3 and 4 and claims professionals in Study 5. Future research to explore methods used by employability assessment providers as compared to the body of literature that exists for labour market analysis and employer contacts would provide valuable best-practice insights.

An additional key thread running from Study 1 is the pressing need for employability assessment providers to upgrade their training, qualifications, and credentials. Prior to this, however, an industry-wide study to determine a current professional profile of this provider

group would greatly assist in future planning of resources for providers. Many respondents in the Study 5 survey considered rehabilitation counsellors to be most qualified to conduct employability assessments. A separate study to further investigate this finding would add credence to future provider guidelines and strengthen the standing of employability assessment providers in the courts.

Employability assessment is a forensic process informed by legal judgements and interpretations relating to the second limb of TPD policy. Three studies in this thesis (focus group, Delphi, and survey) highlight the tension existing between employability assessment and the law. Consequently, collaboration between lawyers and employability assessment experts in future research is recommended. The primary purpose of this collaboration would be to evaluate the weight of case law on various aspects of employability assessment practice. Issues such as retraining, type of work, hours of work, date of assessment, type of assessment, and the consistent issue identified through all studies, that of "real life" appraisal of work potential, would benefit from examination from the dual (and at times duelling) positions of law and rehabilitation.

Claimants interviewed for Study 2 were keen to participate in future research, and several offered to contribute as consumer advocates. This sets a positive tone for further investigation into three areas identified from this study: (1) an industry-wide evaluation of outcomes and experience of TPD claimants receiving the newly instituted rehabilitation intervention to identify the value of return-to-work assistance, (2) an appraisal of the new insurer Code of Practice to determine if mandatory service provision equates with improved claimant experience, and (3) a comparison with other compensable schemes may identify positive ways to support and avoid doing harm to TPD claimants. A fourth area of research arises from the research project itself and

relates to employability assessment. By approaching claimants *currently* undertaking various types of employability assessment for feedback on their experience of the employability assessment process, the challenge of post-claim access encountered in Study 2 may be overcome. Claimant feedback would complete key stakeholder inquiry into employability assessment and contribute to a holistic picture of this model.

The simplicity of the Study 3 focus group (rehabilitation advisors) discussing their previously-generated agenda items about employability assessment can be replicated with other stakeholder groups. This would enrich data gathered in Study 3. Five additional employability assessment stakeholder groups with diverse perspectives are: the providers, insurance professionals who decide TPD claims, medical practitioners, lawyers who challenge and try this evidence, and claimants who have a personal interest in the outcome. Triangulation of data from such disparate focus groups would strengthen the rigour of the exploratory research findings of this study.

Adaptation of the Delphi technique described in Study 4 could be applied to generate items of relevance for a survey of a smaller TPD stakeholder group—lawyers who request an "employability assessment equivalent" in claim disputation. TPD claims professionals and lawyers are both primary consumers of employability assessment. Lawyers contributed to vocational aspects of TPD in the legal domain of literature reviewed and their perspective on employability assessment would add greater dimension to the information gathered from claims.

TPD claims professionals who responded to the Study 5 survey were constrained by the items included for them to rate. The items were generated by rehabilitation counsellors through the Delphi process. Responses in the fields for "other comments" and open-text suggest that new and opposing views exist outside item constraints. For instance, respondents identified holistic

and psychosocial factors within their concept of employability and introduced cost of travel as a limiter in cost-effectiveness of employability assessment. Condensing the scope of the inaugural survey, preferably by applying additional Delphi iterations to further refine the items (Keeney et al., 2011), is recommended for future surveys. It is also likely that a shorter survey will have a positive effect on completion rate (Hochheimer et al., 2016). Inviting claims professionals on future Delphi panels may be worthwhile, and inviting qualitative feedback—via focus groups or interviews—would allow claims professionals to play a more active part in contributing new knowledge and richer dimension to these findings (Sturesson et al., 2013). Finally, research to determine appropriate billable hours for employability assessment tasks is warranted given the variation between existing rates, survey respondents' estimations, and evidence from other forensic schemes that were brought to light in this study.

Implications for Rehabilitation Practice

Assessing the potential of people with disabilities to return to work is complicated and compounded by many demographic, psychological, workplace, benefit and system-related factors, not the least being the disability itself (Chan et al., 1997; Langman, 2011). In the compensable forensic sphere, the highest standard of vocational assessment is required (Crystal & Erickson, 2010; Pryor & Hawkins, 2009; Robinson, 2014b). This thesis directs attention to the complexity of improving the employability assessment model and the high stakes involved for the claimant. Four studies (Study 1, 3, 4, and 5) deal with employability assessment and shed light not only on the model itself but rehabilitation advisors as gatekeepers and providers who conduct employability assessments. This section presents implications in two parts: employability assessment practice and practitioners.

Employability Assessment Practice

Evidence relating to its origins, definitions, and methodology shows that the foundations of employability assessment are firmly established in forensic vocational assessment practice (Barros-Bailey, 2013; Barros-Bailey & Robinson, 2012; Black, 2007; Crystal & Erickson, 2010) although employability assessment lacks the comprehensive methodology to fully align with evidence-based best practice, notably in claimant-related psychosocial areas. The challenge for employability assessment rehabilitation is to counterbalance policy demands against the globally accepted ICF biopsychosocial model (Paquette & Lacerte, 2014; World Health Organization, 2001) which places the claimant in a multidimensional framework of disability. A clear statement of instruction from the insurer excluding psychosocial evidence may be one way to resolve this dilemma. The rationale for exclusion (that psychosocial issues are neither total nor permanent) posited by rehabilitation advisors in Study 3 may contribute to instructions for providers. A similar solution may also apply to the type of employability. The majority of claims professionals surveyed favoured employability assessment with claimant interview in line with rehabilitation best practice whereas the courts accept file-based reports. A statement of rationale for the type requested may also resolve the best-practice versus policy issue until evidence becomes clearer on the file-based/claimant-interview debate.

Findings from the four employability assessment studies emphatically endorse inclusion of labour market analysis and sampling contact with potential employers. These findings accord with forensic vocational assessment standards (Barros-Bailey & Robinson, 2012; Pryor & Hawkins, 2009; Williams et al., 2006). Inclusion of basic availability of work data into occupational information may go some way to meet vocational rehabilitation best-practice in cases where policy and case law preclude labour market information.

The market disruption and subsequent policy changes referred to in the introduction, literature review, and claimant interview chapters signal a new dimension to the practice of employability assessment. The most notable change is where there is medical evidence of work capacity. TPD claimants are required to undertake rehabilitation and the intervention services are coupled with intermittent milestone payments rather than a lump sum (Snyder, 2016). The implications for future employability assessment practice are noteworthy even though these policy innovations are in their infancy. Provision of active return-to-work interventions is a paradigm shift in emphasis from indirect service delivery of employability assessment reports toward face-to-face collaborative engagement between claimant and rehabilitation provider (Barros-Bailey, Carlisle, & Blackwell, 2010). Employability assessment remains essential in determining the likelihood of a claimant engaging in any future work and identification of reasonably suited occupations. Bifurcation of employability assessment practice is envisaged in the adversarial TPD setting: a forensic expert to deal with lump sum payment decisions and an expert consultant to provide return-to-work opinion—neither providing services beyond the assessment.

Employability Assessment Practitioners

Rehabilitation advisors are well positioned to be advocates for claimants with the outcomes of Study 2 (claimant interviews). The study findings propose a person-centred approach in managing claims. As health professionals, rehabilitation advisors can model and encourage a person-centred culture shift within the TPD claims sector (Dewing & McCormack, 2017). Rehabilitation advisors can influence the introduction of claimant recommendations by taking an active part in services to support vulnerable claimants, such as an online chat service, an information video, or through phone or face-to-face support. Including information on the

impact of disability and realistic functional limitations relating to work would enhance the employability assessment training given to TPD claims staff by rehabilitation advisors and would promote the understanding that claimants call for. Rehabilitation professionals are in a good position to enable claimants to share their stories; a powerful tool in health sciences (Elwyn & Gwyn, 1999; J. B. Gray, 2009) which has been used positively with income protection claims assessors and claimants. Rehabilitation advisors are pivotal in championing improvements to employability assessment arising from this research project, notably instructions to providers, report quality, and billable hours for main tasks.

The four employability assessment studies were unanimous in identifying a shortfall in provider standards affecting report quality and consistency. The studies directed attention to the key areas of training, qualification, and accreditation, which has implications for rehabilitation advisors and rehabilitation providers alike. Minimum standards for employability assessment (including definition, credentials, and components) and rehabilitation code of practice minimum guidelines were formulated by rehabilitation advisors in 2017 (Australasian Life Underwriting Claims Association, 2017a, 2017b). The Study 3 focus group of rehabilitation advisors went one step further by calling for *independent* and *standardised* provision of training in forensic employability assessment. The focus group nominated universities and the life insurance peak body as possible sources of training. Collaboration of these groups, with input from rehabilitation counselling organisations, is envisaged by the researcher as optimum in delivering training. A forensic training model for employability assessment in life insurance could serve as a blueprint for other compensable schemes.

Current qualifications to conduct an employability assessment include rehabilitation counselling, psychology, or occupational therapy. The survey suggests that rehabilitation

counselling is a focused qualification for an employability assessment provider although ongoing professional development is indicated for all providers irrespective of their health professional qualifications. Eight competencies outlined in the current employability assessment guidelines—vocational assessment, vocational counselling, transferable skills analysis, job preparation skills, job seeking and placement, knowledge of the functional requirements of occupations, analysis of the Australian labour market, and report writing—fall within the national rehabilitation counselling core competencies (Australian Society of Rehabilitation Counsellors, 2014; Rehabilitation Counselling Association of Australasia, 2015b). Other disciplines currently involved in employability assessment may need to demonstrate educational *and* practical mastery of required competencies through appropriate tertiary training. A universally-accepted educational program in employability assessment as mooted above would be an ideal vehicle for continuing professional development opportunities and employability assessment credentialing.

Study 1 highlights a gap in Australian professional accreditation for forensic services when compared with the US forensic landscape. Rehabilitation advisors and claims professionals voiced concern that there was no single accreditation of those providing employability assessment reports in Studies 3 and 5, respectively. Forensic vocational practitioners are answerable to the courts under Expert Witness Code of Conduct pertaining to the state or territory in which a potential case may be tried (Austlii, 2005). Therefore, establishing ties with organisations such as the American Board of Vocational Experts or the International Association of Rehabilitation Professionals (Forensic Section) would be a powerful step in acknowledging the critical role of the employability assessment forensic expert. Taken together, enhancements arising from this research project may result in a better-balanced employability assessment as depicted in Figure 9 compared with the model introduced in Figure 1.

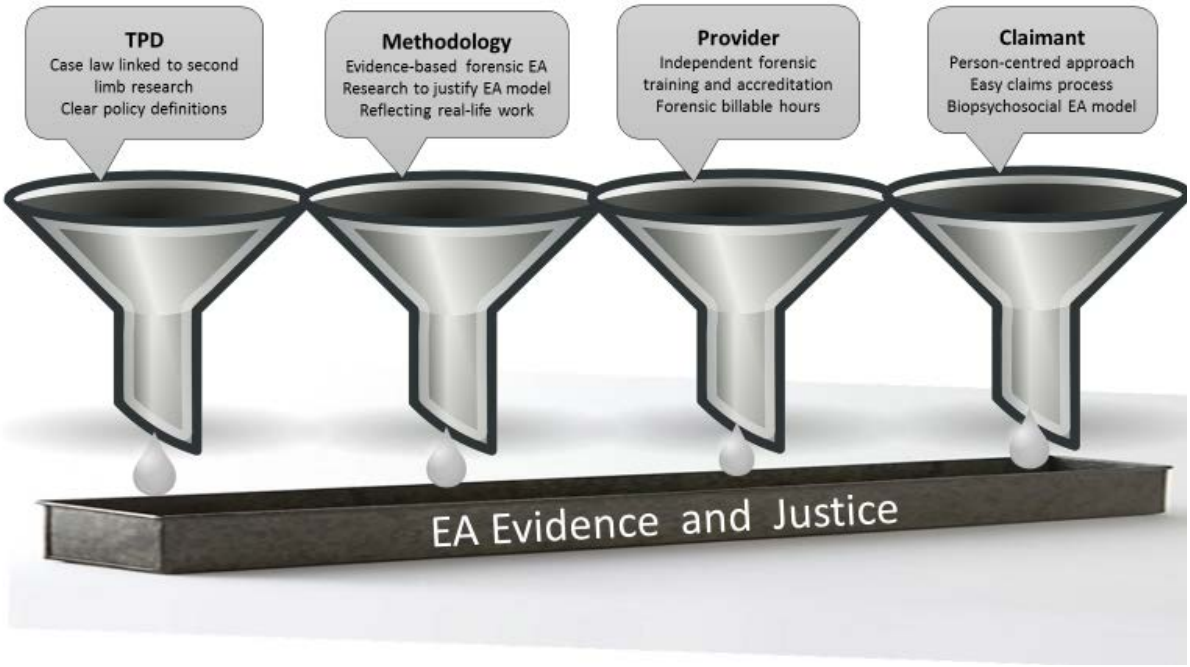

Figure 9. Revised input into quality EA based on evidence gained from this thesis.

Strengths and Limitations of the Studies

The thesis comprises qualitative and quantitative data collection in a mixed methods research approach to achieve breadth and depth of understanding in this new field. Mixed methods was preferred for the following pragmatic reasons: (1) using both qualitative and quantitative data enriches results in ways that one single form does not, as mixed-methods draws on the strengths and offsets the weaknesses of each type of data (Cresswell, Klassen, Plano Clark, & Clegg Smith, 2010); (2) mixed data collection mirrors the natural instinctive ways people gather and integrate information, as stories include facts and descriptions to produce a comprehensive picture (Wisdom & Creswell, 2013); and (3) to bring more than one source of data to bear when exploring and qualifying findings (Barbour, 1999).

The studies followed appropriate guidelines to ensure salient methodological issues were considered. Study 1 relied on scoping review (Arksey & O'Malley, 2005), PRISMA-P (Moher et al., 2015), EBL (Glynn, 2006), and REVIEW guidelines (Arndell & Goodfellow, 2010); Studies 2 and 3 relied on COREQ (Tong et al., 2007) and thematic analysis guidelines (Braun & Clarke, 2006); Study 4 relied on the classic Delphi technique (Keeney et al., 2011) in steps outlined by Vázquez-Ramos et al. (2007) ; and Study 5 was informed by the Sue and Ritter (2012) methods for conducting online surveys.

Compensation schemes are not homogeneous so the applicability of the findings from these studies to other schemes needs careful consideration (Casey, 2015). Whilst limitations arising from each study are described and solutions proffered in each chapter discussion, the research project met its overall aim. The aim was to contribute formative knowledge about employability assessment in the context of TPD from a claimant, rehabilitation, and claims professional perspective.

Conclusion

I am reminded that this project was prompted by a sense of responsibility toward rehabilitation counselling and my life insurance rehabilitation colleagues, and to claimants. We developed the employability assessment model to meet a need and now, a decade later, we have at least some answers to the initial questions, “How have we fared with employability assessment? Is it a valid assessment? Is it helpful to insurers? Is it fair to claimants?”

The findings presented in this thesis contribute to a better understanding of employability assessment within the unique and complex TPD environment in Australia. Moreover, the claimants’ experiences represent a new and important perspective on TPD and shows that systemic flaws have a profound impact at a crucial time in their lives. Information and

recommendations given freely by claimants will contribute to fairer and person-centred processes. In combination, the first exploratory research steps have now been taken.

There is evidence that employability assessment is a derivative of forensic vocational assessment and that it is very helpful to claims professionals when forming a decision to pay or decline a TPD claim. There is also evidence of the consistent demand from courts, claims professionals, and rehabilitation advisors alike for reports that convey a real-life picture of a claimants' employment potential; claimants too want realistic advice on work.

Rehabilitation counsellors are well qualified to conduct employability assessments. Findings in several studies strengthen the imperative for providers to become better trained and credentialed. An experienced and highly qualified provider is well positioned to conduct quality employability assessments that can ultimately withstand scrutiny of the courts. TPD is a multi-billion-dollar market, and much is at stake. The rehabilitation sector responsible for the employability assessment model is responding with scientific evidence to support decisions of social and economic justice.

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Appendix A Ethics

Documentation of Ethics: Human Research Ethic Committee, The University of Sydney

Item 1. Approval for Project No. 2015/204, May 2015

THE UNIVERSITY OF SYDNEY

Research Integrity
Human Research Ethics Committee

Monday, 4 May 2015

Assoc Prof Lynda Matthews
Ageing Work and Health Unit; Faculty of Health Sciences
Email: lynda.matthews@sydney.edu.au

Dear Lynda

I am pleased to inform you that the University of Sydney Human Research Ethics Committee (HREC) has approved your project entitled **"Employability Assessment in Total and Permanent Disablement (TPD) Claims"**.

Details of the approval are as follows:

Project No.: **2015/204**

Approval Date: **3 May 2015**

First Annual Report Due: **3 May 2016**

Authorised Personnel: **Matthews Lynda; Black Margaret Elizabeth; Millington Michael;**

Documents Approved:

Date	Type	Document
27/02/2015	Participant Consent Form	Appendix I PCF Interview
27/02/2015	Recruitment Letter/Email	Appendix E Focus Group Script
27/02/2015	Participant Consent Form	Appendix H PCF Focus Groups 1 & 2
27/02/2015	Other Type	Appendix J Transcription Privacy Statement
10/03/2015	Study Protocol	Appendix L Workshop proposal
11/03/2015	Study Protocol	Appendix M Focus Group Protocol
11/03/2015	Interview Questions	Appendix N Interview Script
30/04/2015	Participant Info Statement	PIS Focus Group 1 (version 2)
30/04/2015	Participant Info Statement	PIS Focus Group 2 (version 2)
30/04/2015	Participant Info Statement	PIS Interview (version 2)
30/04/2015	Participant Info Statement	PIS Survey (version 2)

HREC approval is valid for four (4) years from the approval date stated in this letter and is granted pending the following conditions being met:

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Research Portfolio
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The University of Sydney
NSW 2006 Australia

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sydney.edu.au

ABN 15 211 513 464
CRICOS 00026A

THE UNIVERSITY OF SYDNEY

Special Condition/s of Approval

It will be a condition of approval that the survey for insurance claims assessors is provided to the HREC for approval once developed via a 'Compliance with Special Conditions of Approval' form in IRMA.

Condition/s of Approval

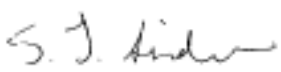
- Continuing compliance with the National Statement on Ethical Conduct in Research involving Humans.
- Provision of an annual report on this research to the Human Research Ethics Committee from the approval date and at the completion of the study. Failure to submit reports will result in withdrawal of ethics approval for the project.
- All serious and unexpected adverse events should be reported to the HREC within 72 hours.
- All unforeseen events that might affect continued ethical acceptability of the project should be reported to the HREC as soon as possible.
- Any changes to the project including changes to research personnel must be approved by the HREC before the research project can proceed.
- Note that for student research projects, a copy of this letter must be included in the candidate's thesis.

Chief Investigator / Supervisor's responsibilities:

1. You must retain copies of all signed Consent Forms (if applicable) and provide these to the HREC on request.
2. It is your responsibility to provide a copy of this letter to any internal/external granting agencies if requested.

Please do not hesitate to contact Research Integrity (Human Ethics) should you require further information or clarification.

Yours sincerely



Dr Stephen Assinder
Chair
Human Research Ethics Committee

This HREC is constituted and operates in accordance with the National Health and Medical Research Council's (NHMRC) National Statement on Ethical Conduct in Human Research (2007), NHMRC and Universities Australia Australian Code for the Responsible Conduct of Research (2007) and the CPMP/ICH Note for Guidance on Good Clinical Practice.

Item 2: Modification Approval Focus Group, October 2015

THE UNIVERSITY OF SYDNEY

Research Integrity
Human Research Ethics Committee

Friday, 9 October 2015

Assoc Prof Lynda Matthews
Ageing Work and Health Unit; Faculty of Health Sciences
Email: lynda.matthews@sydney.edu.au

Dear Lynda

Your request to modify the above project submitted on 3 September 2015 was considered by the Executive of the Human Research Ethics Committee at its meeting on 15 September 2015.

The Committee had no ethical objections to the modification/s and has approved the project to proceed.

Details of the approval are as follows:

Project No.: **2015/204**

Project Title: **Employability Assessment in Total and Permanent Disablement (TPD) Claims**

Approved Documents:

Date	Type	Document
03/09/2015	Participant Info Statement	PIS Focus Group 1 Version 2 with tracked changes
03/09/2015	Participant Info Statement	PIS Focus Group 2 Version 2 with tracked changes
03/09/2015	Participant Info Statement	PIS Focus Group Version 3 (clean copy)
02/09/2015	Recruitment Letter/Email	Preliminary Email to Focus Group Participants

Please do not hesitate to contact Research Integrity (Human Ethics) should you require further information or clarification.

Yours sincerely

Dr Lilon Bandler
Chair
Human Research Ethics Committee

This HREC is constituted and operates in accordance with the National Health and Medical Research Council's (NHMRC) National Statement on Ethical Conduct in Human Research (2007), NHMRC and Universities Australia Australian Code for the Responsible Conduct of Research (2007) and the CPMP/ICH Note for Guidance on Good Clinical Practice.

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ABN 15 211 513 464
CRICOS 00026A

Item 3. Modification Approval, Claimant Interviews, July 2016

THE UNIVERSITY OF SYDNEY

Research Integrity & Ethics Administration
Human Research Ethics Committee

Monday, 25 July 2016

Assoc Prof Lynda Matthews
Ageing Work and Health Unit; Faculty of Health Sciences
Email: lynda.matthews@sydney.edu.au

Dear Lynda

Your request to modify this project, which was submitted on 01 July 2016, has been considered.

The project has been approved to proceed with the proposed amendments.

Details of the approval are as follows:

Project Title: **Employability Assessment in Total and Permanent Disablement (TPD) Claims**

Project No.: **2015/204**

Next Annual Report due: 03 May 2017

New Approved Documents:

Date Uploaded	Type	Document Name
23/06/2016	Recruitment Letter/Email	Appendix N_Letter to Fund member_PIS Included

Please contact the Ethics Office should you require further information or clarification.

Sincerely

Helen Mitchell

Dr Helen Mitchell
Chair
Deputy Chair Review Committee

The University of Sydney HRECs are constituted and operate in accordance with the National Health and Medical Research Council's (NHMRC) National Statement on Ethical Conduct in Human Research (2007) and the NHMRC's Australian Code for the Responsible Conduct of Research (2007).

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Appendix B Study 2

Claimant Interviews

Item 1. Participant Information Statement

ABN 15 211 513 464
Associate Professor Lynda R Matthews
Ageing, Work and Health Research Unit
Faculty of Health Sciences

Rm M316, Cumberland Campus C42
The University of Sydney NSW 2006 AUSTRALIA
Telephone: +61 2 9351 9537
Facsimile: +61 2 9351 9672 Email: Lynda.matthews@sydney.edu.au Web:
http://www.sydney.edu.au/

Employability Assessment in Total and Permanent Disablement (TPD) Claims Study

PARTICIPANT INFORMATION STATEMENT

1. What is this study about?

You are invited to participate in a study looking at employability assessment within TPD claims in the life insurance industry. Many Australian workers have TPD insurance as part of their superannuation and it is hoped that the research will give a better understanding of the assessment process and its impact on those who claim TPD.

You have been invited to participate in this study because you have indicated that you have had a TPD claim which has already been determined. This Participant Information Statement tells you about the research study. Knowing what is involved will help you decide if you want to take part in the research. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

Participation in this research study is voluntary. So it's up to you whether you wish to take part or not. By giving your consent to take part in this study you are telling us that you:

- ✓ Understand what you have read
- ✓ Agree to take part in the research study as outlined below

- ✓ Agree to the use of your personal information as described.

You will be given a copy of this Participant Information Statement to

keep.

2. Who is running the study?

Margaret Black is conducting this study as the basis for the degree of Doctor of Philosophy at The University of Sydney. This will take place under the supervision of Associate Professor Lynda Matthews and Dr Michael Millington of the Faculty of Health Sciences, The University of Sydney. Margaret will be making phone contact and conducting the interviews.

Margaret Black has worked in the TPD life insurance field for 15 years and has a small business, Metis Rehabilitation. This business has been inactive since May 2014. Apart from possible follow-up requests regarding employability assessment reports written prior to May 2014, Metis Rehabilitation will not operate during the period of the PhD research. In the unlikely event that a report is requested concerning your closed claim, Metis Rehabilitation will not accept or undertake the referral.

3. What will the study involve for me?

We will ask you to provide basic information about yourself (such as age, medical condition, occupation, when your TPD claim was finalised) together with more detailed information relating to your TPD claim (such as how long it took, support you received, your experience). This information will be collected in a short phone call and a face-to-face interview. To schedule an interview, you will be contacted to gather some basic information and to choose the time and location of interview. The interview will be recorded and transcribed to allow us to identify the key themes or messages you present. You will be asked to sign a consent form. You will have time to talk about your TPD claim experience in a general way and Margaret may then ask specific questions to clarify points that are not clear. It may be upsetting to discuss some aspects of your claim or your disability, however the interviews are not intended to focus on negative or stressful experiences only, but to include all of your experiences, both positive and negative.

4. How much of my time will the study take?

If you agree to take part in the study, your involvement will last for the time it takes to complete the phone call (about 15 minutes) and one interview. The face-to-face interview will take about an hour, but there is no set time, and some interviews may be longer and some shorter. There will be plenty of time to discuss your experiences if you feel they should be discussed in detail.

5. Who can take part in the study?

We are inviting you to participate in the study as you indicated that you have had your TPD claim finalised. It does not matter if your claim was paid or declined, we still want to hear your experiences. We are interested if you know that you had an employability assessment, either by phone, face-to-face interview or by a report only. An employability assessment looks at your work history, skills, qualifications, and identifies any occupations which may be suitable given your condition and work capacity.

6. Do I have to be in the study? Can I withdraw from the study once I've started?

Being in this study is completely voluntary and you do not have to take part. Your decision whether to participate will not affect your previous TPD claim in any way. Even if your superannuation fund

or others support this study, you do not have to participate. No-one will know if you participate or not. If you decide to take part in the study and then change your mind later, you are free to withdraw at any time. You are free to stop the interview at any time. Unless you say that you want us to keep them, any recordings will be erased and the information you have provided will not be included in the study results. You may also refuse to answer any questions that you do not wish to answer during the interview.

7. Are there any risks or costs associated with being in the study?

Aside from giving up your time, we do not expect that there will be any costs associated with taking part in this study. The interviewer (Margaret Black) will come to a location most suited to you for the in-person interview. If you find that recalling unpleasant experiences causes you distress, checking with your health professional beforehand is recommended. Margaret is an experienced rehabilitation counsellor who understands the TPD claims process. Margaret will make a courtesy call to you the day after the interview.

8. Are there any benefits associated with being in the study?

We cannot guarantee or promise that you will receive any direct benefits from being in the study. However, we hope that the study findings will improve understanding of employability assessment in TPD claims and you may find contributing to best practice in this area worthwhile. Some people find it personally helpful to have a chance to voice their experience.

9. What will happen to information about me that is collected during the study?

By providing your consent, you are agreeing to us collecting personal information about you for the purposes of this research study. Your information will only be used for the purposes outlined in this Participant Information Statement. Your information will be stored securely and your identity/information will be kept strictly confidential, except as required by law. Only the research team will have access to the transcribed interview, but no identifying information will be in the transcript. Your name will not be entered with any information you may provide and instead you will be assigned a code. Your contact information, consent form and the interview transcript will be kept in a secure file. After the research is completed, your consent form and contact information will be kept by the Faculty of Health Sciences in a locked file for seven years. The recording of your interview will be kept until the research is completed and reports are written. Then it will be destroyed. Study findings may be published, but you will not be individually identifiable in these publications.

10. Can I tell other people about the study?

Yes, you are welcome to tell other people about the study.

11. What if I would like further information about the study?

When you have read this information, Margaret Black will be available to discuss it with you further and answer any questions you may have. If you would like to know more at any stage during the study, please feel free to contact Margaret:

Margaret Black, PhD candidate, The University of Sydney Ageing, Work & Health Research Unit
Phone: 0405 384 697
Email: mbla3044@uni.sydney.edu.au.

12. Will I be told the results of the study?

You have a right to receive feedback about the overall results of this study. You can tell us that you wish to receive general feedback by ticking the relevant box on the consent form. This feedback will be in the form of one page of summary sent to you after the study is finished.

13. What if I have a complaint or any concerns about the study?

Research involving humans in Australia is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this study have been approved by the HREC of The University of Sydney (Protocol approval number 2015/204). As part of this process, we have agreed to carry out the study according to the *National Statement on Ethical Conduct in Human Research (2007).* This statement has been developed to protect people who agree to take part in research studies.

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the university using the details outlined below. Please quote the study title and protocol number.

The Manager, Ethics Administration, University of Sydney: Phone: 02 8627 8176
Email:
ro.humanethics@sydney.edu.au
Fax: +61 2 8627 8177

This Participant Information Statement is for you to keep.

Item 2. Script for telephone screen and interview with claimants

Contact with prospective interview participants:

Initial telephone contact with Margaret Black, researcher
Identify myself and thank them for their expression of interest in participating in the study.

Outline need to gather preliminary information to get a snapshot of their situation regarding their TPD claim:

- ✓ When did you receive the decision from the fund about your TPD claim
- ✓ Is the claim is totally finalised
- ✓ Do you recall meeting with anyone or speaking on the phone with anyone just about your work history and possibility of future work
- ✓ Did you see any reports written about your employment background and what work would be suitable for you now
- ✓ What was the medical condition that caused you to stop work
- ✓ What was your occupation when you stopped work
- ✓ Age
- ✓ Gender (if unclear from name and voice)
- ✓ Where do you live
- ✓ Are you still keen to talk with me about your experience of your TPD claim – proceed with scheduling interview.

If the potential participant is not suitable on particular grounds, advise they do not meet the needs of the study, with thanks.

Interview
The interview is purposively semi-structured to allow space for the participants to tell their story. It is their claim, their experience and the interviewer is a guide to the narrative rather than a questioner. The prompts below indicate the topics of interest.

Identify myself, purpose and format of interview, consent form, recording, any questions, okay to proceed.

Key topics:

- ✓ You've told me on the phone you stopped work because of xxx condition and decided to put in a claim for TPD through your super fund
- ✓ Tell me in your own words what happened once you put your claim in
- ✓ On your claim form you detailed your education, work history, qualifications, licences and you may have enclosed your résumé too. What was it like gathering up all that information for the initial claim
- ✓ Who helped you with this – fund, lawyer, family member, union, employer, doctor
- ✓ Did you meet or speak on the phone with someone wanting more details about your work history and qualifications and your last job. Can you recall how that was for you
- ✓ You said on the phone you read a report about your employment prospects, tell me about this
- ✓ What was the best part of the claim process
- ✓ What did you find hard
- ✓ Tell me about your health and wellbeing during the claim process, who supported you
- ✓ Now its all over, how do you feel about your work capacity and prospects
- ✓ What could be improved for others.

Once the participant has completed their narrative, thank them with the reminder that I will call them at the same time tomorrow to make sure they are okay from the interview experience. Discuss the need to contact health provider if they are feeling upset at all[1].

[1] From Hunt 2014: Have regard for claimant's predisposition to stress, which may exaggerate a negative response.

Item 3. Lay summary of results of TPD claimant interviews

Appendix C Study 3

Focus Group

Item 1. Participant Information Statement for Focus Group and Delphi Panel

THE UNIVERSITY OF SYDNEY

Ageing, Work and Health Research Unit
Faculty of Health Sciences

ABN 15 211 513 464

Associate Professor Lynda R Matthews
Supervisor

Rm M316, Cumberland Campus C42
The University of Sydney
NSW 2006 AUSTRALIA
Telephone: +61 2 9351 9537
Facsimile: +61 2 9351 9672
Email: Lynda.matthews@sydney.edu.au
Web: http://www.sydney.edu.au/

Employability Assessment in Total and Permanent Disablement (TPD) Claims Study

PARTICIPANT INFORMATION STATEMENT

1. What is this study about?

You are invited to participate in a study investigating employability assessment within TPD claims in the life insurance industry. Many Australian workers have TPD insurance as part of their superannuation and it is anticipated that the research will give a better understanding of the assessment process and its impact on those who claim TPD.

You have been invited to participate in a focus group because of your expertise in employability aspects of TPD. This Participant Information Statement tells you about the research study. Knowing what is involved will help you decide if you want to take part in the research. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

Participation in this research study is voluntary. So it's up to you whether you wish to take part or not. By giving your consent to take part in this study you are telling us that you:

- ✓ Understand what you have read
- ✓ Agree to take part in the research study as outlined below
- ✓ Agree to the use of your personal information as described.

You will be given a copy of this Participant Information Statement to keep.

2. Who is running the study?

Margaret Black is conducting this study as the basis for the degree of Doctor of Philosophy at The University of Sydney. This will take place under the supervision of Associate Professor Lynda Matthews and Dr Michael Millington of the Faculty of Health Sciences, The University of Sydney.

Margaret Black has worked in the TPD life insurance field and has a small business, Metis Rehabilitation. This business has been inactive since May 2014. Apart from possible follow-up requests regarding employability assessment reports written prior to May 2014, Metis Rehabilitation will not operate during the period of the PhD research.

3. What will the study involve for me?
The purpose of the focus group is two-fold. First, to discuss the key issues and critical aspects of employability assessment. Second, to develop questions for the online survey of claims personnel which is part of the overall study. Developing these questions uses a three-round Delphi process. In the first round you will be requested to email us a list of questions for the survey. The second and third rounds will take place in the focus group and are a structured means of reaching consensus on the questions to be included in the survey. A card sort process is used in the group rounds to enable anonymity and results feedback.

The focus group of about ten participants will be meet in a Sydney CBD location during business hours. You will be asked to sign the Participant Consent Form before the session commences. The focus group discussion will be recorded and transcribed to allow us to identify the key themes to present in the research.

4. How much of my time will the study take?
If you agree to take part in the focus group, your involvement will take the time required: (a) to initially identify and email the key issues in employability assessment and the key questions for the survey, and (b) to attend the focus group which will run for two hours with a short break after an hour.

5. Who can take part in the study?
We are inviting you to participate because you are a rehabilitation professional employed by a life insurance company. You have been identified by your peers as having expertise in employability and TPD therefore suited to the focus group.

6. Do I have to be in the study? Can I withdraw from the study once I've started?
Being in this study is completely voluntary and you do not have to take part. Your decision whether to participate will not affect your current or future relationship with the research team or anyone else at The University of Sydney. Even if your employer or other organisations support the study, you do not have to participate. If you take part in the focus group, you are free to stop participating at any stage or to refuse to answer any of the questions. However it will not be possible to withdraw your individual comments from our records once the group has started, as it is a group discussion.

7. Are there any risks or costs associated with being in the study?
Aside from giving up your time, we do not expect that there will be any risks or costs associated with taking part in this study.

8. Are there any benefits associated with being in the study?
We cannot guarantee or promise that you will receive any direct benefits from being in the study. However, we hope that the study findings will improve understanding of employability assessment in TPD claims and you may feel that contributing to best practice in the area is worthwhile.

9. What will happen to information about me that is collected during the study?
Any information provided to us will be kept in the strictest confidence. Only the research team will have access to the transcribed group discussion and your email. Your name will not be entered with any information you may provide and instead you will be assigned a code. Your consent form, any contact information and the transcript will be kept in a secure file. After the research is completed, the consent form and other information will be kept by the Faculty of Health Sciences in a locked file for seven years. The recordings will be kept until the research is completed and reports are written. Then they will be destroyed. Study findings may be published, but you will not be individually identifiable in these publications.

10. Can I tell other people about the study?
Yes, you are welcome to tell other people about the study.

11. What if I would like further information about the study?
When you have read this information, Margaret Black will be available to discuss it with you further and answer any questions you may have. If you would like to know more at any stage during the study, please feel free to contact Margaret:

Margaret Black, PhD candidate, The University of Sydney
Ageing, Work & Health Research Unit
Phone: 0405 384 697
Email: mbla3044@uni.sydney.edu.au.

Will I be told the results of the study?
You have a right to receive feedback about the overall results of this study. You can tell us that you wish to receive general feedback by ticking the relevant box on the consent form. This feedback will be in the form of one page of summary emailed to you after all research is finished. However, Margaret's PhD thesis is by publication so we plan to submit progressive results of the research as journal articles. If you wish, you may access the published articles.

12. What if I have a complaint or any concerns about the study?
Research involving humans in Australia is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this study have been approved by the HREC of the University of Sydney, approval 2015/204. As part of this process, we have agreed to carry out the study according to the *National Statement on Ethical Conduct in Human Research (2007)*. This statement has been developed to protect people who agree to take part in research studies.

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the university using the details outlined below. Please quote the study title and protocol number.

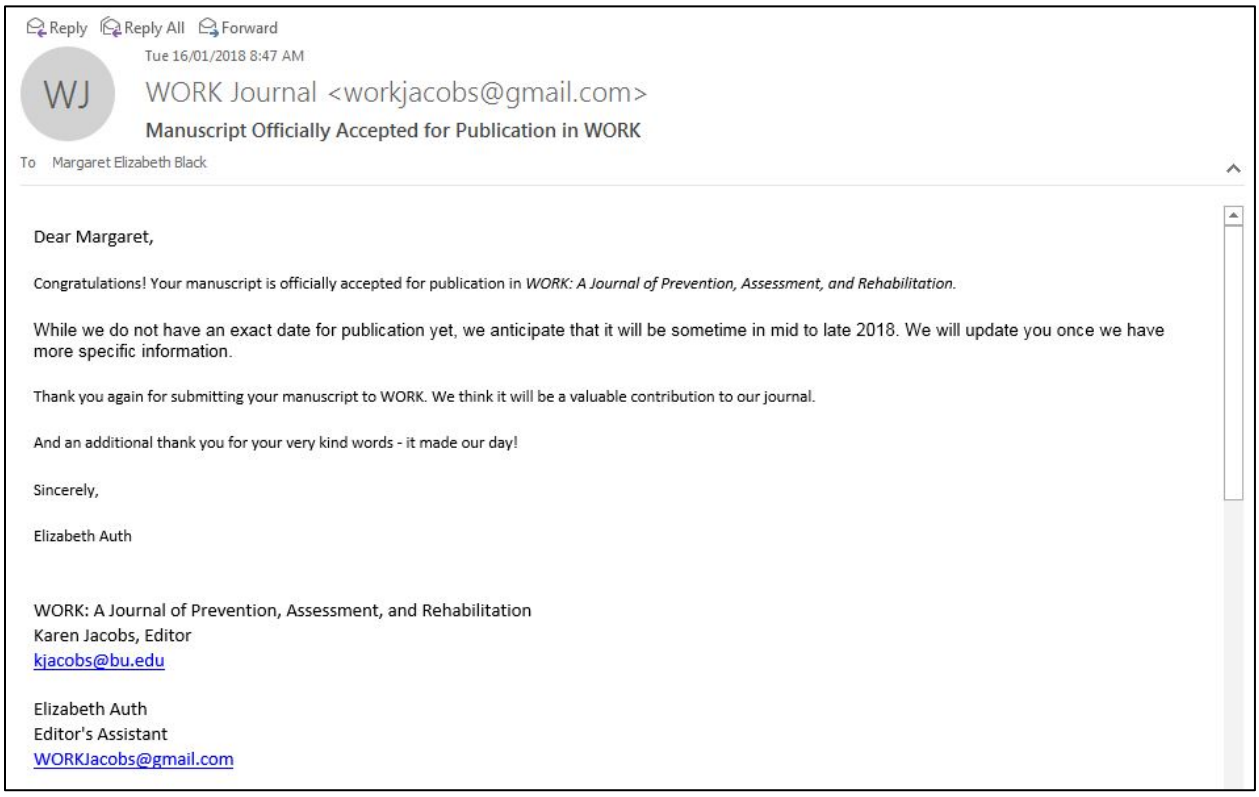
The Manager, Ethics Administration, University of Sydney:
Phone: +61 2 8627 8176
Email: ro.humanethics@sydney.edu.au
Fax: +61 2 8627 8177

This Participant Information Statement is for you to keep.

Appendix D Study 4

Delphi

Item 1: Acceptance of Manuscript from WORK Journal



Reply Reply All Forward

Tue 16/01/2018 8:47 AM

WJ WORK Journal <workjacobs@gmail.com>

Manuscript Officially Accepted for Publication in WORK

To Margaret Elizabeth Black

Dear Margaret,

Congratulations! Your manuscript is officially accepted for publication in *WORK: A Journal of Prevention, Assessment, and Rehabilitation.*

While we do not have an exact date for publication yet, we anticipate that it will be sometime in mid to late 2018. We will update you once we have more specific information.

Thank you again for submitting your manuscript to WORK. We think it will be a valuable contribution to our journal.

And an additional thank you for your very kind words - it made our day!

Sincerely,

Elizabeth Auth

WORK: A Journal of Prevention, Assessment, and Rehabilitation
Karen Jacobs, Editor
kjacobs@bu.edu

Elizabeth Auth
Editor's Assistant
WORKJacobs@gmail.com

Appendix E Study 5

TPD Claims Survey

Item 1. Participant Information Statement

THE UNIVERSITY OF SYDNEY

Ageing, Work and Health Research Unit
Faculty of Health Sciences

ABN 15 211 513 464

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Employability Assessment in Total and Permanent Disablement (TPD) Claims Study

PARTICIPANT INFORMATION STATEMENT

1. What is this study about?

You are invited to participate in a study investigating employability assessment within TPD claims in the life insurance industry. Many Australian workers have TPD insurance as part of their superannuation and it is anticipated that the research will give a better understanding of the assessment process and its impact on those who claim TPD.

You have been invited to participate in an online survey because of your experience in assessing TPD claims. This Participant Information Statement tells you about the research study. Knowing what is involved will help you decide if you want to take part in the research. Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

Participation in this research study is voluntary. So it's up to you whether you wish to take part or not. By giving your consent to take part in this study you are telling us that you:

- ✓ Understand what you have read
- ✓ Agree to take part in the research study as outlined below
- ✓ Agree to the use of your personal information as described.

You will be given a copy of this Participant Information Statement with the link to the survey.

2. Who is running the study?

Margaret Black is conducting this study as the basis for the degree of Doctor of Philosophy at The University of Sydney. This will take place under the supervision of Associate Professor Lynda Matthews and Dr Michael Millington from the Faculty of Health Sciences, The University of Sydney.

Margaret Black has worked in the TPD life insurance field for 15 years and has a small business, Metis Rehabilitation. This business has been inactive since May 2014. Apart from possible follow-up requests regarding employability assessment reports written prior to May 2014, Metis Rehabilitation will not operate during the period of the PhD research.

3. What will the study involve for me?

We will ask you to provide basic information only about your background as a TPD claims assessor (such as experience and training), together with more detailed information relating to TPD employability assessment. This information will be collected through an online survey similar to "Survey Monkey" and distributed to your computer by your claims manager.

How much of my time will the study take?

If you agree to take part in the study, your involvement will last for the time it takes to complete the online survey, probably around 15-20 minutes.

4. Who can take part in the study?

We are inviting you to participate as you have been identified by your manager as having experience in assessing and determining TPD claims and therefore suited to be a participant in the survey.

5. Do I have to be in the study? Can I withdraw from the study once I've started?

Being in this study is completely voluntary and you do not have to take part. Your decision whether to participate will not affect your current or future relationship with the research team or anyone else at the University of Sydney. Even if your manager or other organisations are in favour of the research study, you do not have to participate. No-one will know if you complete or do not complete the survey. Submitting your completed survey questionnaire is an indication of your consent to participate in the study. You can withdraw your responses any time before you have submitted the questionnaire. Once you have submitted it, your responses cannot be withdrawn because they are anonymous and therefore we will not be able to tell which one is yours.

6. Are there any risks or costs associated with being in the study?

Aside from giving up your time, we do not expect that there will be any risks or costs associated with taking part in this study.

7. Are there any benefits associated with being in the study?

We cannot guarantee or promise that you will receive any direct benefits from being in the study. However, we hope that the study findings will improve understanding of employability assessment in TPD claims and you may feel contributing to best practice in this area is worthwhile.

8. What will happen to information about me that is collected during the study?

Any information provided to us in the survey is designed to be anonymous and will be kept in the strictest confidence. Study findings may be published, but you will not be individually identifiable in these publications.

9. Can I tell other people about the study?

Yes, you are welcome to tell other people about the study.

10. What if I would like further information about the study?

When you have read this information, Margaret Black will be available to discuss it with you further and answer any questions you may have. If you would like to know more at any stage during the study, please feel free to contact Margaret:

Margaret Black, PhD candidate, The University of Sydney
Ageing, Work & Health Research Unit
Phone: 0405 384 697
Email: mbla3044@uni.sydney.edu.au.

Will I be told the results of the study?
You have a right to receive feedback about the overall results of this study. After the study is finished, feedback about the study will be in the form of one page of summary and forwarded to your claims manager for distribution to all claims assessors. Alternatively, you can tell us that you wish to receive feedback by email. We plan to submit progressive results from the research as journal articles. If you are interested, you may read the published articles.

11. What if I have a complaint or any concerns about the study?
Research involving humans in Australia is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this study have been approved by the HREC of the University of Sydney, project approval 2015/204. As part of this process, we have agreed to carry out the study according to the *National Statement on Ethical Conduct in Human Research (2007)*. This statement has been developed to protect people who agree to take part in research studies.

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the university using the details outlined below. Please quote the study title and protocol number.

The Manager, Ethics Administration, University of Sydney:
Phone: +61 2 8627 8176
Email: ro.humanethics@sydney.edu.au
Fax: +61 2 8627 8177

This Participant Information Statement is for you to keep.

Item 2. Online survey instrument

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The information you provide in this section will help us to better understand the professionals who are using and providing employability assessment (EA) reports to assist in determination of TPD claims.

What is the highest level of education you have achieved?
* must provide value

- ○ High school
- ○ Diploma
- ○ Bachelors degree
- ○ Graduate diploma
- ○ Masters degree
- ○ Other

Select the closest equivalent

How long have you been assessing TPD claims?
* must provide value

- ○ Less than 1 year
- ○ 1 to 5 years
- ○ 6 to 10 years
- ○ 11 to 15 years
- ○ Greater than 15 years

Please select the role that best describes your involvement in TPD claims decision-making
* must provide value

- ○ Claims assessor
- ○ Technical adviser
- ○ Team leader
- ○ Manager
- ○ Other

Please select the training you have received
* must provide value

- ☐ The purpose of an EA
- ☐ The components of an EA
- ☐ Interpreting an EA
- ☐ When to arrange an EA
- ☐ TPD case law pertaining to employment
- ☐ What "reasonably suited" means
- ☐ Other

You may select more than one area

On average, how many times per year would you receive in-house or external legal updates on case law affecting TPD claims assessment?
* must provide value

How important do you think it is to have legal advice on complex TPD cases?
* must provide value

- ○ Not important
- ○ Somewhat important
- ○ Moderately important
- ○ Very important
- ○ Extremely important

Now, please think about the external rehabilitation providers you use for EA's...

In your opinion, who is MOST QUALIFIED to conduct an EA?
* must provide value

- ○ Rehabilitation Counsellor
- ○ Psychologist
- ○ Occupational Therapist
- ○ Physiotherapist
- ○ Medical Practitioner
- ○ Other
- ○ Don't know

Do you think the external provider conducting an EA should meet the court's Expert Witness code requirements?

- ○ Yes
- ○ No

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This section is about your CONCEPT of EMPLOYABILITY.

Listed below are some factors which may have a bearing on a claimant's employment potential. Please select how important each factor is to your concept of employability.

	Not important	Somewhat important	Moderately important	Very important	Extremely important
Medical opinion confirming claimant's work capacity * must provide value					
Identification of claimant's ETE * must provide value					
Identification of occupations within claimant's ETE * must provide value					
Identification of occupations matching claimant's function * must provide value					
Availability of identified occupations in claimant's local area * must provide value					
Claimant's age * must provide value					
Claimant's motivation * must provide value					
Other factor/s					

Now we'd like to get your views on the USEFULNESS of employability assessment (EA).

Listed below are some statements about EA. Please select the importance of each statement regarding the usefulness of EA.

	Not important	Somewhat important	Moderately important	Very important	Extremely important
I use EA to make TPD decisions * must provide value					
I use EA to get a clear picture of the claimant's work potential * must provide value					
I use the sum insured to decide whether to request an EA * must provide value					
I use EA in other ways					

Please describe how EA assists in assessing TPD claims

* must provide value

Expand

Please write your views here

Please write your views here

This section is about QUALITY in employability assessment (EA).

Listed below are some characteristics of quality related to EA. Please select how important each characteristic is to the quality of an EA report.

	Not important	Somewhat important	Moderately important	Very important	Extremely important
Evidence based information * must provide value	○	○	○	○	○
Objective reporting * must provide value	○	○	○	○	○
Accuracy in interpreting functional capacity * must provide value	○	○	○	○	○
Linking alternative occupations to residual skills * must provide value	○	○	○	○	○
Readability * must provide value	○	○	○	○	○
Provides true picture of claimant's situation even if adverse to claim * must provide value	○	○	○	○	○
Realistic job options identified * must provide value	○	○	○	○	○
Robust for court (Meets expert witness code) * must provide value	○	○	○	○	○
Other characteristic/s	○	○	○	○	○

Please describe how EA quality could be improved

* must provide value

Expand

As the main EA consumer, your views are valuable

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As the main EA consumer, your views are valuable

Thinking about COMPONENTS of an EA, please select the importance of each of the listed components of an EA report.

	Not important	Somewhat important	Moderately important	Very important	Extremely important
Summary of medical and functional information * must provide value					
Summary of psychosocial issues * must provide value					
Summary of ETE * must provide value					
Transferable skills analysis * must provide value					
Rationale for job match * must provide value					
Occupational information * must provide value					
Labour market statistics * must provide value					
Employer contact * must provide value					
Salary information * must provide value					
Provider's professional opinion regarding employability * must provide value					
Executive summary (At front of EA report) * must provide value					
Other component/s					

This section is about having an EA provider's OPINION on whether the identified jobs/occupations are functionally appropriate based on medical evidence.

Please select how important each statement is to you in regards to having an EA provider's opinion.

	Not important	Somewhat important	Moderately important	Very important	Extremely important
To ALWAYS include opinion on job/function in EA report * must provide value					
Inclusion of job/function opinion DEPENDS on the sum insured * must provide value					
Inclusion of job/function opinion depends on OTHER factors					

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Thinking about ALTERNATIVE OCCUPATIONS identified in the course of an EA, please select the importance of the number of alternative occupations that are needed in an EA.

	Not important	Somewhat important	Moderately important	Very important	Extremely important
ALL reasonably suited occupations identified are needed in an EA * must provide value					
A STANDARD number (usually three) of reasonably suited occupations is needed in an EA * must provide value					

What is the ideal number of identified occupations needed in an EA? * must provide value

Please write your opinion here

Labour Market Analysis (LMA) may be part of an EA.

How important are the factors listed below in prompting you to request the inclusion of Labour Market Analysis in the EA?

	Not important	Somewhat important	Moderately important	Very important	Extremely important
Policy definition * must provide value					
Legal advice * must provide value					
High sum insured * must provide value					
Case complexity * must provide value					
Other factor/s					

Still on the topic of Labour Market Analysis. Contact with employers about a particular occupation is often included as part of the LMA.

How important are the following parts of a conversation with an employer?

	Not important	Somewhat important	Moderately important	Very important	Extremely important
Discussing job duties * must provide value					
Discussing desired skills and experience * must provide value					
Discussing on-the-job training * must provide value					
Asking if a person with skills similar to claimant would be a suitable candidate * must provide value					
Asking if a person with functionality similar to claimant would be competitive * must provide value					
Other					

Please estimate what you believe to be reasonable billable hours for EACH part.

	Up to 1 hour	1 hour	2 hours	3 hours	More than 4 hours
Review documentation supplied * must provide value	○	○	○	○	○
Interview with claimant * must provide value	○	○	○	○	○
Transferable Skills Analysis (TSA) * must provide value	○	○	○	○	○
Labour Market Analysis (LMA) * must provide value	○	○	○	○	○
Contact with employers * must provide value	○	○	○	○	○
Writing EA report * must provide value	○	○	○	○	○

In general, do you find current EA's cost-effective? * must provide value
- ○ Yes
- ○ No

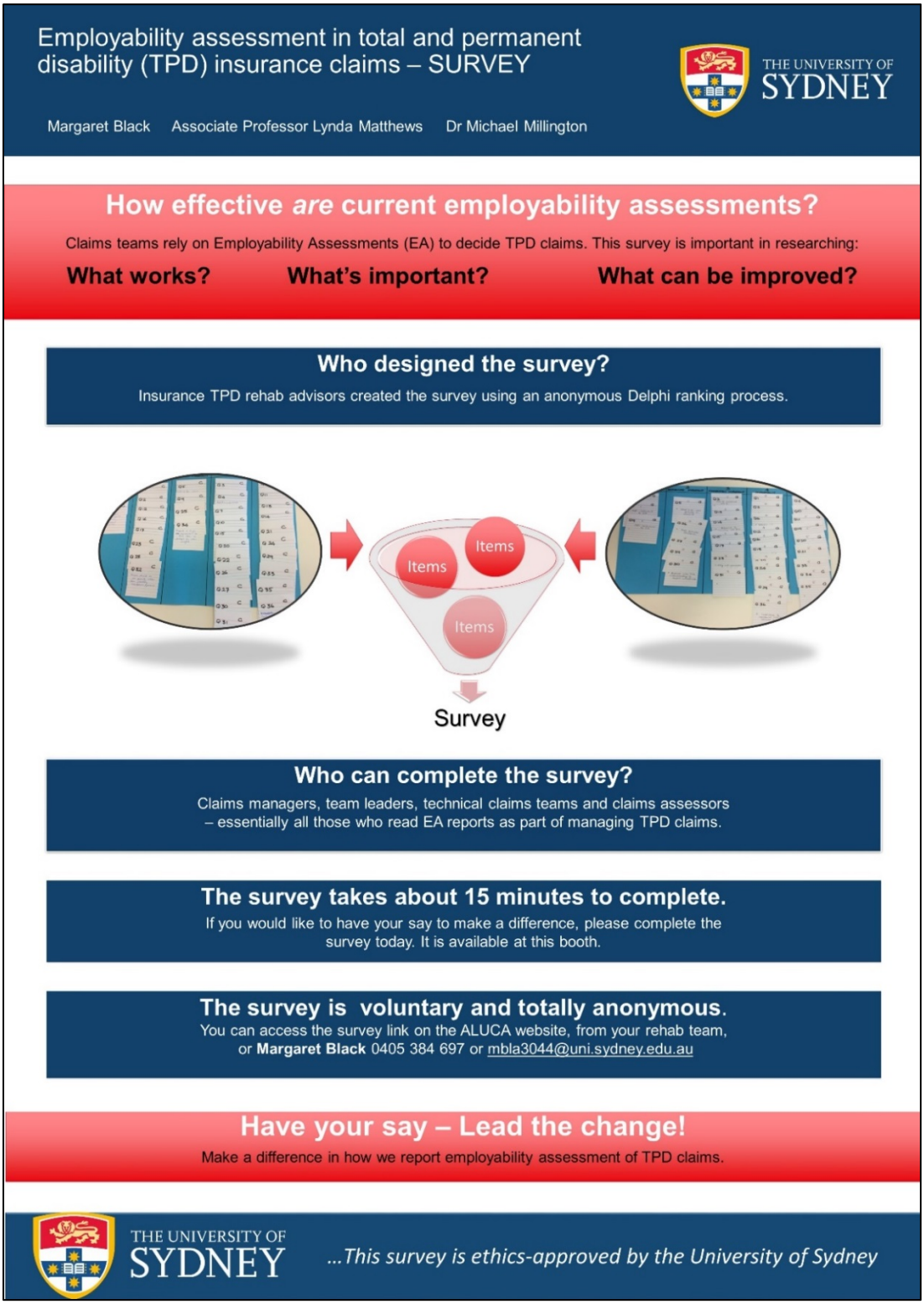
Finally, EA's may be conducted in four main ways: by internal rehab review, by paper-based report, with telephone interview, or with face-to-face interview.

Listed below are a number of factors that may influence your choice of EA type. For each factor, please select the EA type MOST LIKELY to be chosen.

	Internal rehab review	File-based EA	Telephone interview	Face-to-face interview
High sum insured * must provide value	○	○	○	○
High claim complexity * must provide value	○	○	○	○
Legal involvement * must provide value	○	○	○	○
Time pressure for decision * must provide value	○	○	○	○
Conflicting evidence * must provide value	○	○	○	○
Insufficient evidence * must provide value	○	○	○	○
Cost of EA * must provide value	○	○	○	○
Other factor/s	○	○	○	○

All factors considered, which type of EA do you think is best? * must provide value
- ○ Internal rehab. review
- ○ File-based EA
- ○ Telephone interview
- ○ Face-to-face interview
- ○ Other

Item 3: Poster to advertise TPD Claims Survey at ALUCA Conference



Item 4: Lay summary of Employability Assessment in TPD Survey Results