



Australian Government

Comcare

Rehabilitation Case Manager **Forum**

Tuesday 03 December 2024, 1.00pm – 2.30pm AEDT

Effective Strategies for a Neuro-Inclusive
Return to Work





Housekeeping

Audio Solutions

- Check your speaker settings
- Try leaving the forum and rejoining
- Try using a different browser or use the MS Teams Desktop Application

Questions/Comments

- Submit questions or comments through the Q&A or chat function
- Send your reactions

Guide the discussion

- MS Teams Polls, Word clouds rankings and multiple choice



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Acknowledgement of Country

Acknowledgement of Lived Experience





Support Services

General Support Services

Beyond Blue

1300 224 636

www.beyondblue.org.au/forums

SANE Australia

1800 18 7263

www.saneforums.org

Specialist Services

QLife

LGBTI Peer Support Service

1800 184 527

www.qlife.org.au

Embrace

*Resources for
multicultural communities*

www.embracementalhealth.org.au

MensLine Australia

Support service for men

1300 78 99 78

www.mensline.org.au

24/7 Crisis Counselling Services

Lifeline

13 11 14

www.lifeline.org.au

Suicide Call Back Service

1300 659 467

www.suicidecallbackservice.org.au



Agenda

1.00 – 1.05pm

Welcome and introduction – **Kaylene Knox**

1.05 – 1.40pm

Keynote Speaker – **Samantha Nuttall**

1.40 – 1.55pm

Question and Answer Session – **Samantha Nuttall**

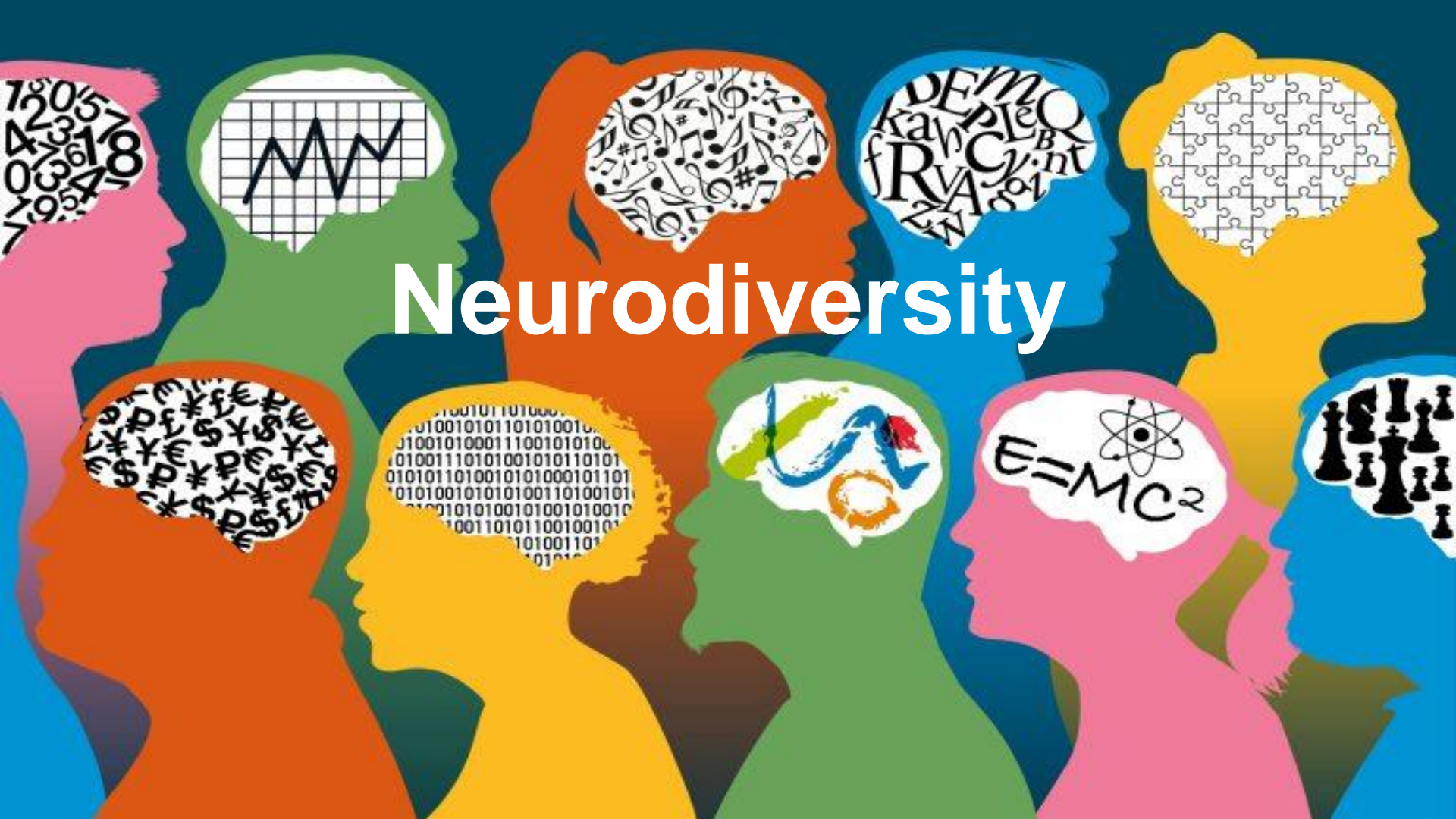
1.55 – 2.25pm

Refresher Session: Guide for arranging rehabilitation assessments and requiring examinations – **Kaylene Knox**

2.25 – 2.30pm

Comcare Update – **Kaylene Knox**

Neurodiversity





**Samantha
Nuttall**

“Effective strategies for a Neuro-Inclusive ‘Return to Work’” Comcare

Samantha Nuttall – Founder – The Neurodivergent Coach

Introduction

- My professional background
- My lived experience





Session Agenda

- What is Neurodiversity
- What are the barriers to inclusion?
- What does this mean in terms of Rehabilitation and Return to work?
- Practical tips and tricks
- Questions

The Basics on Neurodiversity

- All brains, including all human brains are different.
- Brain Structure and Chemicals = control functioning and thoughts.
- Differences = Different internal experiences, reactions and external behaviours.
- Neurodiversity talks to the fact that all human brains are naturally diverse AND THAT'S GOOD
- Diversity in Nature is adaptive and important.
- Humans are all Neurodiverse.
- All organisations and teams are Neurodiverse.



What does it mean to be Neurodivergent?

- Neurodivergence and Neurodivergent brains are brains that differ significantly to the 'average'.
- Neurological experiences that fit **outside** of the typical experience = Neurodivergent.
- Neurological experiences that fit **inside** the range of typical experiences = Neurotypical.
- Everyone is different but some people are more, or less different!

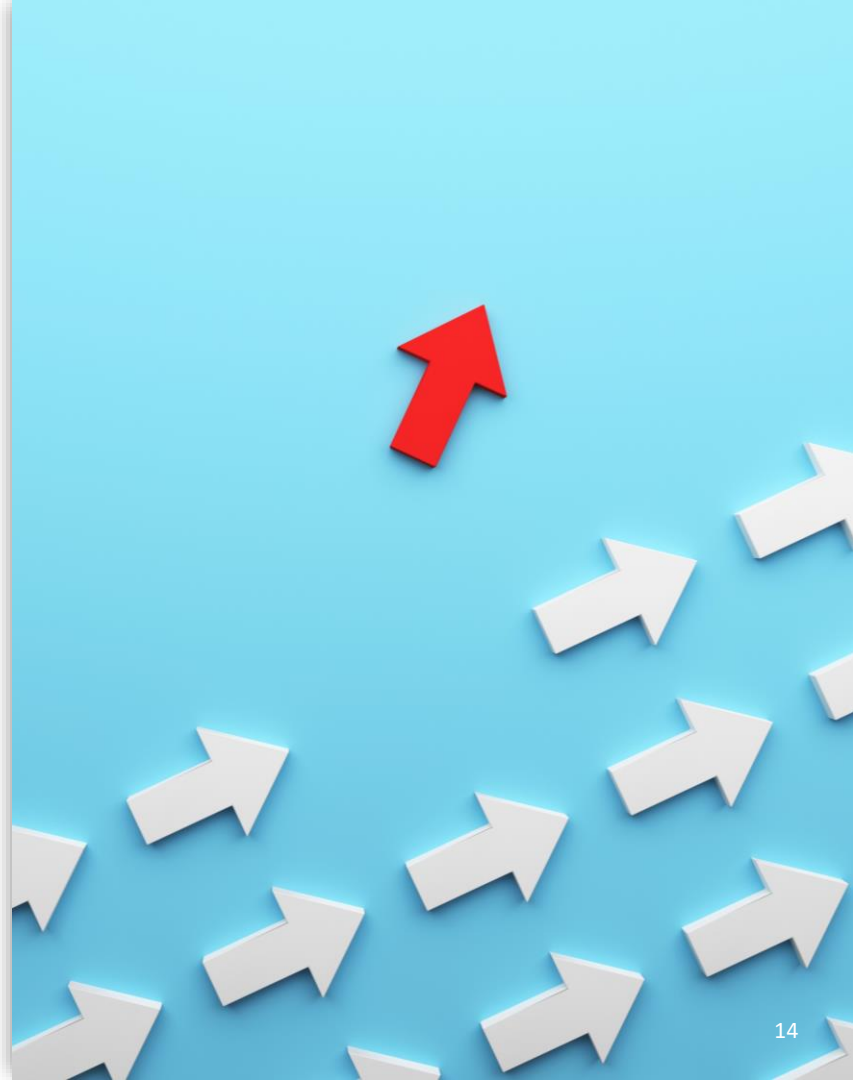


What does Neurodivergence include?

Neurodivergence includes, but is not limited to:

- Dyslexia
- Dyspraxia
- Dyscalculia
- Dysgraphia
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism
- Tourette's Syndrome

Neurodivergent conditions sit within the 80% of disabilities which are 'hidden'. Legislation such as the Disability Discrimination Act 1992 apply.



Born Different not Difficult

Neurdivergent conditions are not behavioural.

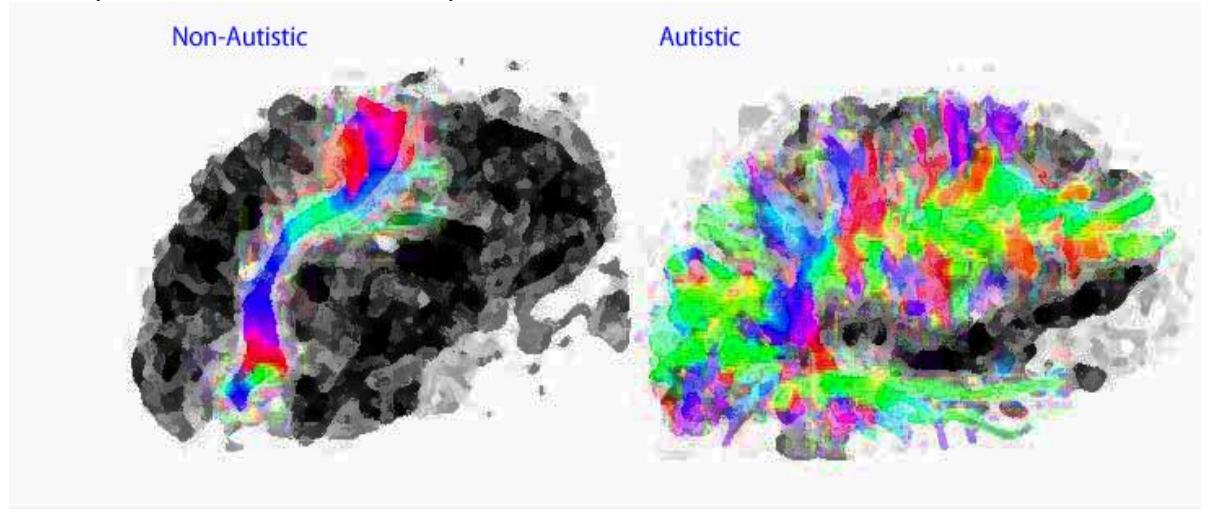
Genetic Heritability is the biggest factor (over 80% contributor).

A better understanding of brains means that much that was thought to be behavioral (learnt) has been found to be product of particular brain functioning and chemicals e.g. Impulse Control, Self Regulation, Focus etc. All responses make sense based on brain function.

ADHD – Five significant brain regions are different in people with ADHD. ADHD brains produce significantly less Neurotransmitters than others.

Autism – many structural differences shown in scans including greater connectivity between areas and differences in area size. 42% greater activity.

Dyslexia etc. - People with dyslexia or other Learning disabilities show many differences in the brain's structure and function.



We experience the world differently

Compared to Neurotypical people, we experience differences in areas including:

- Sensory – Sound, Light/Vision, Smell, Touch and even how our body relates to other objects
- Perception of and relationship to time
- Communication and Meaning
- Information Processing and speed
- Depth of emotions
- Nervous system activation and regulation

Differences in perception and experience = differences in thinking, emotions and behaviour that make sense within those perceptions and experiences.



Positive side of thinking differently – Neurodivergent Strengths

- Hyperfocus/ extended concentration
- Out of the box thinking
- Memory
- Information processing
- Creative problem solving
- Pattern recognition
- Attention to detail
- Innovation
- Specialised skills and knowledge



Advantages of Neurodiversity in the workplace

- Teams that successfully include professionals with different neurotypes are around 30% more productive, show better decision making, higher overall employee satisfaction and retention, and more innovation in products services and solutions (Hewlett Packard study)
- A Deloitte report found that companies with Neuro-inclusive cultures were 6 times more likely to be innovative and agile.
- Research by Austin and Pisano highlights that neurodivergent workers bring unique problem-solving skills and innovative thinking, which can enhance operational efficiency and overall satisfaction.



Prevalence in Australia

- At least 15-20% of population worldwide is Neurodivergent.
- There are at least 3.74 million Neurodivergent Australians.
- Diagnosis (not prevalence) is growing due to greater awareness and opportunity for diagnosis.
- Intersectionality and Privilege



Why is a different approach needed in the workplace?

- Neurodivergent people have one of the highest rates of underemployment and unemployment of any group of people in Australia (and globally), even when qualifications are the same.
- We are significantly more likely to:
 - To be Performance Managed
 - To experience Burnout due to workplace stressors
- Discrimination is prevalent – in anonymous research, over 50% Hiring Managers reported they would prefer not to knowingly hire a Neurodivergent person (2020)
- In a 2024 survey of Neurodivergent Professionals, 50% of those surveyed said they had had to take time of work in the previous year for reasons specifically related to their experience of being Neurodivergent in the workforce.



Co-morbidities in Neurodivergent populations

People with Neurodivergent conditions have a much higher incidence of mental health conditions than others and are more likely to experience poor mental health:

- More than 36% people who have Tourette's Syndrome...
- More than 50% people who have ADHD...
- More than 60% of those with Learning Disabilities e.g Dyslexia
- More than 70% people who are Autistic...

...have co-morbid anxiety or depression compared to 20% non-neurodivergent

Also significantly higher prevalence of chronic stress related disease/illness e.g Autoimmune



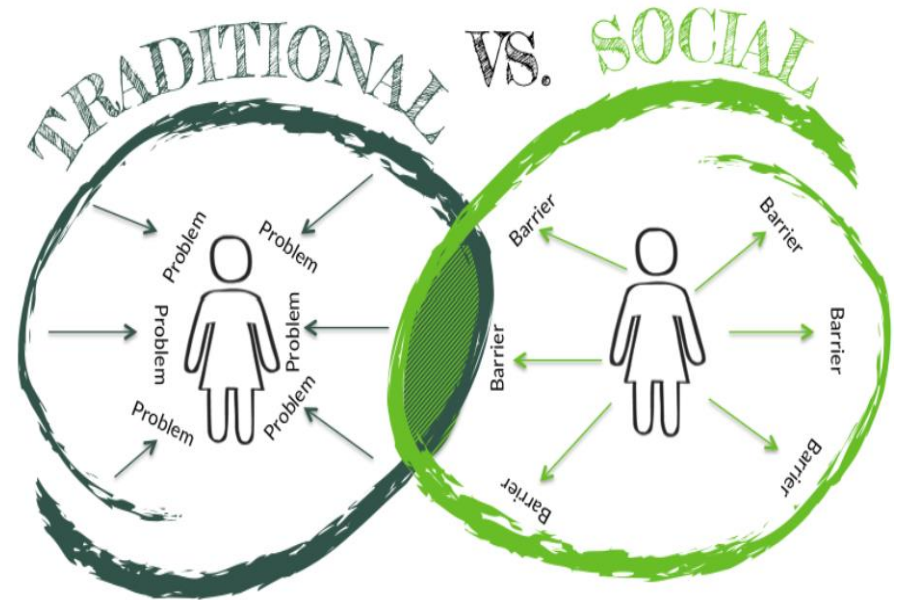
Why does this happen?

- Volume of Negative feedback
- Experience of discrimination and stigma
- Cognitive load of Masking to fit into an environment that is set up for another Neurotype
- Additional stressors such as caring for Neurodivergent children



How 'Disability' is created – Barriers

- Medical vs Social Model of Disability
- Social model of Disability – Disability is created by **physical, organisational, and attitudinal barriers**.
- These barriers can be changed and eliminated.
- Barriers to Neurodivergent inclusion include:
 - Attitudes, Beliefs and Bias
 - Communication – The Double Empathy problem
 - Rigid Processes
 - Environmental factors e.g. Noise



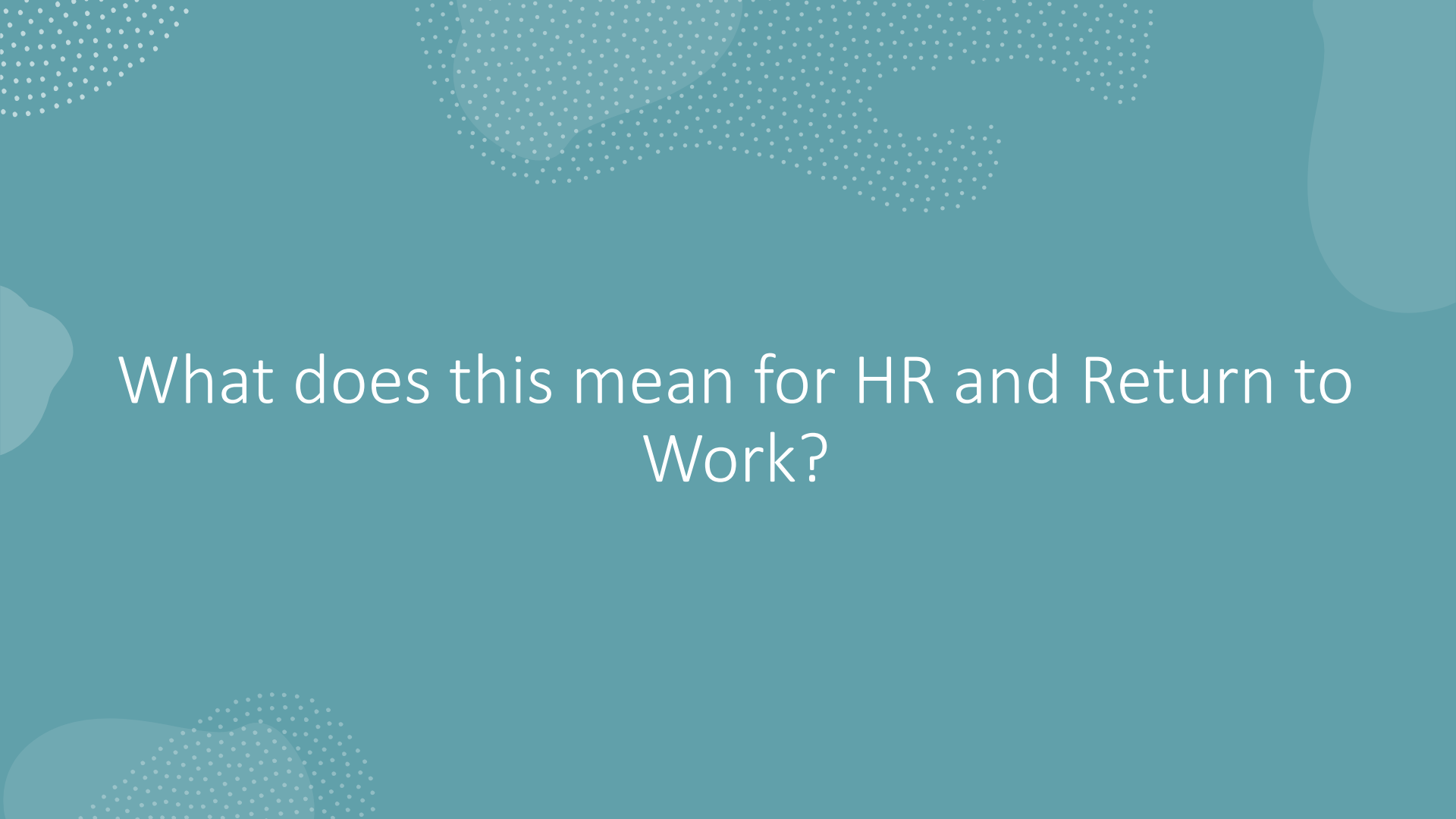


The biggest barrier to Neuro-inclusivity.

Neuronormativity – the idea that ‘typical’ ways of thinking and behaving are ‘good’, preferable or superior.

- Idea is rewarded from early childhood – this impacts all neurotypes negatively.
- Neurotypical people - Taught to have unconscious bias and negative attribution towards Neurodivergence. Fear of difference including doing and behaving differently.
- Neurodivergent people – Taught not to trust their innate ways of being and doing. Belief that striving to be typical is best. Fear of Self. Masking

Creates External AND Internal Barriers for Neurodivergent thinkers

The background is a solid teal color. It features several decorative elements: a cluster of white dots in the top-left corner, a larger, more dispersed cluster of white dots in the top-center, a solid teal shape in the top-right, a solid teal shape on the left edge, and a cluster of white dots in the bottom-left corner.

What does this mean for HR and Return to Work?

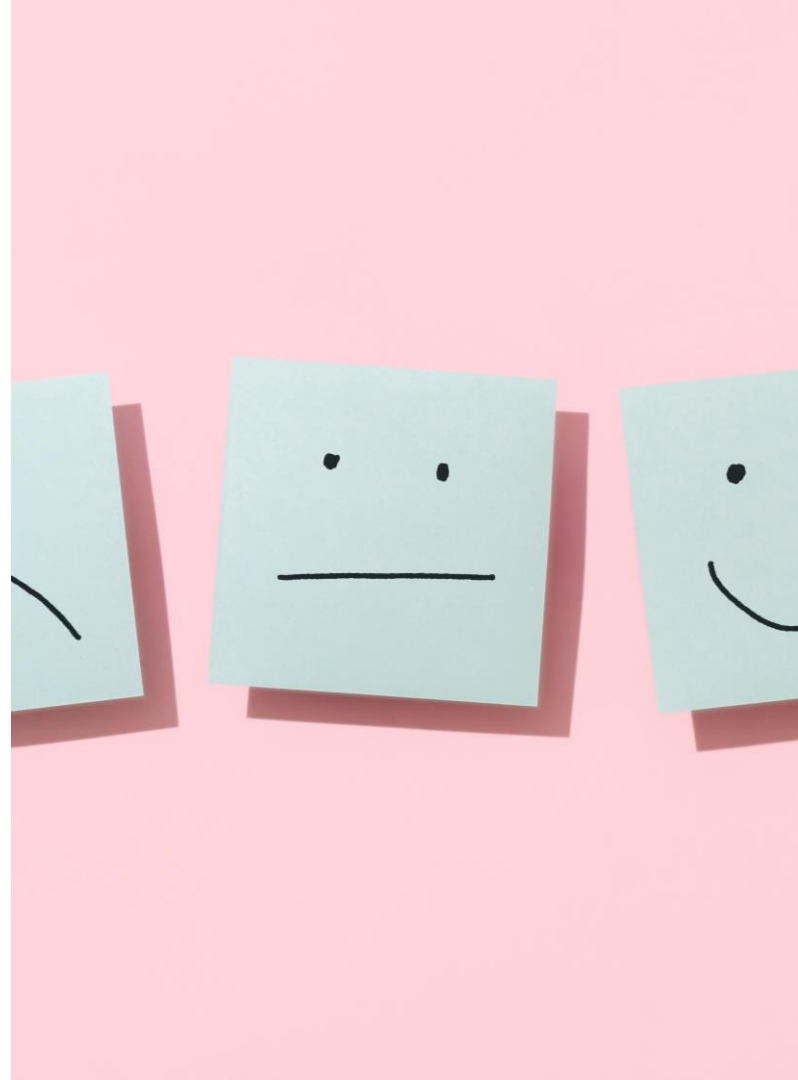
What does 'rehabilitation mean for a Neurodivergent employee?

- Creating upwards spiral
- Thriving as authentic Neurodivergent self
- Using Neurodivergent strengths
- Identifying new strategies for self to enable flourishing
- Identifying boundaries and external support required
- NOT Masking more/Fawning



Challenges in relation to Return to Work processes

- Adherence to Medical not Social model of Disability
- When Policies and processes are developed for injury and sickness; not best practice in Disability or Neurodivergence
- Employees do not feel safe to share information
- Psychological safety not created in the return-to-work process



Creating conditions for us to thrive

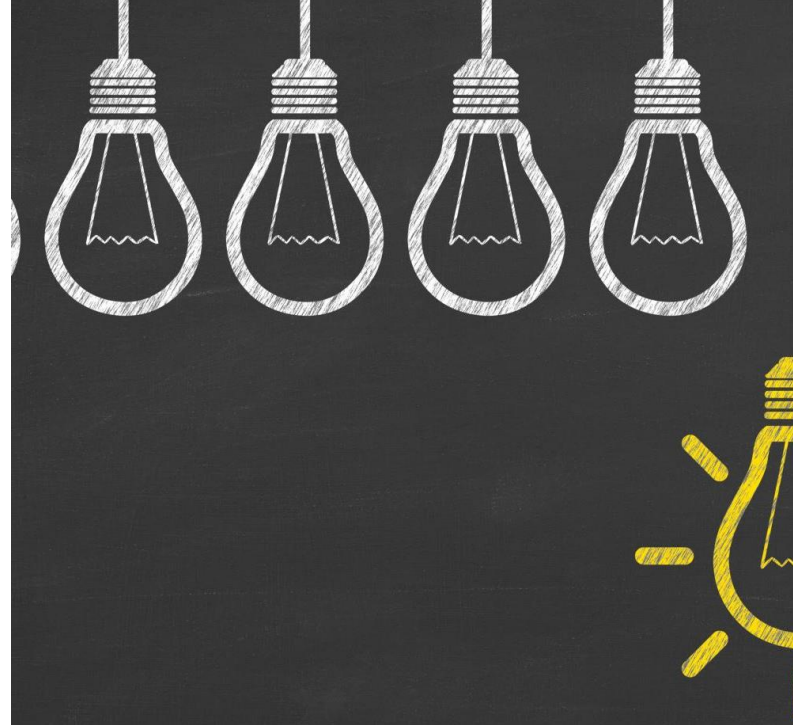
You can create the right conditions by:

- Anticipate and welcome us – signals of safety
- Develop neuro-inclusive policy and processes
- Be aware of your own bias
- Educate yourself on the increased risks of workplace related injury
- Presume competence whilst also facilitating appropriate short and long-term adjustments so we can fully participate in a sustainable way
- Remember the person is the expert in their experience
- Remember everyone is different
- Be comfortable with being uncomfortable
- Get external support e.g. JobAccess when necessary



Workplace (reasonable) adjustments

- A reasonable adjustment in the workplace is any form of assistance or possible adjustment in a process, practice, procedure or environment to minimise the impact of a worker's disability, injury or illness, enabling them to effectively and safely perform the inherent requirements of their role.
- Adjustments for Neurodivergence generally require a change to how work is done and often require others to do something different.
- Unjustifiable hardship needs to be proven not just opinion or 'standard policy'
- PIEs – Performance and Inclusion Enhancers



Examples of Co-Created ways of working for success

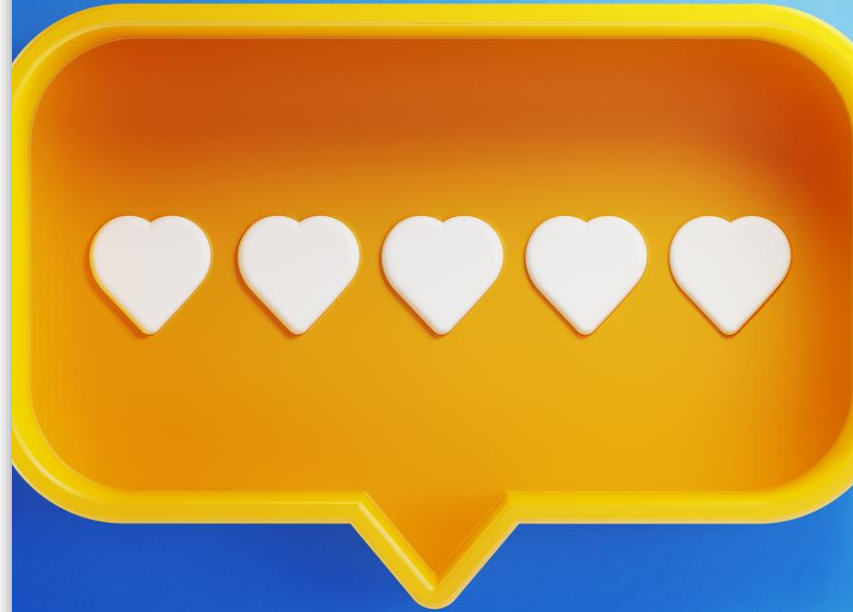
- Flexible working including hybrid, part time and outside normal hours.
- Direct clear communication of expectations and priorities
- Meetings – Agenda/Clear reasons/Reduced
- Written communication on agreements/deliverables
- Regular work in progress check ins to problem solve
- Environmental e.g bookable desks, headphones, AI transcribing
- Strength based job design – making room for experts not just generalists



Confident conversations in the return to work process

Always ask everyone:

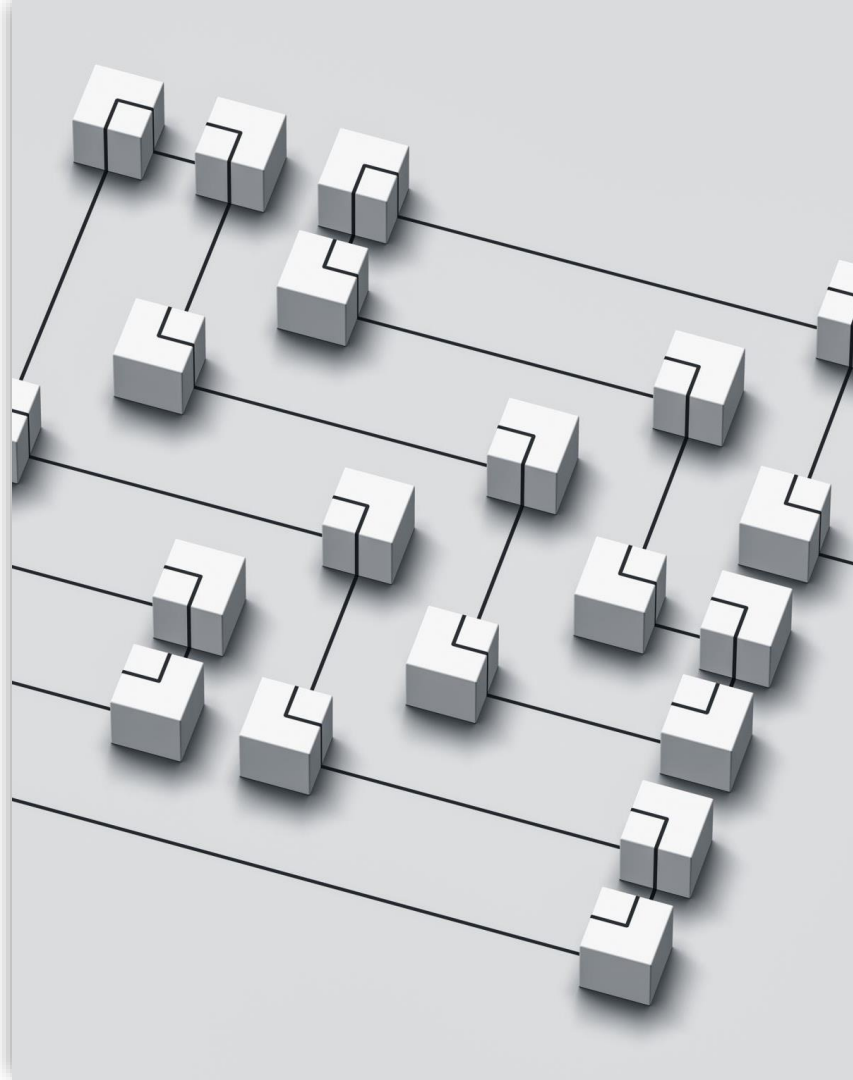
- “ Do you require an adjustment to participate in this meeting?”
- “How would you like that information presented?”
- “What can we do differently so you can do your best work?”
- “What is getting in the way of your sustainable productivity and how can this be solved?”



Organisational Change – The Big Picture

In addition to providing adjustments, Organisations should:

- Reconsider 'PIE's' for everyone
- Ensure all Policies and processes are neuro-inclusive
- Collect data to identify bias at all stages of the employee life cycle e.g Recruitment, Promotions, Workplace injury
- Ensure processes are fit for purpose e.g. Selection or Recruitment processes.
- Hire for skill competency not the ability to talk about ability.
- Measure success - are you improving your recruitment, retention and promotion of Neurodivergent talent?
- Provide coaching and training to Neurodivergent talent and their managers/co-workers.





Questions and insights



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Refresher Session:

Guide for Arranging Rehabilitation Assessments and Requiring Examinations (the Guide)





Safety, Rehabilitation and Compensation Act 1988 – Guide for Arranging Rehabilitation Assessments and Requiring Examinations 2024

I, Senator the Hon Murray Watt, Minister for Employment and Workplace Relations, make the following instrument.

Dated 5 September 2024

To support ethical, transparent and accountable decision-making including consideration of the employee's personal circumstances (s57A(2)).

You will need
to comply with
the Guide

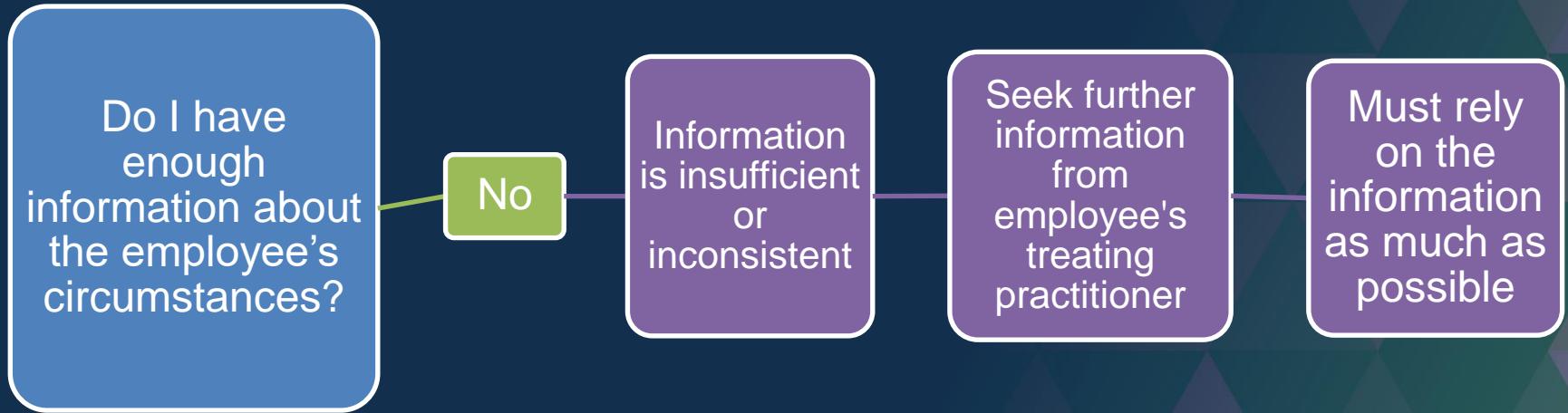
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graph TD; A[You will need to comply with the Guide] --- B[Rehabilitation assessment (36(1)) or]; A --- C[Rehabilitation assessment with examination under (36(3))]; A --- D[Document your considerations in s36 determination];
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Rehabilitation
assessment
(36(1)) or

Rehabilitation
assessment with
examination
under (36(3))

Document your
considerations in
s36 determination

I do not have sufficient information



Rehabilitation assessment and rehabilitation examination

Rehabilitation Assessment

Subsection 36(1)
of the SRC Act

Does not require
employee to
participate

Rehabilitation Examination

Subsection 36(3) of
the SRC Act

Employee is required
to “undergo” or
participate

Employee Circumstances

The employee's circumstances are defined as:



the *injury*



any other medical condition



need for medical treatment



capacity for work



impairment



non-economic loss



alterations, modifications, aids or
appliances



household services or attendant
care services



suitable employment including
the availability of employment



personal circumstances



any other relevant matter

Seeking the views of the employee

Seek the employee's views and reasons for views and take them into account in relation to:

Selection of the assessor(s)

need for a support person

other relevant matter

Request can be made verbally or in writing.

Examples of employee views:

- Gender
- Location
- Same or different assessor as a previous examination

Examples only- Seeking the employee's views

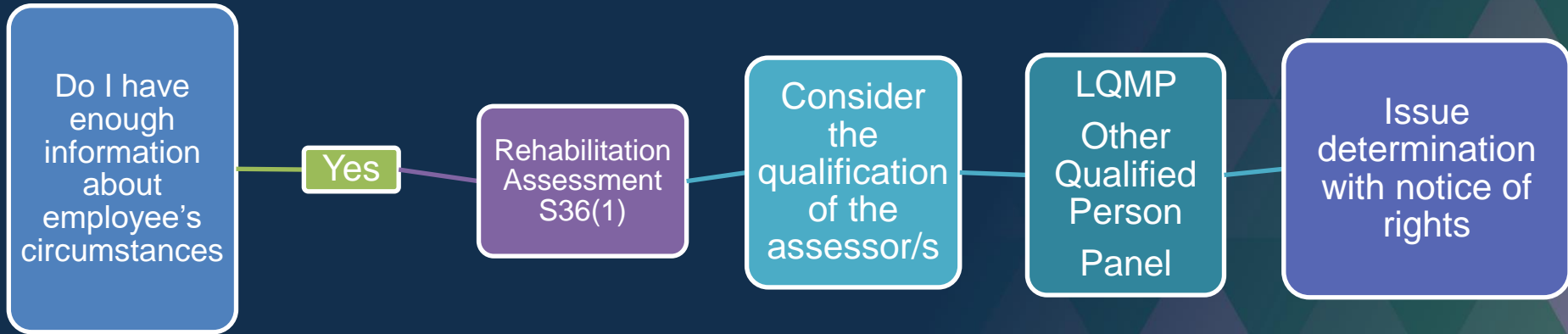
Provide details of several assessors who are qualified to assess the employee's injury

Explain you use a 3rd party panel when selecting an assessor

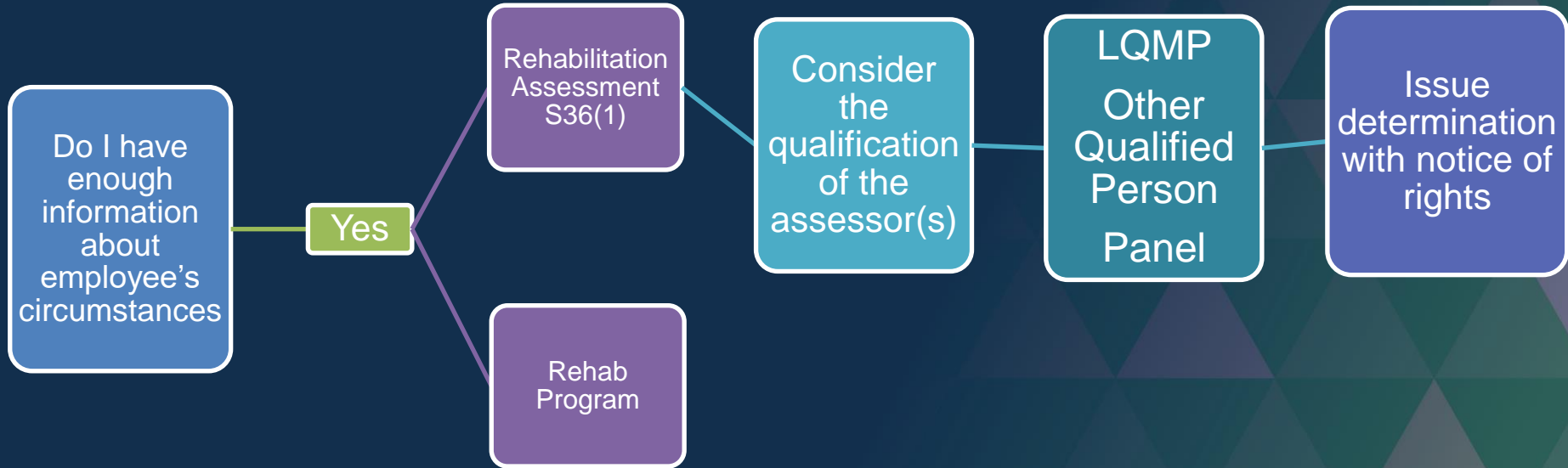
Provide details of an LQMP who has qualifications relevant to the employee's injury

Have a general discussion with the employee about their views on an assessor (eg preference for gender etc.)

Decision making process



Decision making process



Additional Notice requirements

You must issue a determination under section 36(3) together with a notice of rights and obligations to the employee

reasons for accepting/not accepting the views of the employee, and

reasons for relying on/ not relying on information from the employee's treating practitioner

Notice of rights must be provided to the employee as soon as practicable.

14 days' notice for LQMP examinations

Notice of rights must be provided to the employee as soon as practicable. For rehabilitation examinations notice must be 14 days before the examination (**legally qualified medical practitioner**)

Exceptions to frequency of rehabilitation examinations



Assessment is requested by the employee in writing



The injury requires multidisciplinary medical treatment



Assessment is requested by the employee's treating practitioner



Assessor fails to provide a written report



Earlier assessment recommended a further examination by a date/period



Request for reconsideration of a determination is made but a decision has not yet been made



Change in the 'employee's circumstances



Application for review is made to the AAT but a final decision has not yet been made



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Further information



GUIDE FOR ARRANGING ASSESSMENTS
AND REQUIRING EXAMINATIONS



AN OVERVIEW FOR REHABILITATION
CASE MANAGERS

- [Explanatory Statement](#)
- [UPDATED RCM Handbook](#)
- NEW templates for Rehabilitation Assessment and Examinations
- FAQs: The Guide
- Recording: The Guide - Information Session for RCMs
- Contact us with questions about the Guide:
providerframeworksandRTW@comcare.gov.au



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20
years

Comcare
National Work Health and
Safety Awards 2025

- **Comcare National Work Health and Safety Awards**
- The awards recognise and reward excellence in workplace health and safety, recovery at and return to work.
- 20-year anniversary
- Nominations open early 2025
- Sign up to stay informed



2023 AWARD WINNERS

awards@comcare.gov.au
e.comcare.gov.au/WHS-Awards



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Comcare update

Return to Work Update



Return to Work Webinar





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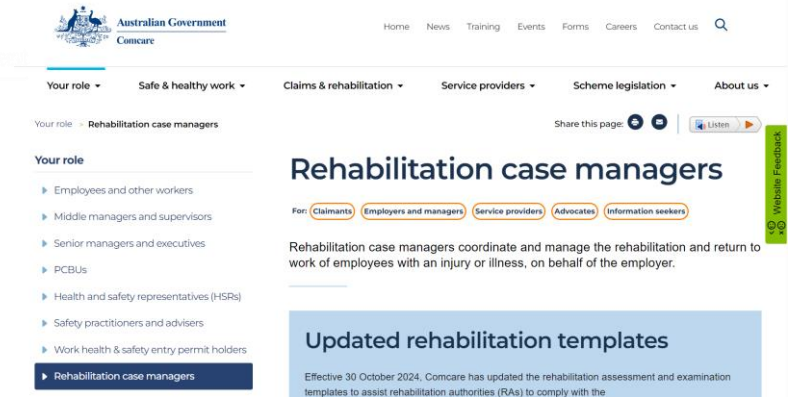
SRC Act Review – deadline extended

RCM Webpage



Australian Government
Department of Employment and Workplace Relations

Review of the Safety, Rehabilitation and Compensation Act 1988



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Your role ▾ **Rehabilitation case managers**

Your role

- ▶ Employees and other workers
- ▶ Middle managers and supervisors
- ▶ Senior managers and executives
- ▶ PCBUs
- ▶ Health and safety representatives (HSRs)
- ▶ Safety practitioners and advisers
- ▶ Work health & safety entry permit holders
- ▶ **Rehabilitation case managers**

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Rehabilitation case managers

For: [Claimants](#) [Employers and managers](#) [Service providers](#) [Advocates](#) [Information seekers](#)

Rehabilitation case managers coordinate and manage the rehabilitation and return to work of employees with an injury or illness, on behalf of the employer.

Updated rehabilitation templates

Effective 30 October 2024, Comcare has updated the rehabilitation assessment and examination templates to assist rehabilitation authorities (RAs) to comply with the

Website Feedback



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Comcare update



The right time for return to work:
Optimising work participation for
patients/clients recovering from injury
or illness

Physical & mental health

Webinar date: 14 Oct 2024 - 75 mins

[The right time for return to work: Optimising work participation for patients/clients recovering from injury or illness - MHPN](#)



WRP Performance Update

Premium Payer	Closed programs	RTW (Overall)	RTW (Physical)	RTW (Psychological)	Median Cost of Program	Median Duration of Programs (days)	Median D.O.I. to Commencement (days)
[REDACTED]		71%	97%	45%	\$5,340	205	406
Scheme	740	77%	87%	56%	\$5,831	187	155
Premium Payers	266	70%	88%	47%	\$6,469	220	263
Total	740	77%	87%	56%	\$5,831	187	155

Program(s) provided by WRP	Closed programs	RTW (Overall)	RTW (Physical)	RTW (Psychological)	Median Cost of Program	Median Duration of Programs (days)	Median D.O.I. to Commencement (days)
[REDACTED]		25%	100%	0%	\$6,554	367	410
[REDACTED]		100%	100%		\$29,105	513	2,793
[REDACTED]		0%		0%	\$2,905	289	1,282
[REDACTED]		76%	100%	47%	\$5,465	192	247
[REDACTED]		88%	100%	67%	\$4,774	135	456
[REDACTED]		67%	67%	67%	\$8,423	640	396
[REDACTED]		71%	97%	45%	\$5,340	205	406



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