



WORKERS' COMPENSATION TRENDS IN WA PRISONS

OCTOBER 2025

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that contributes to a more
accountable public sector*



OFFICE OF THE INSPECTOR
OF CUSTODIAL SERVICES

The Inspector of Custodial Services and staff acknowledge Aboriginal and Torres Strait Islander people as the Traditional Custodians of this country, and their continuing connection to land, waters, and community throughout Australia. We pay our respects to them and their cultures, and to Elders, be they past or present.

Artwork Acknowledgement

Marcia McGuire – Kolbang ‘Going Forward’ (2025)

Format: Digital illustration (cover uses elements)

The artwork *Kolbang* – meaning ‘going forward’ – depicts the positive impacts the Office of the Inspector of Custodial Services has on the custodial estate in Western Australia.

The artwork embodies traditional knowledge passed on from Marcia McGuire’s families of the Whadjuk, Ballardong, Yued Noongar and Badimia Yamatji Aboriginal People.



Workers' compensation trends in WA prisons

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Inspector's Overview

Working in a custodial environment presents unavoidable risks, but harm can be minimised.

The high rate of workers' compensation claims in the Department of Justice – Corrective Services has been a pressing issue for several years and prompted this Review. There is no dispute custodial work is inherently high-risk, exposing staff to physical, psychological, and operational hazards. While these risks may be unavoidable, unreasonably high rates of injury are not. Added to this are recent reforms to Western Australia's workplace health and safety legislation which enhanced employers' obligations to provide a safe workplace, with increased emphasis on psychosocial injury. Therefore, having an efficient and effective workers' compensation and injury management framework is critical for Corrective Services.

This Review examined the escalating number of claims, particularly the incidence of psychological injury – which has more than doubled since 2019, and now comprises 1 in 4 claims, and the impact these have on the operation of custodial facilities.

Over recent years one of the most common issues we have seen in our inspection and review work has been the issue of staffing shortages in prisons and detention centres. Absences due to workers' compensation claims are a major contributor to this issue. To varying degrees, staff shortages impact every aspect of custodial operations leading to daily roster shortages, increased lockdowns, and restricted prisoner services. These consequences feed into a cycle of repetition, with increased stress and pressure on staff generating further workers' compensation claims, leading to further shortages. Overlayed on this is the fact that psychological injury claims are often more serious, costlier, and harder to resolve than physical injury claims. This cycle needs to be disrupted and the single recommendation in this report is directed to this outcome.

Western Australia is not the only jurisdiction facing high rates of workers' compensation claims by custodial staff. The phenomenon is seen in most other correctional jurisdictions with most seeing higher rates of claims compared to first responders, with the exception being Victoria which has a noticeably lower rate of claims by prison officers compared to first responders and the general population (see Table 1, page 3 of this report).

The Department is not, and has not, been unresponsive to the issue of high workers' compensation claims and the impact this has on the operation of custodial facilities. There have been several reviews into the issue, including a significant funding injection in 2021, and the development of a new strategy aimed at addressing the issue. As outlined in Chapter 3, ultimately, these reforms did not result in significant improvement. For present purposes, it is probably more productive to focus on what happens next, rather than what happened in the past.

In response to a draft of this report, the Department supported Recommendation 1 and advised that in June 2025 they had engaged a consultant to review the effectiveness and efficiency of their workers' compensation and injury management systems and practices. The response also outlined other operational initiatives to address this issue, particularly in Banksia Hill Detention Centre and Hakea Prison.

This renewed focus on workers' compensation is consistent with the Department's *'Corrective Services Strategic Plan 2025-2030'*, which articulates an emphasis on three principles of People, Partnerships, and Performance. The Plan has four priority areas, with Priority 1 – *'Build a strong culture of safety, respect and trust'* - directly impacting staff health and wellbeing. The first listed action item is to *'Optimise the Work Health and Safety Framework to ensure it is fit for purpose and embeds a 'Safety Leadership Culture' prioritising physical, psychosocial, and cultural safety'*. There can be no clearer commitment to taking action to address the issue of improving the safety, health, and welfare of staff and people in custody.

We acknowledge the commitment the Department has made in the Strategic Plan for 2025-2030. This recognises the imperative to address high rates of workers' compensation which has become a critical workforce and financial challenge. Planned improvements and increased resources should go a long way to restoring trust, reducing harm, and ensuring the safety and wellbeing of both staff and people in custody.

Given the broad challenges facing the Department, this is a critical area of reform and one that we will monitor closely.

ACKNOWLEDGEMENTS

We are grateful for the support and cooperation received throughout the review from key personnel at the Department of Justice.

I acknowledge the contribution and hard work of the team in our office who were involved in undertaking this review. I would particularly acknowledge and thank Anna Morris for her work in leading this review and as principal analyst and drafter of this report.

Eamon Ryan

Inspector of Custodial Services

13 October 2025

Executive Summary

Working in a prison environment involves unique and heightened risks not typically encountered in other workplaces, due to the complex and often volatile nature of custodial work. Custodial officers are regularly exposed to physical, psychological, and operational hazards, which can be intensified during staffing shortages and overcrowding. Despite the high-risk nature of this work, harm is not inevitable, and employers have a duty to implement reasonable safety, training, and support systems to prevent injury.

Western Australia's workers' compensation scheme, administered by WorkCover WA and Insurance Commission of Western Australia (ICWA), provides income support and medical expense coverage for injured workers. Recent legislative reforms have enhanced entitlements, particularly for psychological injuries, which are rising significantly. Prison officers have one of the highest serious claim rates in the country, highlighting the urgent need for improved prevention and return-to-work strategies within custodial settings.

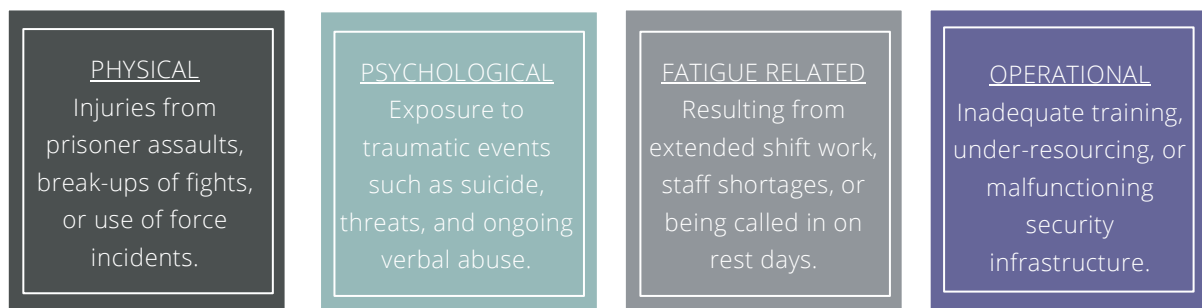
Background

Working in a prison environment comes with a level of risk not typically found in most other workplaces. This is largely due to the unique nature of custodial work, where staff are responsible for managing individuals who may be violent, unpredictable, or in crisis. Custodial staff are tasked with maintaining security, order, and safety within correctional facilities. Daily responsibilities include:

- supervising the daily routine for people in custody including prisoner movements, attendance at activities, and mealtimes
- responding to critical incidents such as fights, medical emergencies, and self-harm
- managing people with complex behavioural and mental health needs
- supporting prisoner rehabilitation and case management.

This work requires constant vigilance, the ability to de-escalate volatile situations, and the capacity to respond quickly to emergencies. It is taxing work both physically and mentally.

The prison environment can expose staff to a wide range of risks, including but not limited to:



Risks can be heightened during times of staffing shortages, overcrowding, or when managing people with complex medical or psychological needs. However, while prisons are recognised as high-risk workplaces, staff should not expect to be injured or traumatised. **Accepting there is risk is not the**

same as accepting harm as inevitable. All employers have a legal duty to provide a safe working environment, even in high-risk settings. This includes:

- proactive hazard identification and risk management
- timely and appropriate incident response
- ongoing training and support for staff
- systems that support early intervention, injury prevention, and fair workers' compensation processes.

Recognising the inherent risks of the custodial environment is not about excusing injuries or psychological harm – it is about acknowledging reality and committing to reducing preventable harm wherever possible.

What is workers' compensation?

Workers' compensation provides financial compensation to workers injured due to their job (WorkCover WA, 2024). Any worker who sustains a work-related injury or illness requiring medical treatment or time off work is eligible to claim workers' compensation, regardless of fault. In Western Australia, WorkCover WA administers the workers' compensation scheme under the *Workers' Compensation and Injury Management Act 2023*. General entitlements include income compensation for medically required time off work, medical and health expenses, workplace rehabilitation expenses, and other costs such as emergency transport or supportive appliances.

ICWA is a statutory corporation and Government Trading Enterprise and is owned by the Western Australian State Government. It assesses, approves, or declines all workers' compensation claims submitted by government agencies.

The workers' compensation system is highly regulated, ensuring fair and consistent compensation while balancing employer and insurer interests. The primary legislative framework includes:

- *Workers' Compensation and Injury Management Act 2023*
- *Workers' Compensation and Injury Management Regulations 2024*
- *Work Health and Safety Act 2020*

On July 1, 2024, Western Australia implemented new workers' compensation laws under the *Workers' Compensation and Injury Management Bill 2023*. A key change was the doubling of the medical and health expense limit from the capped amount of \$75,817 to \$151,634 (Insurance Advisernet, 2024). This reform allows workers to access necessary treatment and support for a longer duration due to the increased cap on reimbursable medical expenses.

Calculation of income compensation payments

Income compensation payments are based on the worker's average weekly earnings 12 months prior to the injury and include their base pay, any overtime if it was consistent or reoccurring, shift penalties, and allowances if they were regularly received. Legislative changes effective from March 2022 under the *Industrial Relations Amendment Act 2021* also allow public sector employees on workers' compensation to access leave entitlements. This means if a public sector worker is on workers' compensation and is due to take annual leave, they may receive their normal income

compensation payment plus annual leave which can appear like double pay. As a result, employees do not forfeit leave accruals or payments due to being on compensation.

In conducting this review, some staff across various business areas expressed concern employees could be seen as engineering these entitlements by working unusually high overtime in the weeks leading up to a workers' compensation claim. In certain cases, claims were reportedly lodged immediately prior to scheduled annual leave, and workers' compensation leave periods were extended to finish after an employee's scheduled leave.

Key Findings

Increasing workers' compensation trends heavily impact prison operations

Psychological injury claims have more than doubled since 2019 and now account for one in four claims. These claims are costlier, slower to resolve and highlight weaknesses in early intervention and return to work support. The overall increase in claims volumes has directly undermined prison operations, contributing to severe staffing shortages, increased lockdowns, restricted prisoner services, and escalating overtime costs. This cycle not only weakens employee rehabilitation but also damages workforce morale and the Department of Justice's reputation as an employer of choice.

The Department faces significant and systemic barriers to address workers' compensation challenges

Despite a dedicated Workers' Compensation Strategy that was launched in 2021 with \$3.9 million in funding, the Department of Justice has struggled to implement its initiatives effectively. Support staff were not placed in prisons as planned, and new systems to manage claims have been delayed. Injury Management Consultants and Workers' Compensation Officers continue to manage excessive caseloads far beyond industry benchmarks. This has resulted in reactive case management, poor communication, increasing delays, mistrust, and widespread perceptions of misuse and systemic dysfunction.

Conclusion

Workers' compensation has become a critical workforce and financial challenge for the Department of Justice, with Western Australia's prison officers experiencing some of the highest serious claim rates in the country. Since 2019, nearly 3,900 claims have been lodged with psychological claims rising significantly and now accounting for a quarter of all claims. Psychological claims are typically more severe, costlier, and harder to resolve than physical injuries. High claim volumes and long recovery times are driving staff shortages, service disruptions, escalating overtime costs, and undermining both staff wellbeing and prisoner rehabilitation.

In response, the Department of Justice launched a Workers' Compensation Strategy in 2021 with targeted funding. However, its implementation has fallen short. Caseloads remain unmanageable, digital systems are underdeveloped, and onsite support is minimal. Communication breakdowns, cultural tensions and mistrust between staff, management, and unions further complicate claims handling, with many seeing the system as more adversarial than supportive. While welfare initiatives have expanded, the absence of a structured early intervention program continues to hinder recovery and return to work outcomes. Without changes to resources, leadership, and workplace culture the Department risks an ongoing cycle of injury, attrition, and operational instability.

List of Recommendations

Recommendation	Page	DOJ Response
Recommendation 1 Review the effectiveness and efficiency of the current workers' compensation and injury management process to develop a model based on industry best practice. Consideration should be given to including: • Reviewing the current functions and structure of the Workers' Compensation Team. • Increasing resourcing within the Workers' Compensation Team. • Introduce Key Performance Indicators for internal bench marking and process improvement within the Workers Compensation Team. • Strengthen injury management support systems to reference WorkCover WA's <i>Workplace Rehabilitation Providers Principles and Standards of Practice</i>. • Establishing a Human Resources Forum for broader strategic oversight of workers' compensation trends and claims positions. • Strengthening support for regional sites through regular Injury Management Consultant engagement and contingency planning. • Implementing an early intervention program to support employees.	5	Supported

1 Basic trends

There has been a considerable shift in the number and type of workers' compensation claims submitted in recent years for workers within the Department of Justice (the Department). In 2019, psychological claims equated to roughly one in every seven claims compared to claims for physical injuries. However, in 2024 psychological claims significantly increased to one in every four workers' compensation claims submitted. The cost of claims has also increased markedly over that time, and compared with national figures, these trends warrant due consideration by the Department to review the effectiveness and efficiency of its workers' compensation and injury management processes to stem these concerning trends.

1.1 Psychological claims are increasing at a significant rate

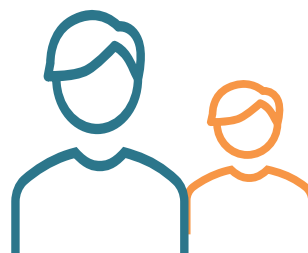
Workers' compensation claims generally fall into two categories: physical or psychological (psychosocial). **Psychosocial hazards** relate to employee interactions, the nature of work, and aspects of work design. These can negatively impact mental health and emotional well-being and causes include experiencing or being exposed to stress, fatigue, burnout, harassment, bullying, violence, aggression, discrimination, or misconduct. **Physical claims** involve bodily harm or illness from a physical cause in the course of employment.

In Western Australia, regulations addressing psychosocial risks took effect on 24 December 2022, following amendments to the *Work Health and Safety Act 2020*. These amendments require businesses to manage psychosocial risks with the same importance as physical hazards.

The recent legislative changes have driven both cultural and procedural shifts within the workplace, aimed at better supporting prison officers. Notably, the Department had already begun addressing psychosocial hazards in the workplace prior to these reforms and was proactively receiving and approving a significant number of psychological injury claims. According to Committee for Economic Development of Australia (CEDA), mental health-related workers' compensation claims are forecast to double by 2030 compared to 2022 levels. This projected increase is largely attributed to the legislative changes and growing awareness of mental health issues in the workplace.

From 2019 to 2023, there was a steady decline in physical claims submitted by staff working within departmental custodial sites. There were 442 physical claims in 2019 and by 2023 this had decreased to 371, or to approximately one physical workers' compensation claim per day. However, in 2024 there was a 27% increase in physical claims, rising to 471.

In contrast, psychological claims have steadily risen since 2019 when just 81 claims were processed. This equated to approximately 15% of all workers' compensation claims that year. This figure more than doubled by 2024 to 170 claims and meant one in every four claims in 2024 were for psychological injuries.



*2023 to 2024
physical claims
increased by 27%
and psychological
claims by 77%.*

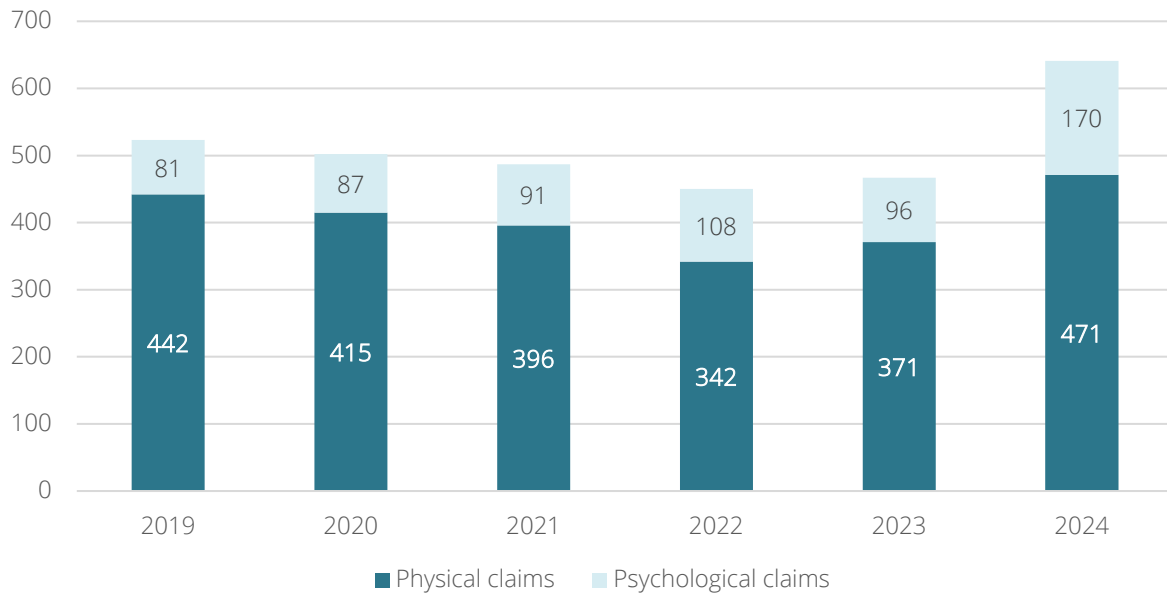


Figure 1 There was a significant increase in the number of claims for both physical and psychological injury/illness in 2024.

Alongside the increase in the number of claims in recent years, the average cost of claims has also increased. Since 2019, the average cost of physical and psychological claims have increased by around 20%. This can be explained, in part, by the increased severity of claims and rising service costs. However, of the claims lodged in 2024, only 26% of psychological claims had been finalised by the end of the year, compared to 43% of physical claims, highlighting a slower resolution rate for psychological injuries. Psychological claims can be more complex, with:

- medium time lost more than four times that of physical injuries
- costs approximately three times higher
- poorer return to work outcomes (Safe Work Australia, 2024).

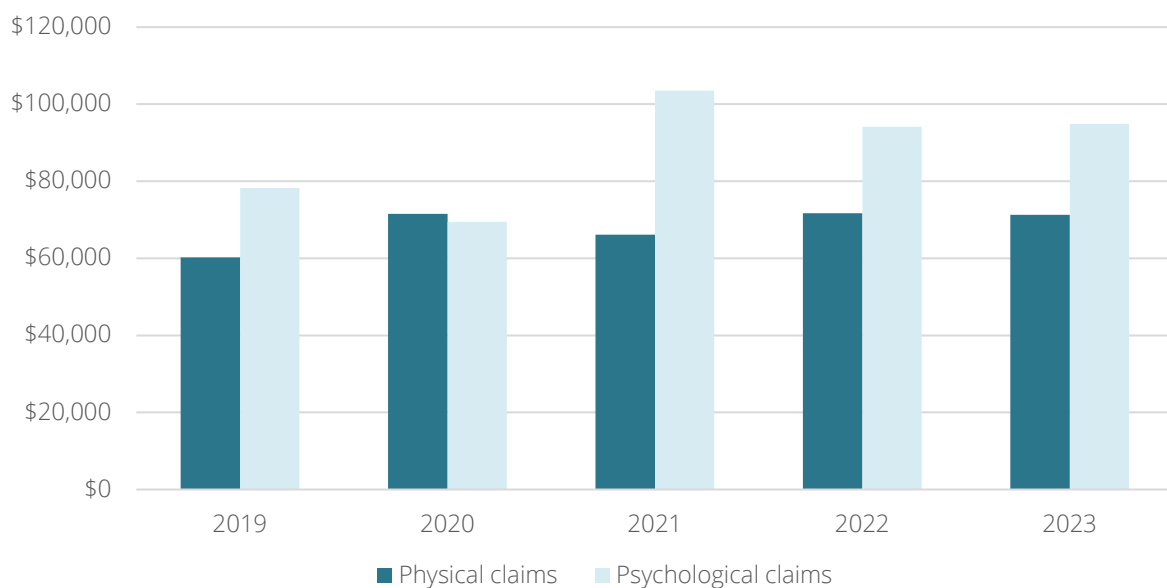


Figure 2 The average cost of physical and psychological claims have increased approximately 20% since 2019.

1.2 Western Australian prison officer claim rates are comparatively high

Each state and territory in Australia has a unique population and workforce composition, making direct comparisons difficult. However, data provided by Safe Work Australia highlights a concerning trend in Western Australia. Prison officers have a serious claim frequency rate of 61.3. This means there were 61.3 serious claims by Western Australian prison officers per million hours worked (using estimates of the working population covered under each state's various workers' compensation schemes) (SWA, 2012). Ranked against other jurisdictions, Western Australia has the fourth highest serious claims frequency rate for prison officers, which is also higher than the national average (53.2), and more than three times higher compared to Victoria (the jurisdiction with a daily average prisoner population closest in size to Western Australia) (Productivity Commission, 2025).

Table 1 The Western Australian frequency rate of serious claims for prison officers is higher than the national average (2018-19 to 2022-23) (Safe Work Australia Stats Online Team, 2025).

Jurisdiction	Prison officers	First responders	All occupations
Tasmania	117.7	42.6	9.4
New South Wales	110.6	60.2	8.0
Queensland	69.8	27.4	8.0
Western Australia	61.3	32.7	5.7
South Australia	29.2	30.6	5.4
Northern Territory	20.4	8.6	4.7
Victoria	19.8	27.7	4.1
Australian Capital Territory	NP	26.9	5.9
Comcare	NP	3.6	2.5
Total	53.2	33.6	6.3

Unsurprisingly, the serious claim frequency rates for prison officers generally are much higher than for first responders and when examined against all occupations: for every serious claim (all occupations) there are 5.3 serious claims for first responders and 8.4 serious claims for prison officers. However, in Western Australia for every serious claim (all occupations) there are 5.7 serious claims for first responders and 10.75 serious claims for prison officers. These figures may be skewed slightly as police in Western Australia are not included in first responders' data. It is the only jurisdiction without a workers' compensation scheme for injured police officers.

In 2022-23 Western Australia had the third highest number of serious claims for prison officers (365). While this was substantially lower than the highest number recorded in New South Wales (1,875), it was again greater than Victoria.

Table 2 The number of serious claims submitted by prison officers in Western Australia has remained roughly stable since 2018-19 (Safe Work Australia Stats Online Team, 2025).

Jurisdiction	2018-19	2019-20	2020-21	2021-22	2022-23	Total
New South Wales	345	405	474	1,293	1,875	4,392
Queensland	229	376	591	638	639	2,473
Western Australia	391	395	348	348	365	1,847
Victoria	160	122	152	178	218	830
South Australia	61	58	61	54	59	293
Tasmania	64	51	45	65	46	271
Northern Territory	19	29	22	23	15	108
Australian Capital Territory	7	13	11	8	10	49

Western Australia also ranks third for median compensation paid to prison officers, at \$36,262, which is nearly double the national average of \$18,999. Western Australia performs slightly better for median time lost (ranking 4th at 14.1 weeks), but this is still about 60% higher than the national average (8.8 weeks). These figures reflect a troubling trend: prison officer injuries in Western Australia tend to be more frequent, costlier, and result in longer absences than several other states.

Table 3 Western Australia prison officer claims ranked fourth for median time lost compared to other states (2018-19 to 2021-22) (Safe Work Australia Stats Online Team, 2025).

Jurisdiction	Median Time Lost (weeks)	Median Compensation Paid
Australian Capital Territory	24.7	\$81,517
Victoria	20.7	\$28,905
Tasmania	16.8	\$54,282
Western Australia	14.1	\$36,262
Queensland	8.1	\$14,618
South Australia	6.8	\$23,997
Northern Territory	5.3	\$17,997
New South Wales	4.4	\$11,484
Comcare	NP	NP
Seacare	NP	NP
Total	8.8	\$18,999

Taken together, these workers' compensation trends in Western Australian prisons are concerning. The following chapters outline the widespread impact of these trends on the Department's workforce and people in custody. This review has found significant and systemic challenges the Department must address in order to curtail these trends.

Fundamentally, there needs to be wholesale reform of the Department's workers' compensation and injury management model to improve its effectiveness and efficiency. There are many specific parts which should also be considered in any review of the model to ensure it meets industry best practice standards.

Recommendation 1

Review the effectiveness and efficiency of the current workers' compensation and injury management process to develop a model based on industry best practice. Consideration should be given to including:

- Reviewing the current functions and structure of the Workers' Compensation Team.
- Increasing resourcing within the Workers' Compensation Team.
- Introduce Key Performance Indicators for internal bench marking and process improvement within the Workers Compensation Team.
- Strengthen injury management support systems to reference WorkCover WA's *Workplace Rehabilitation Providers Principles and Standards of Practice*.
- Establishing a Human Resources Forum for broader strategic oversight of workers' compensation trends and claims positions.
- Strengthening support for regional sites through regular Injury Management Consultant engagement and contingency planning.
- Implementing an early intervention program to support employees.

2 Increasing workers' compensation trends heavily impact prison operations

Leave due to workers' compensation contributes to staffing shortages which reduce prison functionality and restrict access to core services. Since 2019, nearly 3,900 claims have been lodged throughout the Department, with around 30% still open or involving staff not expected to return (1,179). High claim volumes, as recently seen in facilities like Roebourne Regional Prison and Hakea Prison, have resulted in increased lockdowns and reduced access to education, rehabilitation, and health services for people in custody. These disruptions compromise prisoner wellbeing and rehabilitation outcomes. Critical incidents such as deaths in custody, assaults, and self-harm have further compounded staff trauma, correlating with increased injury and disease incidence rates reported by the Department. While not all claims result in long-term absence, the cumulative effect is significant, with operational gaps routinely exceeding relief capacity and requiring costly overtime to maintain basic custodial functions.

For staff, the rising number and complexity of claims, have led to longer absences, higher severity rates, and declining return-to-work outcomes. From 2019 to 2023, the proportion of employees returning within 13 weeks fell, while the average cost per claim increased. An aging workforce and high claim rates among new recruits highlight systemic issues in induction, training, and injury prevention, while regional facilities face added strain due to isolation and limited relief options. The reputational impact of high claim volumes also poses serious workforce retention and recruitment challenges. As such, without systemic reform the Department risks a continued cycle of injury, attrition, and workforce instability.

2.1 The impact on people in custody is pervasive and severe

Workers' compensation has significantly affected the custodial estate, contributing to high levels of leave and staffing shortages (OICS, 2024A; OICS, 2024B; OICS, 2023). The leave taken often exceeds the relief factor built into custodial staff rosters, creating a reliance on overtime (OAG, 2022). This shortage results in an insufficient number of available prison officers, increasing the need for lockdowns and restricting access to services (OICS, 2024A; OICS, 2024B; OICS, 2023). Non-custodial staff on workers' compensation leave similarly impact service delivery to people in custody.

Staff shortages contributed to by high levels of workers' compensation affect every aspect of daily life for people in custody

The Department has endured severe staffing shortages due to multiple factors, including vacant full time equivalent (FTE) positions, sick leave, holidays, long service leave, and workers' compensation. While workers' compensation is only one contributing factor, it has been previously highlighted as requiring attention (OICS, 2023; OAG, 2022). Additionally, ongoing workers' compensation cases, secondments, and staff suspensions are not routinely backfilled and exacerbate workforce challenges.

In 2024, several custodial facilities reported high proportions of staff on workers' compensation. The highest proportion was recorded at Roebourne Regional Prison where 33 claims were approved

among approximately 75 custodial FTE. This equated to approximately 44% of the custodial workforce was on workers compensation.¹



Acknowledging that workers' compensations claims do not all occur simultaneously, the proportions presented above are concerningly high, and given some claims will coincide with other leave forms, they contribute to staff shortages. These shortages have severely impacted the delivery of essential prison services including:

- orientation
- assessment and planning
- education
- recreation
- rehabilitation and reiteration programs
- health care
- family contact
- dynamic security.

The inability to provide consistent access to these services, programs, and activities undermines prisoner well-being and rehabilitation, contradicting the Department's core objectives and leading to widespread service suspensions, delays, and inequities.

¹ The above figures exclude officers who commenced workers' compensation prior to 2024 and had not yet returned to work within the reporting period. They are also a total value. Workers' compensation claims occur at different times and can last for different lengths. Some may result in a few days off work, while others involve long-term or even permanent absence. So, while the total number of claims indicates how many people have been injured or needed time off over a period, it does not mean they were all absent at the same time.

IMPACT ON PRISONERS

Compromised Security Measures



- Reduced intelligence gathering, perimeter checks, and proactive engagement with people in custody.
- Increased risk of contraband movement, violence, and self-harm.
- Lower levels of trust and safety among staff and people in custody.
- A reactive, incident-driven environment due to loss of early intervention opportunities.



Redeployment of Vocational and Support Officers



- Reduced employment opportunities for people in custody.
- Decreased access to accredited training and skills development.
- Lower job satisfaction among VSOs who are unable to perform in their trained roles.
- Increased idleness, which is correlated with higher levels of tension and misconduct within units.

Restricted Prisoner Movement



- Increased lockdowns.
- Limited access to essential services and rehabilitation programs.
- Extended time in cell, contributing to mental health deterioration and unrest.
- Reduced opportunities for meaningful human interaction and routine.

Maintenance and Gardens VSOs



- Escalating infrastructure deterioration and costs as minor issues go unaddressed.
- Missed opportunities for people in custody to demonstrate rehabilitation and readiness for parole.
- Fewer employment and skill-building opportunities for people in custody, directly impacting their post release employability.
- Increased likelihood of reoffending due to lack of real-world skills and routine.

Delays in Assessment Reports



- Prolonged time in higher-security environments than necessary.
- Limited eligibility for parole or reintegration programs due to incomplete rehabilitation plans.
- Institutional crowding and blocked movement through the system.

Mental Health and Psychological Services



- Longer wait times for mental health assessments and treatment.
- Reactive, crisis-driven intervention rather than early support or monitoring.
- Increased mental health deterioration among people in custody, with higher rates of behavioural incidents.

Limited Healthcare Access



- Cancelled medical appointments, including critical follow-ups or chronic condition reviews.
- Greater reliance on emergency care.
- Increased health-related grievances and potential risks to duty of care obligations.

Limited Access to Education and Treatment Programs due to delayed or cancelled courses



- People in custody are unable to meet program requirements attached to their parole or sentence plan.
- Delays in progression to lower-security facilities.
- A weakened rehabilitative culture, affecting long-term recidivism rates.

Voluntary Programs



- Reduced access to culturally specific, therapeutic, or trauma-informed services.
- Decreased opportunities to engage in meaningful personal development beyond mandatory programming.

Disproportionate Impact on Women in Regional Prisons



- Women being confined to units with limited access to programs, recreation, or external engagement.
- Reduced access to gender-specific or trauma-informed support services.
- Greater isolation and institutionalisation.

Faith Services



- Reduced spiritual support access.
- Decreased cultural connection and emotional well being.
- Lower prison moral, particularly during lockdowns or times of personal crisis.

Orientation of New Prisoners

- Reduced or cancelled orientation sessions.
- People in custody entering the system without key safety, rights, or operational information.
- Missed opportunities to identify immediate medical, mental health, or vulnerability concerns.
- Increased incidents in the first days of incarceration, where risk is already heightened.



Cancellation of Visits

- Reduction or cancellation of in person and virtual visit sessions.
- Limiting people in custody's ability to maintain crucial familial and community ties.
- Decreased emotional and psychological wellbeing.
- Limited rehabilitation outcomes, especially for parents with dependent children.



Backlog of Prison Charges

- Delayed investigation and hearing of prison disciplinary charges.
- An erosion of behavioural boundaries and consequences.
- Increased frustration among both staff and people in custody.
- An inconsistent application of prison rules, damaging institutional legitimacy.



2.2 The impact on staff is equally widespread and acute

Correctional employees include not only prison officers but also administrative staff, vocational support officers (e.g., food, laundry, gardens), educators, program facilitators, and medical personnel. Working in a prison environment presents unique challenges, requiring staff to balance security with the rights and dignity of those in custody. Employees must remain vigilant against manipulation or coercion, exposing them to risks of stress, burnout, post-traumatic stress disorder, and other mental health conditions (Roberts, 2024).

Prison officers operate under a 24-hour roster system, typically working 12-hour shifts across a three-week period. Rosters account for annual, personal, and long service leave but do not factor in workers' compensation absences. Consequently, leave taken often exceeds the relief factor, leading to increased overtime costs.

A recent report by the Western Australian Auditor General:

- Workers' compensation, personal leave, and annual leave were the three biggest factors affecting officer availability.
- 20% of leave taken in the 2021 financial year was due to workers' compensation claims.
- 49% of officers had lodged a workers' compensation claim in the 2.5-year period ending December 2020.
- The Department had the third highest number of workers' compensation claims for all government entities, only exceeded by 2 departments which each had substantially more staff (OAG, 2022).

The Department frequently relies on overtime to address staffing shortages caused by vacancies, various forms of leave, absenteeism, and a high volume of workers' compensation claims. Despite offering overtime, many prisons are still unable to secure enough staff to maintain normal operational regimes. Some facilities are functioning significantly below optimal staffing levels, and in some instances, approval has been granted for custodial officers to be offered double-time rates for overtime shifts rather than the standard time-and-a-half as an incentive to increase staffing.

Regional prisons face heightened risks due to their isolation and limited resources, compounding the pressure created by staff shortages. A recent example at Roebourne Regional Prison highlights this issue: during a night shift with only two available officers, four day-shift staff extended into a continuous 24-hour shift to cover emergencies, placing their own safety at risk. Such practices are unsustainable and raise concerns about duty of care to both staff and people in custody.

This ongoing reliance on structural overtime is both costly and unsustainable as a long-term workforce strategy.

Increased severity rate means people are absent for longer

Workers' compensation can be measured through different key metrics. The two most common methods are:

Lost Time Injury (LTI): tracks the number of incidents that result in time off work, providing insight into the frequency of workplace injuries or illnesses that lead to compensation claims.

Severity Rate: measures the overall impact or seriousness of injuries, based on the total number of workdays lost, giving a clearer picture of the severity of claims.

Injuries are generally classified into three categories based on their nature, complexity, and impact. These classifications help guide decisions regarding the level of medical treatment, time off work, rehabilitation requirements and compensation entitlements.

Minor injuries: 1 to 5 days of work being lost

Moderate injuries: 6 to 59 days of work being lost

Severe injuries: 60 or more days of work being lost

Return to work (RTW) timeframes do not always accurately reflect the amount of time a claimant may have off work as it does not include reduced duties or hours. This is because standard RTW metrics are based on full pre-injury capacity rather than modified or restricted work. This is for several reasons including:

- Workers' compensation payments may still apply while an employee is on reduced duties or hours, making it difficult to classify them as 'fully returned to work'.
- RTW statistics to track claim resolution and including modified work can skew the Safe Work Australia national data.
- Measuring only full-duty RTW helps assess whether workers reach full recovery, rather than return too soon on limited capacity.
- The Department may offer alternative duties or reduced hours as part of an injury management plan. However, this does not usually align with the employee's original role.
- Many departmental employees are in physically demanding roles and light duties are not a long-term option.

For example, one claimant who was injured and approved for workers' compensation experienced multiple interruptions to their RTW process. Data shows the claimant returned to work more than four years after their initial injury, however they resumed normal duties on four separate occasions over that four-year period. Each return was followed by a recurrence of symptoms. Eventually, the worker was assessed as having a permanent impairment but remained capable of performing their pre-injury duties. A lump sum payment was made, and the claim was closed.

Increased claim complexity and extended recovery times are compounded by an aging workforce

There has been a consistent rise in the complexity of lodged claims, leading to an increase in the severity rate. From 2019–2023, the percentage of employees returning to work within 13 weeks declined by 27%.

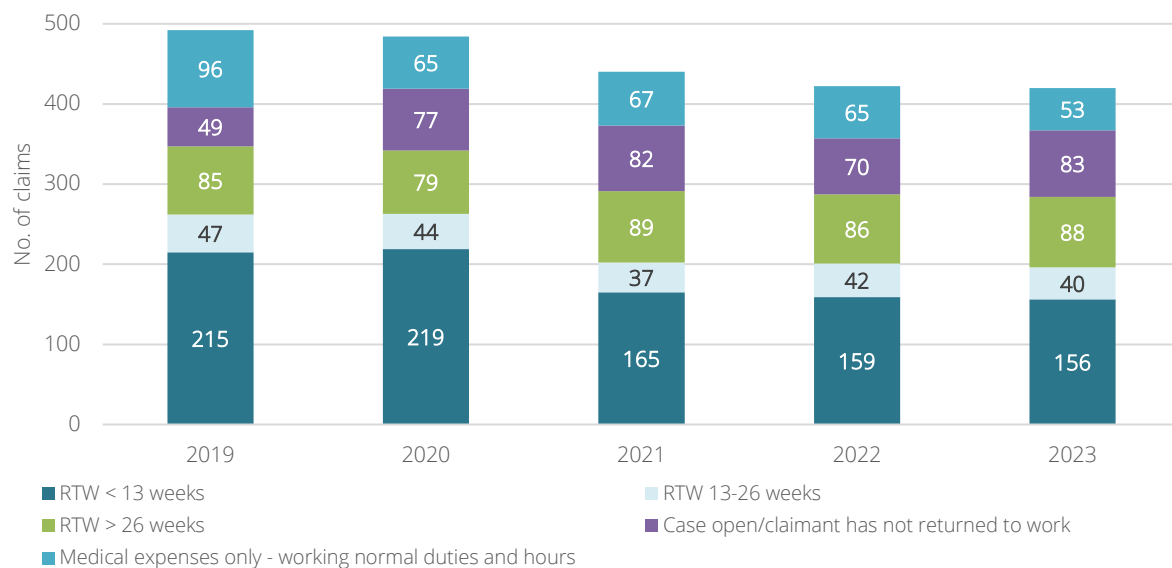


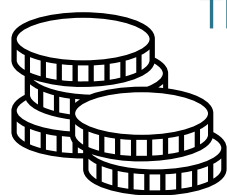
Figure 3 The number of staff returning to work within 13 weeks has decreased since 2019.

Departmental data shows a marked increase in employees requiring over 26 weeks to RTW including claims that remain open (increasing by 28%). This suggests there are more severe injuries, delays in treatment, psychological barriers, and challenges in providing suitable duties for people to return to. At the same time, there have been fewer workers lodging medical expenses only claims.

Further to this, between 2019 and 2024, employees aged 50–59 years submitted the highest number of claims, with claim numbers steadily increasing across all age groups each year. The exception was employees aged 60 and above, where claims began to decline, primarily due to a decreasing workforce in this age group due to retirement and reduced working hours. It is important to note that these trends may also reflect the overall distribution of staff across age groups, which could influence claim volumes proportionally.

- The average cost per claim rose from \$63,136.50 in 2019 to \$76,108.63 in 2023.
- Employees aged 60–69 had the highest average claim cost (\$71,898.88), while those aged 20–29 had the lowest (\$36,121.09).

While an aging workforce contributes to rising workers' compensation liability, it also highlights a significant challenge for the Department, the impending loss of experienced employees due to retirement.



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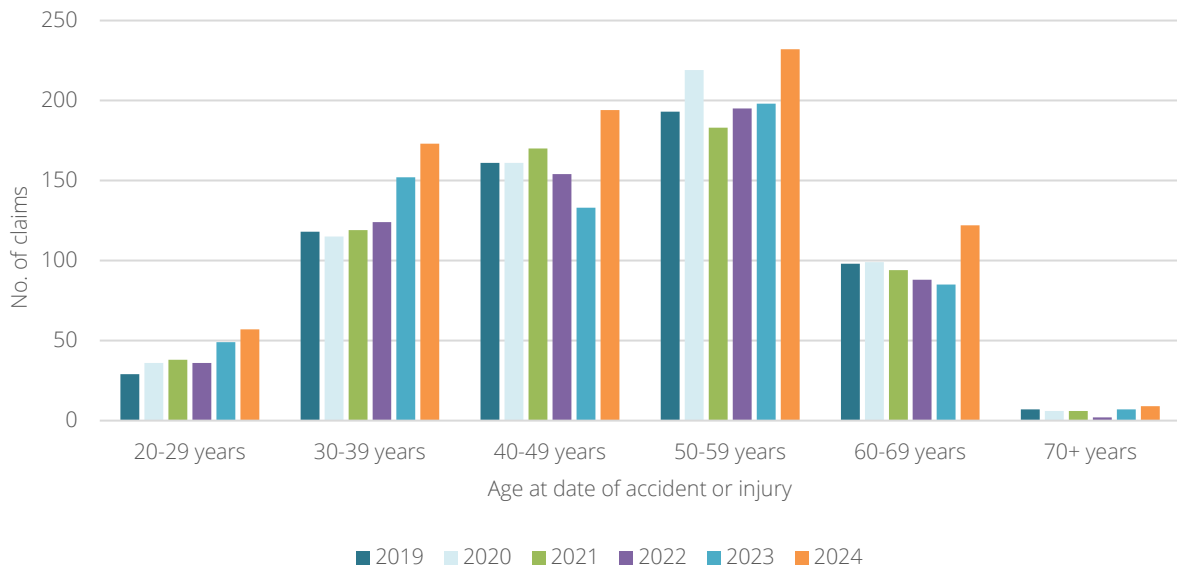


Figure 4 Staff aged between 50 and 59 years submitted more claims each year (2019-2024).

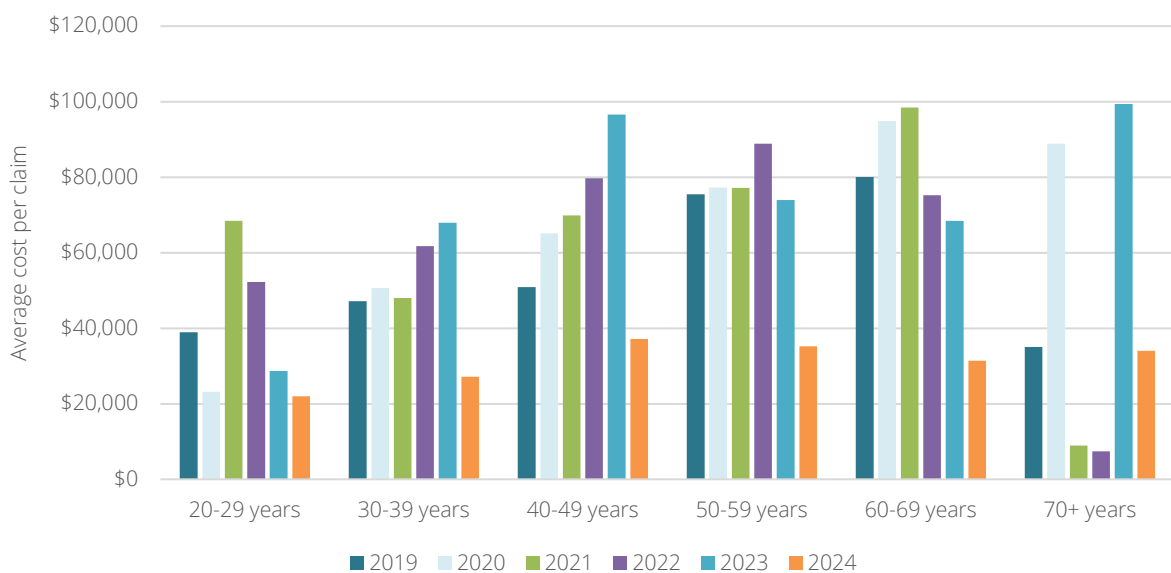


Figure 5 Older staff had higher average claim costs compared to younger employees. ²

² Claim costs are based on information available at the commencement of this review which did not include the full year for 2024. As such, the data for 2024 appears lower than previous years as fewer claims had been closed at the time of data collation.

High proportion of claims occur within 12 months of commencing employment

We found a concerning pattern revealing over **36% of workers' compensation claims from 2019 to 2024 were submitted by staff within their first year of employment**. In 2019, the proportion was even higher; more than 55% of all claims, and 70% of psychological claims, were lodged by new employees.

The Department's recruitment team advised us no major changes in recruitment practices account for this spike. Departmental representatives have since advised some of the physical aptitude elements for prison officer recruitment have been amended since 2019 and these changes might, in part, explain some of this pattern. An examination of this issue is beyond the scope of this review, but it raises questions about these changes and the adequacy of training and preparation for new staff and the robustness of induction processes. It also suggests a need for targeted early support to equip new employees for the unique demands of custodial work.³

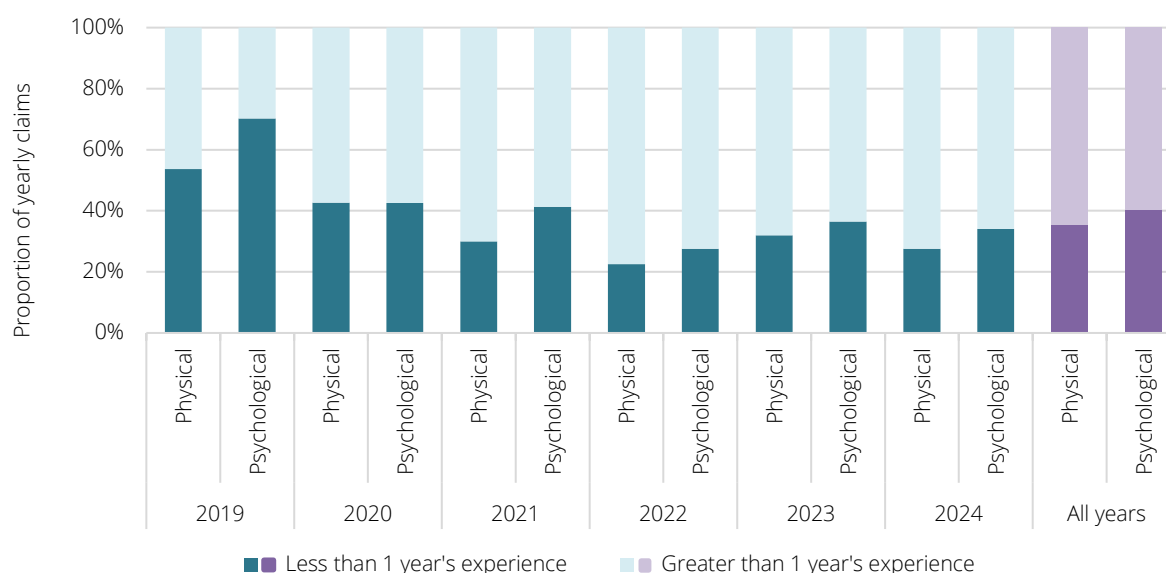


Figure 6 A significant proportion of yearly claims were for employees with less than one year's experience.

Managing long-term incapacity and medical retirement

While not frequently pursued, the Department may, in accordance with relevant legislation and departmental policy, initiate a medical retirement process for employees who, after a prolonged period on workers' compensation, are assessed as unable to return to their substantive role or perform the inherent requirements of their position. While there is no automatic threshold for medical retirement based solely on the duration of workers' compensation leave, extended

³ It was later advised during a debrief to the Department of Justice that the physical fitness standards, which form part of the prison officer recruitment process, were adjusted approximately three years ago.

absences (such as 12 months or more) may prompt the Department to assess the employee's capacity to return to work and consider medical retirement if appropriate. This process is managed by the Department's Employee Relations team and involves formal medical assessments and consideration of all reasonable return-to-work and redeployment options prior to any decision being made.

Reputational risks to the Department

The Department's reputation as an attractive employer is at risk due to the high number of workers' compensation claims and the flow on impact of staff shortages. Western Australia's population is relatively small with only a limited number of people qualified, or willing to work in custodial and related roles. If injuries remain common and injured workers feel unsupported, this may impact on the Department's ability to attract and retain qualified staff. The flow on impacts creates a self-perpetuating cycle: reduced staff leads to overwork and stress, increasing injury rates and workers' compensation claims, further weakening the workforce and damaging morale. Proactive reforms are needed to break this cycle and build trust in the Department as an employer of choice.

As part of this review, ICWA advised us the Department is not unique in the volume or nature of workers compensation claims it receives. This was particularly given the high risk environment in which departmental staff operate, characterised in part by exposure to stress, violence, and unpredictable situations.

Like other frontline roles, custodial work takes place in closed settings where strong team bonds and a sense of camaraderie are essential for resilience and performance. However, some employees report feeling significantly better during extended periods away from the workplace which can impact on RTW outcomes. A reduced motivation to return can prolong recovery times and act as a barrier to successful reintegration. Strengthening workplace injury management support systems will be critical for the Department in improving RTW outcomes.

3 The Department faces significant and systemic barriers to address workers' compensation challenges

The Department has recognised workers' compensation is a critical workforce and financial issue, prompting the introduction of a dedicated strategy in 2021 supported by \$3.9 million in targeted funding. While the strategy aimed to reduce injury-related absenteeism through improved resourcing, systems, and early intervention, its implementation fell short. Resourcing was increased, but high caseloads, combined with communication breakdowns, and limited on-site presence have contributed to delays, dissatisfaction, and mistrust among staff and management.

Importantly, employee welfare has expanded mental health support and peer programs, responding to a record number of critical incidents in 2024. However, the absence of a structured early intervention framework, which is increasingly common in other sectors, continues to hinder recovery and return-to-work outcomes.

3.1 The Department has identified workers' compensation as a significant issue

Prior to 2021, the Department conducted several reviews into its growing workers' compensation costs, which were placing pressure on the Department's budget, especially due to high overtime expenses (DOJ, 2021). These reviews highlighted the ongoing and increasing impact of workers' compensation claims on both staffing and finances. In response, the Department sought and received \$3.9 million in additional funding during the 2021-2022 budget process. This funding was allocated to implement the Workers' Compensation Strategy (2021-22 to 2023-24).

Unfortunately, the Workers' Compensation Strategy faced significant setbacks due to unforeseen and traumatic workplace events, a rise in staff assaults, self-harm incidents and prisoner suicides. While the strategy included a risk register, it did not anticipate the intensity or frequency of these events. As a result, the Department experienced an increase in the severity and complexity of claims, compounding the challenges the strategy was intended to address.

A well-developed strategy that has failed at implementation

The Department identified several key issues contributing to the rising cost of workers' compensation, including (DOJ, 2021):

- Use of work health and safety (WHS) and workers' compensation systems for workplace grievances – Employees were utilising these mechanisms to address disputes or dissatisfaction.
- Delays in WHS and workers' compensation investigations – Leading to prolonged claim processing.
- Limited role clarity at work sites – Contributing to miscommunication and inefficiencies.
- Delayed reporting of workplace issues – Reducing opportunities for early intervention.
- Inadequate hazard identification and management – Resulting in preventable incidents.
- Resource shortages – Including a lack of management training, WHS coordinators, an electronic reporting system, and quality data.

- Insufficient investment in mental health programs – A lack of trained support staff and targeted initiatives.

Consequently, the strategy it developed marked an important and necessary shift. It signalled a clear organisational commitment to tackling a long-standing issue and secured targeted funding to back this intent. The strategy focused on:

- Reducing absenteeism caused by injuries, with a bold 30% target, showing a strong intention to make meaningful change.
- Improving resources, such as staffing, systems, and reporting tools, to better manage claims and identify risks early.
- Addressing root causes of injury-related absences, like poor communication, lack of mental health support, and slow claim processes.
- Introducing surge resourcing, which helps reduce pressure on existing staff when others are off work due to injury.

Funding was allocated to employ four additional Injury Management Consultants (IMCs) and six additional Safety and Risk Officers (Workers' Compensation Officers - WCOs). These staff were to be deployed to high-risk sites (Bandyup Women's Prison, Casuarina Prison, Hakea Prison, and Banksia Hill Detention Centre) to provide targeted, proactive injury management support. However, we were advised these roles were not embedded at custodial sites as intended with all staff remaining centrally based. Only recently have site visits commenced, and they remain limited.

Casuarina Prison: Weekly IMC visits occurred between August and October 2024, but were paused due to office space issues caused by building renovations. Visits were expected to resume (one day per week) from late March 2025.

Bandyup Women's Prison: Weekly IMC visits recommenced in mid-March 2025 (one day per week).

Hakea Prison and **Banksia Hill:** There are plans to begin visits, but at the time of writing these were on hold until a current IMC vacancy was filled.

The Department also introduced a new digital system as part of a two-pronged approach to reduce WHS incidents and manage workers' compensation claims. The system includes SolvSafety – for reporting workplace safety hazards and incidents, and SolvInjury – for tracking and managing workers' compensation claims.

While SolvInjury offers improved reporting functionality, it lacks automated workflows, limiting its practical value for day-to-day case management. Implementing the proposed e-claims portal has also been delayed due to unresolved privacy concerns. This is despite other government agencies with similar confidentiality mandates adopting the system for its benefits, including streamlined submissions, quicker assessments, and greater transparency. Given existing resourcing constraints at the Department, the rollout could strain an already stretched team. Although the system may offer long-term advantages for all stakeholders, there is a risk that without proper support, it could exacerbate workload pressures rather than alleviate them.

The strategy also proposed a dedicated human resources forum to review workers' compensation trends and claim positions. However, this forum has not been convened. Instead, monthly

operational meetings between the Employee Relations and Workers' Compensation teams review declined claims, claims with exhausted entitlements, and referrals to the Medical Board.

The recent resignation of the new Manager, who at the time of this review was unaware of the strategy, further exposes a lack of strategic continuity and handover. While this is not a personal criticism, it highlights a broader gap in governance and follow-through within the Department.

Although the Department demonstrated foresight and strategic intent in developing the plan, ineffective implementation has undermined progress. Without stronger execution and accountability, key outcomes such as reduced injury claims and safer workplaces will remain unachievable.

3.2 Workers' compensation team resourcing is inadequate, and caseload is unmanageable

The workers' compensation team currently comprises 19 FTE, including a Manager, a Senior WCO, eight WCOs and nine IMCs (although 1 of these positions was vacant and another temporarily vacant due to long-term leave). These positions include the 10 additional staff who were integrated as part of the strategy action plan and are now permanent.

Despite its size, the team's workload is unmanageable. The WCOs are responsible for the administrative and compliance components of claims. Each WCO manages about 110 files and provides quality assurance, liaison with worksites, and preliminary investigations. Similarly, IMCs, who are qualified allied health professionals responsible for direct engagement with claimants and medical providers, each manage approximately 90–100 active cases.

While the roles of IMCs and WCOs are distinct, there is significant overlap. IMCs are permitted to perform WCO functions, but not vice versa. IMC caseloads are allocated based on the employee's prison location, whereas WCO caseloads are split alphabetically. This structure can result in inefficiencies, including double handling where a request must pass through a WCO before reaching an IMC, and then the employee, employer, or medical provider. It suggests an alternative team structure may lead to better claim outcomes.

The team also faces cultural and operational challenges, including workload pressures and role clarity issues. High staff turnover has contributed to a loss of specialised knowledge, which has impacted team cohesion and service consistency. These challenges underscore the need for strengthened leadership, clearer expectations, and targeted workforce development to build a more resilient and supportive team environment.

ICWA has acknowledged a notable increase in both the volume and complexity of workers' compensation claims originating from the Department. In response, ICWA has expanded its dedicated claims management team from six officers to twelve plus two team leaders, to better address the growing caseload. ICWA assesses all claims on an individual, evidence base, ensuring each case is managed according to its specific circumstances, highlighting the importance of a streamlined and well-resourced internal team to support effective coordination.

Resourcing constraints perpetuate the cycle

Despite improved claim intake processes, long-term and psychological injury claims remain difficult to manage. The volume and complexity of claims now routinely exceed internal capacity. A single IMC managing 90–100 cases significantly exceeds best practice benchmarks. For instance, at North Metropolitan Health Service (NMHS), IMCs typically manage 50 claims. The overload results in reactive case management. As such, critical gaps can emerge because there is no time to analyse injury patterns or hotspots. It also limits scope for site-based initiatives to address root causes and means minimal collaboration with prison managers to reduce repeat incidents. Ultimately, it delays the finalisation of claims, which in turn:

- prolongs uncertainty for injured employees
- leaves operational vacancies unfilled
- erodes supervisor confidence in rostering and team planning.

The resourcing constraints perpetuate the cycle. For example, current initial assessments may lack sufficient depth to identify cases where staff are unlikely to return due to psychological, motivational, or medical barriers. Without this insight, opportunities to pursue early resolution or redeployment are missed. Similarly, resourcing constraints have reduced the capacity for clear and consistent communication between the central team and custodial sites, especially regional locations. This leads to poor visibility of an employee's recovery and return trajectory. It can also mean a lack of or conflicting updates to claimants, and delays in site engagement due to travel constraints or unclear points of contact.

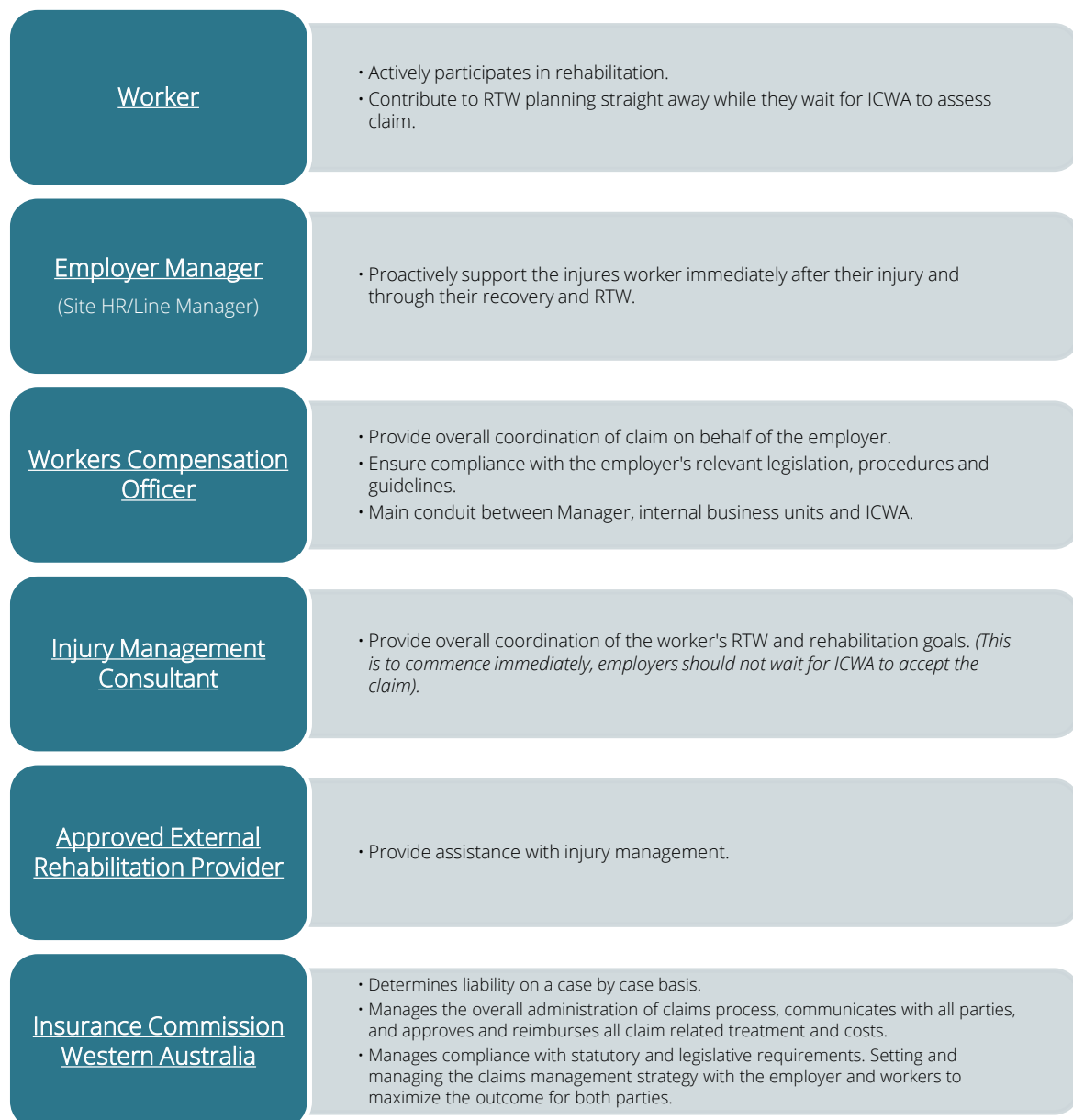
Due to the current workload pressures and team structure, claimants often receive minimal direct engagement from their IMC. When a claim is first lodged, claimants typically receive an email identifying the IMC overseeing their case, often sent by a WCO, with little to no follow up via phone or face-to-face contact. This lack of proactive communication contrasts with research, which consistently shows early and active injury management is a key factor in improving RTW outcomes and reducing claim durations (Monash University, 2024).

To strengthen internal accountability and enhance performance, the Department could introduce internal performance indicators aligned with industry benchmarks. This would provide measurable metrics to monitor progress, identify systemic barriers, and drive improvements in service delivery.

3.3 Barriers from bi-directional workforce culture

Managing a workers' compensation claim within the Department involves coordination between a wide range of stakeholders. These include the injured employee, their line manager and site Human Resources team, the WCOs and IMCs, external rehabilitation providers, and ICWA. For the claims process to function effectively and deliver timely, supportive outcomes, each party must communicate clearly, consistently, and in a timely manner.

Figure 7 There are many stakeholders with various roles and responsibilities involved in managing a workers' compensation claim.



However, in practice this coordination has often been strained. Breakdowns in communication, unclear responsibilities, and conflicting expectations have created frustration across the board. Site management, colleagues, injured staff, and even members of the head office workers' compensation team have expressed dissatisfaction with how claims are managed and how support is delivered. **Delays, miscommunication, and a lack of shared understanding contribute to a cycle where no group feels heard or adequately supported. No one thinks the current system is working.**

These challenges are further complicated by the strong union presence within public prisons. Unions play a vital role in advocating for staff safety and wellbeing. When employees feel their work, health and safety concerns are not being addressed, union representatives may recommend lodging a workers' compensation claim to access entitlements and support. While this is a legitimate pathway, it can sometimes reflect broader workplace tensions rather than purely injury-based

needs, further blurring the purpose and intent of the claims process. As part of this review, we were provided with a copy of an advice brochure on workers' compensation which had allegedly been provided to staff at one prison. This form strictly advises the employee not to grant the Department permission to contact their treating general practitioner. We were also advised staff who were union members were encouraged to notify their union of any workers' compensation claims.

Such practices, if not managed well, have potential to promote an adversarial approach and could delay the Department's ability to access timely medical information, complicate claim management and RTW planning, and contribute to a growing sense of mistrust between the claimant and the employer.

There is a strong perception everyone is doing the wrong thing

There is increasing recognition, highlighted in the Strategy Action Plan, that some employees may perceive the system as a pathway to resolve grievances, not just injury recovery (DOJ, 2021). Even if these cases are rare, such perceptions create mistrust and weaken confidence in the system.

Site managers may suspect misuse, believing employees are seeking time off or escalating disputes. Colleagues may see inconsistencies in how claims are managed. Injured employees often feel disbelieved or under surveillance. WCOs and IMCs, meanwhile, are left navigating a complex web of competing narratives. The cumulative effect creates an environment where many believe 'everyone else is doing the wrong thing.'

Legally valid entitlements can also appear at odds with the goal of recovery. For example, employees on workers' compensation are allowed to travel, domestically or internationally, if it does not impede treatment. However, poor communication around these absences has generated suspicion. One case we were told involved a claimant relocating from Western Australia while submitting medical certificates. They ultimately resigned and while this was within their legal rights, it was damaging to perceptions of fairness and trust. Without clear rules, good communication, and efforts to rebuild trust, it is likely to be almost impossible to manage workers' compensation claims fairly and effectively.

Push to rebuild trust

The Department has made efforts to restore trust between claimants and injury management staff. A key barrier identified was the lack of personal connection between claimants and their assigned IMCs. To address this, the workers' compensation team has introduced several initiatives:

- **IMC Introductions:** On acceptance of a new claim, employees now receive a detailed introduction to their assigned IMC, including their background and experience.
- **Claimant Surveys:** Feedback is gathered through three targeted surveys (at claim initiation, nine months, and on conclusion) to evaluate and improve service delivery.
- **IMC Site Visits:** Visits to selected custodial sites have been implemented to increase face-to-face engagement. This personal approach helps humanise the process, reduce misunderstandings, and demonstrate a genuine commitment to RTW planning.

Discussions with Human Resources staff at a metropolitan prison indicate the regular, on-site presence of an IMC has positively affected staff RTW outcomes. Employees have reported feeling

more supported and understood, noting face-to-face engagement with the IMC has strengthened communication and built trust in the process.

In contrast, at a metropolitan prison where an IMC is not based on site, there appears to be a significant level of mistrust between employees and head office staff. As a result, many workers' compensation claimants from this location have opted to engage with external rehabilitation providers. At this site, a Human Resources officer has been designated as an Employee Welfare Officer, with a primary focus on supporting staff on workers' compensation. According to this officer, most employees respond positively when they feel genuinely heard and approached with empathy.

Regional sites continue to report gaps. Roebourne Regional Prison noted IMCs have not visited since December 2023, despite multiple unresolved cases. A recent request for support was also declined due to staffing shortages. Claimants at Roebourne have reported difficulties reaching their IMC during leave periods, with no interim contact provided. Although claims are reallocated during staff absences, there is little to no proactive outreach, leaving claimants feeling abandoned.

3.4 Employee welfare can address some of the challenges of workers' compensation but there is no early intervention

Recognising the psychological impacts associated with the nature of its work, the Department has established an Employee Welfare Team dedicated to providing support for employees across the Department. The team includes one principal psychologist, two psychologists (soon to be 3), and two employee welfare officers. Their key responsibilities include:

- developing and implementing the Strategic Mental Health Framework
- providing support and guidance to managers and employees on mental health matters
- overseeing the Staff Support Program in prisons and detention centres
- managing the Employee Assistance Program contract
- offering guidance and response following potentially traumatic events
- coordinating the corporate health and wellbeing program.

In 2024, employee welfare staff responded to 34 potentially traumatic events, double the preceding five-year average. They also supported staff following 10 deaths in custody, compared to an average of six annually. In 2024, the Department also funded 50 private psychological treatment agreements, a sharp increase from the previous average of eight.

Employee welfare also doubled its training delivery for Staff Supporters in 2024 compared to previous years. As a result, 33 new Staff Supporters were recruited and trained, and 29 existing Staff Supporters received refresher training. The peer-led Staff Support Program now includes over 220 trained volunteers across various custodial and administrative roles, offering confidential support to colleagues following workplace stress or trauma.

While these are positive initiatives, the Department lacks a structured Early Intervention Program (EIP) to respond immediately to emerging injuries. This contrasts sharply with industry practice.

Early intervention programs are business as usual within industry

At Acacia Prison, operated by Serco, a single Injury Management Advisor manages all cases, approximately 30 at the time of writing. Serco has also implemented a proactive EIP which is available to employees for both work-related and non-work-related injuries. Key features of the program include:

- 24/7 nurse triage
- access to doctors, psychologists, and physiotherapists experienced in occupational rehabilitation
- up to 4 free consultations with each provider
- medical imaging and basic treatment costs covered
- no interference with workers' compensation rights.

Employees retain their right to lodge a claim, and medical providers are trained in return-to-work strategies. Many workers continue care with the same provider after transitioning to a claim, improving continuity and trust. The program also covers non-work-related injuries, aiding in the prevention of the escalation into formal claims. While difficult to quantify, Serco reports this model has reduced claim volume and improved staff satisfaction.

A similar approach has been adopted by NMHS, which allows employees to access up to three physiotherapy or psychological sessions for work-related injuries without needing to initiate a workers' compensation claim. Importantly, employees retain the right to pursue a workers' compensation claim at any time. NMHS representatives advised us:

- approximately 9% of employees offered EIP choose to participate
- roughly 10% proceed directly to a workers' compensation claim
- of those who opt into EIP, around 9.3% eventually transition to a formal workers' compensation claim.

In addition to early intervention, we were advised IMCs at NMHS conduct a comprehensive initial assessment for every claim which is sent to ICWA prior to liability determination. This includes evaluating risk factors and barriers to return to work including injured worker considerations and workplace influences. It also identifies risk of secondary psychological injury which may benefit from early treatment. This approach provides early insight into recovery likelihood and informs early strategy or redirection discussions where needed.

ICWA advised us the NMHS team manages workers' compensation claims to a very high standard. However, it was noted that such practices are not consistently implemented across other government agencies or departments, where injury management processes may vary significantly in quality and rigour.

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Appendix B Acronyms

Term	Expansion of Abbreviation
DOJ	Department of Justice
EAP	Employee Assistance Program
EIP	Early Intervention Program
FTE	Full-Time Equivalent
ICWA	Insurance Commission Western Australia
IMC	Injury Management Consultant
NMHS	North Metropolitan Health Services
OAG	Office of the Auditor General
OICS	Office of the Inspector of Custodial Services
OSH	Occupational Safety and Health
RTW	Return to Work
VSO	Vocational Support Officer
WA	Western Australia
WC	Workers Compensation
WCO	Workers Compensation Officer
WHS	Work Health and Safety



Response to Review:

Workers' Compensation Trends in WA Prisons

September 2025

Page 1 of 4

Response Overview

On 13 December 2024, the Office of the Inspector of Custodial Services (OICS) announced the commencement of a review titled *Workers Compensation Trends in WA Prisons*, which would examine workers' compensation claims trends, its impact on prisoners and if there are any barriers to the timely resolution of workers' compensation claims and return-to-work outcomes.

To assist with the Review, the Department of Justice (the Department) provided a range of documentation and facilitated OICS' access to the necessary systems, custodial facilities, staff, or prisoners required for this Review.

On 28 July 2025, the Department received the draft report which raised one recommendation for review and comment, which was supported.

A detailed response to this recommendation can be found below.

Response to Recommendations

1 Review the effectiveness and efficiency of the current workers' compensation and injury management process to develop a model based on industry best practice. Consideration should be given to including:

- Increasing resourcing within the Workers' Compensation Team.
- Introduce Key Performance Indicators for internal bench marking and process improvement within the Workers Compensation Team.
- Strengthen injury management support systems.
- Establishing a Human Resources Forum for broader strategic oversight of workers' compensation trends and claims positions.
- Strengthening support for regional sites through regular Injury Management Consultant engagement and contingency planning.
- Implementing an early intervention program to support employees.

Level of Acceptance:	Supported
Responsible Division:	Corporate Services
Responsible Directorate:	Human Resources

Response:

The Department is legislatively required to have a documented injury management system (IMS) which outlines the steps taken to support injured workers' recovery and return to work.

The Department engaged a consultant in June 2025 to review the effectiveness and efficiency of current workers' compensation (WC) and injury management practices and make recommendations to improve the Departments IMS.

The review will:

- Examine current processes and procedures to ensure compliance with legislative requirements.
- Identify gaps in current policies, procedures and processes and propose how these can be addressed.
- Development of foundational pieces of the IMS, including:
 - A process map of the life cycle of the WC claims process.
 - A list of the required supporting standard operating procedures.
- Identify relevant policy, procedure and process changes required to promote early intervention and proactive injury management.
- Propose improvements to documentation, checklists and document control to ensure effective and efficient communication practices

The findings of this review will inform the further development of the Department's IMS inclusive of the following considerations:

- Increasing resourcing for the Workers' Compensation and Injury Management Team (WCIM).
- Introducing key performance indicators and other relevant measures for internal bench marking and process improvement within the WCIM Team.
- Strengthening injury management processes, information, templates, team induction/onboarding and systems.

- Strengthening support for all sites, including regional areas, through regular Injury Management Consultant engagement and contingency planning.
- Implementing early intervention actions and communication to support injured workers to understand the recovery at work process and actively engage in the process.

Corrective Services has also commenced implementing a number of initiatives at an operational level to address workers compensation claims across the custodial estate.

A taskforce to address workers compensation claims specifically at Banksia Hill Detention Centre (Banksia Hill) was established in February 2025 under the guidance of an external consultant to provide advice and guidance on improving workers compensation matters on site. A number of strategies have been identified and implemented, including but not limited to recommending alternative approaches for liaising with injured workers as well as the Insurance Commission of WA, and redefining the reasonable expectations for an injured worker transitioning back to duty.

As a result of these strategies, Banksia Hill has seen a noticeable reduction in the number of workers compensation claims. This has resulted in the number of return-to-work positions available, reserved for injured workers on transitional duties, to a total of six FTE. Corrective Services is now assessing the feasibility of rolling out the revised WC processes established at Banksia Hill to the wider custodial estate.

Furthermore, monitoring of the workers compensation rate at Hakea Prison (Hakea) has been ongoing by the Hakea Safer Custody Taskforce (HSCT), resulting in a number of improvement actions implemented on site. Actions include the introduction of a HR Coordinator and Injury Management Consultant positions on site to manage workers compensation claims, revisions to return-to-work structures and placements, and greater consultation with the WCIM Team and the Insurance Commission of WA. This has resulted in Hakea's workers compensation claims reducing by up to 20% since these actions were implemented by the HSCT.

Plans are also underway to increase the number of Work Health and Safety representatives at all custodial facilities across the estate to ensure work-related incidents and hazards can be identified and reported more frequently in order to provide a safer working environment for staff and the people in their care.

Appendix D Methodology

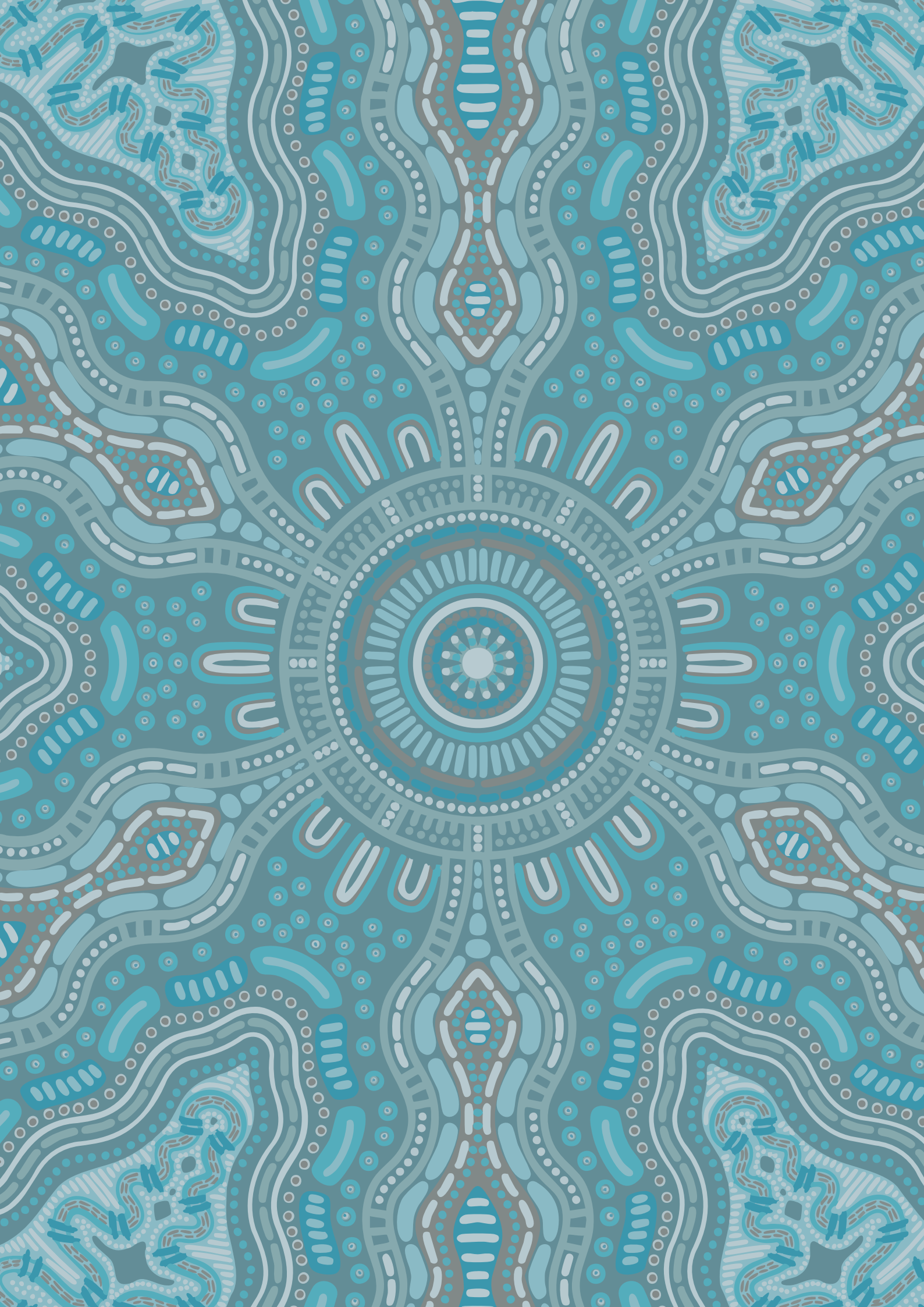
Data sets for this review were obtained from the Department of Justice's (the Department's) offender database through front end reports and a series of extractions using SQL Server Management Studio. We also used a series of pre-constructed reports from the Department's Reporting Framework and from the offender database.

As part of this review, we also examined departmental documentation including policy and procedures and held various meetings with departmental representatives and external stakeholders about key areas of inquiry. A preliminary briefing was delivered to the Department on 26 June 2025.

A draft version of this report was sent to the Department in July 2025 for comment and to respond to the recommendation. A formal response was received from the Department on 22 September 2025, as shown in Appendix C.

This report was a review of a custodial service in accordance with Section 22 of the *Inspector of Custodial Services Act 2003*.

Key dates	
Review announced	13 December 2024
Field work	December 2024 – June 2025
Draft report sent to Department of Justice	28 July 2025
Response received from Department of Justice	22 September 2025
Declaration of prepared report	13 October 2025



*Inspection of prisons, court
custody centres, prescribed lock-
ups, youth detention centres, and
review of custodial services in
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