Appendix 3 Development of Round 3 materials

Step 1 – Microsoft Co-Pilot analysis of Round 2 Response Spreadsheet Data

✅ Done — Actionable implementation strategies (by the 5 Delphi sections) 🚀

I reviewed the **qualitative comments in Tabs 6–7** and aligned them with the **Round 2 quantitative "consensus strength"** (based on the % rating **7–9**) across **Tabs 1–5**. Below are **practical, implementable strategies** you can directly translate into an intervention/resource prototype and implementation plan.

Quick note on "consensus" used here: I treated **≥70% rating 7–9** as indicating "consensus-level support" (common in e-Delphi work). If your protocol uses a different threshold (e.g., 75% + IQR rule), tell me and I'll realign the classification.

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1) Nature of resources (Tab 1) 🧩

Items with strongest consensus signal

- **Structured Exit Framework — handover pack** (77.6%)
- **De-medicalisation focus / identity shift** (75.5%)
- **Actionable "how-to" content (not just info)** (73.5%)
- **Literacy & accessibility / multi-format design** (85.7%)

Implementation strategies (actionable)

- **Build a structured "Exit Framework"** as a *standardised workflow*, not just a document:
  - One-page **Exit Checklist** (what happens now → next 30/90 days)
  - **Handover Pack** with: red flags, self-management plan, service contacts, what to do if symptoms flare, "who does what next"
- **Design the resource as modular + bite-sized** (strong theme from Tabs 6–7: "too paperwork heavy", "workers won't read long documents"):
  - Core pack = **short + essential**
  - Optional modules = deeper info for those who want it (choice/autonomy theme)
- **Embed de-medicalisation language deliberately**:

    - Replace “patient/claimant” framing with “person returning to life/work” framing
    - Include practical prompts: “what I can do”, “my routines”, “my supports”
- **Accessibility by default** (not as an add-on):
    - Plain language + visual summaries + audio version + large print
    - Consider *digital literacy and ageing workers* (explicitly raised in Tab 6)

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2) Content of resources (Tab 2) 📚

Item with clear consensus signal

- **Stigma & disclosure management scripts** (73.5%)

Implementation strategies (actionable)

- **Create legally compliant disclosure guidance** (critical qualitative caveat from Tab 7: employers cannot ask about prior compensable injuries):
    - “What you can say” scripts
    - “What you don’t need to disclose” clarification
    - Scenario examples (new job, returning to workforce, explaining a gap in employment)
- **Balance value vs overwhelm** (major cross-cutting theme):
    - Use **layered content**: summary first → details second
    - Keep the “core pack” short; move complex system navigation into optional modules
- Add “high-demand” practical content implied by comments:
    - **Financial reality** tools (budget template, lump sum vs weekly trade-offs, neutral referral pathways)
    - **Welfare/Medicare navigation** module *only as step-by-step checklists* (not dense policy text)
- **Include lived experience** as optional: short vignettes to normalise uncertainty (without bloating the core resource)

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3) Responsibility for delivery (Tab 3) 🏛️

Item with strongest consensus signal

- **Regulator stewardship / neutral oversight** (75.5%)

Implementation strategies (actionable)

- **Create a governance + commissioning model** (raised directly in Tab 6: regulator oversight yes, but may need outsourcing):

    - Regulator = **steward/owner of standards + neutrality**
    - Content = **commissioned** to evidence-informed experts (with regulator QA + version control)
- **Publish a role-clarity map (RACI)** to resolve the recurring "who does what" concern:
    - Who authors? who funds? who distributes? who updates? who explains to the worker?
- **Minimise employer burden — but add a supervisor resource** (Tab 6 explicitly requested this):
    - A **Supervisor/Manager companion guide** focused on *psychological* + *cultural reintegration*, not just restrictions
- **Skill-building / training package for delivery agents** (Tab 7: counsellor training; also clinician capability concerns):
    - Short training + scripts/checklists for consistent messaging
    - Integrate scripts into existing billing/touchpoints where feasible (suggested in Tab 6)

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4) Method of delivery (Tab 4) 📦

Item with clear consensus signal

- **"Exit Care Package" tangible bundle** (75.5%)

Implementation strategies (actionable)

- **Default model = tangible "Exit Care Package"** at settlement/closure:
    - Short guide + contacts + next steps (symbolic + practical)
- **Multi-channel delivery (simple core + optional depth)**:
    - Tangible pack first
    - Online hub second (for optional deep dives, service directory, accessible formats)
- **Triage-based human support** (qualitative theme: tailored support for complex cases, but not for all):
    - Human-centred "exit conversation" for complex/high-risk claims
    - Light-touch pathway for straightforward claims
- **Booster check-ins** (valued but funding tricky — Tab 7):
    - Implement boosters **pre-closure** where possible
    - Or make boosters a **negotiated settlement/aftercare element** (explicitly flagged as a constraint)

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5) Timing / availability (Tab 5) ⏱️

Item with strongest consensus signal

- **Pre-settlement education** (77.5%)

Implementation strategies (actionable)

- **Stage delivery to avoid perceived "settlement prioritisation"** (strong warning in Tab 6):
  - Early phase: **opt-in** "what to expect later" overview (minimal)
  - Milestones: trigger targeted modules (plateau, RTW transitions, dispute/legal complexity)
  - Pre-settlement: structured education session (highest support)
- **Embed milestone scripts/checklists into routine touchpoints** (Tab 6 suggestion):
  - First appointment, RTW steps, trial duties, increasing hours, exit stage
- Add early psychological supports (raised explicitly in Tab 6):
  - **Adjustment counselling early**
  - Screening for **PTSD/depression** and escalation pathway ("early not just late" theme in Tab 7)

⭐ Cross-cutting implementation principles (from Tabs 6–7)

These apply across all five sections:

- **Keep it short, practical, jargon-free** (strong repeated message)
- **Offer choice** (different learning styles; autonomy building)
- **Avoid adding administrative burden** (concern about time burden + delays)
- **Target intensity to complexity** (triage model)
- **Ensure legal accuracy** in disclosure/employment content
- **Prioritise identity shift**: claimant → person → valued worker/community member

Step 2 – LM Notebook Prompt

I am a PhD student researcher and would like you to position yourself as a research assistant, who is assisting in an e-Delphi study with the purpose to reach consensus on the nature, content and method of delivery of resources to support an injured worker during claim finalisation, as they transition from being actively engaged in a workers' compensation claim to life after the claim. Your task is to review the data in the spreadsheet titled [James Weir PhD Part 5 Delphi Round 2 Results Matrix 070326] and the Word Document titled [PhD Part 5 Round 2 Co Pilot Analysis 180326]. The qualitative data are delineated by spreadsheet tabs 6 and 7. With the consensus items taken into consideration also, please provide actionable strategies or implementation strategies for the 8 items that have reached consensus. Consensus is indicated by a more than 70% agreement and highlighted in green at the end of the columns.

As your research assistant, I have reviewed the e-Delphi Round 2 Results Matrix and the accompanying Co-Pilot analysis. Based on the 70% agreement threshold, 8 items have successfully reached consensus across the five surveyed domains.

Drawing heavily on the qualitative feedback from the panellists (Tabs 6 and 7) and the structured recommendations from the analysis document, here are the actionable implementation strategies for the 8 consensus items:

Domain 1: Nature of Resources (4 Consensus Items)

1. Structured Exit Framework via a Handover Pack (77.5% Agreement)

- **Implementation Strategy:** Develop a standardised, modular "Exit Framework" workflow. Rather than a paperwork-heavy document, create a one-page "Exit Checklist" (covering the next 30/90 days) and a "Handover Pack" detailing red flags, self-management plans, and service contacts.
- **Qualitative Nuance:** Resources must be kept "bite-sized" and straightforward, as panellists noted that workers will not read long, jargon-heavy documents. Because individuals learn and engage differently, giving workers options and autonomy in how they consume this pack is vital.

2. De-medicalisation Focus & Identity Shift (75.5% Agreement)

- **Implementation Strategy:** Deliberately embed language that shifts the worker's mindset from a passive "patient/claimant" to an active "person returning to life/work".
- **Qualitative Nuance:** The overarching goal of the final stage must focus on shifting the individual's identity back to a "valued employee". Use practical prompts focused on capabilities ("what I can do", "my routines", "my supports") rather than impairments.

3. Literacy & Accessibility (85.7% Agreement)

- **Implementation Strategy:** Design resources to be accessible by default, not as an afterthought. Use plain language, visual summaries, audio versions, and large print.
- **Qualitative Nuance:** Account for the aging injured worker population and varying levels of digital literacy when choosing the platforms on which information is delivered.

4. Actionable vs. Informational Content (73.4% Agreement)

- **Implementation Strategy:** Provide practical "how-to" strategies for managing flare-ups and daily life, rather than dense legislative or administrative descriptions. Integrate step-by-step checklists for welfare/Medicare navigation and provide budgeting templates for financial reality testing.

Domain 2: Content of Resources (1 Consensus Item)

5. Stigma & Disclosure Management (73.4% Agreement)

- **Implementation Strategy:** Create legally compliant disclosure guidance. Provide injured workers with "what you can say" scripts, scenario examples (e.g., explaining an employment gap), and clear clarification on what they *do not* need to disclose to future employers.
- **Qualitative Nuance:** Include a specific companion resource for supervisors/managers detailing how to manage the psychological and cultural reintegration of the worker, rather than just focusing on physical restrictions. Furthermore, panellists noted it is crucial to remind workers (and employers) that under the Act, prospective employers cannot legally ask about prior compensable injuries.

Domain 3: Responsibility for Delivery (1 Consensus Item)

6. Regulator Stewardship (73.4% Agreement)

- **Implementation Strategy:** Adopt a "governance and commissioning model" where the regulator (e.g., WorkCover WA) acts as the neutral steward of standards, while the actual authoring of the content is commissioned out to evidence-informed experts.
- **Qualitative Nuance:** Publish a Role Clarity (RACI) map to help the worker understand each party's role within their claim. Panellists warned that expectations placed on WorkCover WA must be realistic; their primary role is registering settlements, and they should not be overly burdened with housing ongoing care information.

Domain 4: Method of Delivery (1 Consensus Item)

7. "Exit Care Package" / Tangible Bundle (73.4% Agreement)

- **Implementation Strategy:** Establish a multi-channel delivery approach where a tangible pack (guides, contacts, summaries) is provided at settlement to symbolise a supported end. Use an online hub as a secondary layer for optional "deep dives" into specific topics.
- **Qualitative Nuance:** Implement a triage-based system for human support. Straightforward claims can use a light-touch pathway, while complex or legally contentious claims should be offered a compassionate human-centred "exit conversation". Additionally, include direct links to employment service options, as many claimants exiting via settlement have not secured alternative employment.

Domain 5: Timing / Availability (1 Consensus Item)

8. Pre-Settlement Education (75.5% Agreement)

- **Implementation Strategy:** Stage the delivery of education across the lifecycle of the claim to avoid overwhelming the worker at the end. Use an "opt-in" overview early on, trigger specific modules at clinical milestones, and reserve intensive financial and health education for the pre-settlement phase.
- **Qualitative Nuance:** Be cautious that presenting exit information too early could cause angst or create the perception that the insurer is prioritising financial settlement over a return to work. Instead, embed short "scripts" or checklists into routine touchpoints (e.g., first appointment, progressing to full hours). Ensure access to early adjustment counselling and screening for PTSD and depression so that psychological support is provided *before* things go wrong.

Can you please now create an infographic for this flowchart?

From Claimant to Community: An 8-Step Framework for Digital Exit Care Packages

A structured roadmap for transitioning injured workers from passive patients to active self-managers through strategic digital and physical exit packages.

Phase 1: Strategic Design & Content

75.5% Consensus

Establish Governance & Neutral Stewardship

Regulator acts as the host of resources providing neutral content, ensuring trust.

75.5% Consensus

Design the Hybrid Delivery Model

Combine tangible exit packages with a deeper digital hub for comprehensive support.

85.7% Consensus

Architect for Accessibility and Action

Use plain language and provide how-to strategies for managing flare-ups and daily life.

75.5% Consensus

Develop Core Content

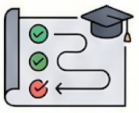
Create comprehensive resources for self-management.

Phase 2: Execution & Implementation

73.4% Consensus

Script Navigation Tools

Guide users through the digital hob and resources.



77.5% Consensus

Formulate Exit Framework

Outline the structured transition process.

77.5% Consensus

Strategise the Timing of Delivery

Initiate health and financial education before settlement completion, not just at closure.

Testing and Implementation Feedback (Ongoing)

Implement a triage-based model developed on worker feedback to reduce administrative burden.

The Final Goal: Foster the Identity Shift

Passive Patient

Content must actively move the worker away from clinical dependency

Phone/Digital Hub

Active Self-Manager

Toward independent community participation.

I am a PhD researcher, undertaking research related to resources that should be made available to injured workers, who are finalising a workers compensation claim in Western Australia. I would like you to position yourself as a Public Health Promoter. With the attached sources, I would like you to tell me what steps need to be taken, in order to progress these concepts to a deliverable and implementable resource for this population. Can you please consider the end stage resource to be a website or a video. In your planning, please take into account the 8 items in our spreadsheet which demonstrated 70% consensus agreement in the second round of our e-delphi study.

As a Public Health Promoter, I view this transition—from being actively engaged in a workers' compensation claim to life after the claim—as a critical window for secondary prevention. If we do not support this transition, injured workers face ongoing risks of worklessness, psychological distress, and financial instability. In public health terms, we are building a "health literacy and navigation" intervention.

To progress the 8 e-Delphi consensus items into a deliverable digital resource (a website housing video and interactive content), we must follow a structured, user-centered development framework. Here are the steps required to bring this to life:

Step 1: Establish Governance and Neutral Digital Stewardship

(Addresses Consensus Item 6: Regulator Stewardship – 75.5%) Before developing the website, we must secure its digital identity. Injured workers often experience adversarial relationships with insurers, which means a website hosted by an insurer will not be trusted.

- **Action:** Secure a domain and branding under a neutral regulator, such as WorkCover WA. The regulator will act as the "steward" of the platform, while the actual health and legal content is authored by commissioned, evidence-informed experts.

Step 2: Design the Hybrid Delivery Model

(Addresses Consensus Item 7: "Exit Care Package" tangible bundle – 75.5%) Public health promotion requires meeting people where they are. While the ultimate resource is a website, it cannot exist entirely in a digital vacuum, as a completely digital approach risks alienating those with lower digital literacy.

- **Action:** Design the website to operate as the "deep dive" secondary layer of a tangible "Exit Care Package". The worker should be handed a physical, symbolic folder at claim closure containing a short printed guide and a QR code/web link. This QR code bridges them directly to the website and its video resources.

Step 3: Architect for Accessibility and Action

(Addresses Consensus Item 4: Literacy & accessibility - 85.7% & Consensus Item 3: Actionable content - 73.4%) Injured workers have explicitly stated that the claims process is overwhelmingly "paperwork heavy". To combat cognitive overload, the website's User Experience (UX) must be layered and accessible by default.

- **Action:** Build the website with a "Core Pack" dashboard (summary first) and optional "Deep Dive" modules for complex system navigation.
- **Action:** Translate all dense legislative policy text into **actionable "how-to" checklists and short explainer videos**. Ensure the website includes visual summaries, audio narration options, and large print toggles to accommodate varying education levels, an aging workforce, and digital literacy barriers.

Step 4: Develop Core Content for the "Identity Shift"

(Addresses Consensus Item 2: De-medicalisation focus - 75.5%) A primary public health goal is shifting the individual's identity from a passive "patient/claimant" back to an active "person returning to life/work".

- **Action:** Conduct a strict linguistic audit of all website text and video scripts. Eliminate terms like "disabled worker" or "patient". Replace them with practical prompts focusing on capability, such as **"what I can do," "my routines," and "my supports"**.

Step 5: Script and Record High-Demand System Navigation Tools

(Addresses Consensus Item 5: Stigma & disclosure management scripts - 73.4%) Injured workers often feel forced to hide their previous claims due to perceived discrimination and stigma when seeking new employment.

- **Action:** Produce specific, legally compliant video role-plays and downloadable scripts for the website. These must include **"What you can say"** when explaining a gap in employment, alongside clear clarifications on **what they do not need to disclose** to future employers under the Act.

- **Action:** Integrate highly practical financial reality testing tools into the site, including budget templates and neutral guidance on lump-sum versus weekly payment trade-offs.

Step 6: Formulate the Structured Exit Framework

(Addresses Consensus Item 1: Structured Exit Framework - 77.5%) The website must not just be a static library of information; it should act as a guided workflow.

- **Action:** Develop a one-page digital **"Exit Checklist"** as the landing page, clearly outlining what happens now and what the worker should do in the next 30 to 90 days. Include a red-flag symptom guide, a self-management plan, and a "who does what next" service directory.

Step 7: Strategize the Timing of Delivery

(Addresses Consensus Item 8: Pre-settlement education - 77.5%) Presenting exit information too early can cause angst or create the perception that the insurer is prioritizing a financial settlement over a successful return to work.

- **Action:** Work with claims managers and clinicians to stage the website's introduction. Use an early "opt-in" overview, but trigger the intensive health and financial education modules (like the settlement budgeting tools) strictly during the **pre-settlement phase** before the claim is finalized.

Step 8: Testing and Implementation Feedback

As a final public health promotion step, before a full state-wide rollout, we must beta-test the website and its video content with a consumer advisory group of injured workers to ensure the tone is appropriate, the navigation is intuitive, and the content successfully mitigates the feeling of "abandonment" that so many injured workers report experiencing after a claim ends.

Thank you. Could you please now create an infographic in Australian English, which outlines these steps. The audience will be our expert panel for the 3rd e-Delphi round.

Could you please position yourself now as a website developer and provider the steps required to develop a website that will host the Exit Care Package information, videos and links?

As a website developer, I will outline the technical and strategic phases required to build the digital "Exit Care Package" platform. Drawing on the e-Delphi consensus data and best practices for digital health resources, this platform must be designed for **agency, accessibility, and de-medicalisation**.

Here are the step-by-step development phases to build and launch this website:

Phase 1: Project Discovery & Governance (Establishing the "Neutral Steward")

Before writing any code, we must secure the platform's digital identity to build trust with a vulnerable user base.

- **Secure Domain & Hosting:** The website must be hosted and branded under the Regulator (e.g., WorkCover WA) rather than an insurer. This ensures the platform is perceived as an objective, unbiased "Source of Truth".
- **Define Architecture Roles:** While the regulator owns the platform, we will build a content management system (CMS) that allows commissioned, evidence-informed experts to author and update the clinical and legal content.

Phase 2: Information Architecture & UX/UI Design (The "Modular & Layered" UX)

To prevent cognitive overload, the User Experience (UX) and Information Architecture must not rely on dense policy text. We will design a **Bite-Sized and Layered UX**.

- **The "Core Pack" (Primary Layer):** The homepage will act as a simple digital dashboard featuring a short "Exit Checklist" and a 2-minute "What Happens Now" introductory video.
- **The "Deep-Dives" (Secondary Layer):** We will build modular, opt-in subpages for users who want more detail on complex topics, such as financial reality tools, Medicare navigation checklists, and lump-sum trade-offs.
- **Accessible User Interface (UI):** The site will be built with "Accessibility by Default." This means incorporating visual summaries, large print toggle options, plain language layouts, and audio narration capabilities to account for varying levels of digital literacy and an aging worker population.
- **Trauma-Informed Design:** We will embed structured navigation tools, such as clear process flowcharts, visual guides, and FAQs, to reduce procedural confusion and support self-advocacy.

Phase 3: Content Integration & Scripting

During the content population phase, we must ensure the site actively facilitates an "Identity Shift."

- **Linguistic Audit:** We will programmatically review and format all site text to replace "patient/claimant" framing with empowering "person returning to life/work" terminology.
- **Multimedia Integration:** We will embed short videos and infographics on contemporary pain biology (explaining that persistent pain does not always mean tissue damage) alongside actionable "how-to" scripts, such as "What you can say" when disclosing injury history in job interviews.
- **Categorised Pathways:** Drawing inspiration from successful platforms like *MyPainHub*, we will categorise the clinical information logically (e.g., general information, your pathway, exercise, and management).

Phase 4: Programming the Tangible-Digital Hybrid & Triage Features

The website must function as the digital anchor for the physical "Exit Care Package" handed to the worker at settlement.

- **QR Code Bridges:** We will generate specific, trackable landing pages that link directly to **QR codes** printed on the physical handover pack, creating a seamless bridge from the tangible folder to the digital hub.
- **Triage-Based Logic:** We will program automated triage pathways into the site. For straightforward claims, the site will guide them through a "light-touch" self-management pathway. For complex or high-risk cases, the site will generate a prompt triggering a "human-centered exit conversation" or an escalation pathway for human support.

- **Screening Tool Integration:** We can embed validated screening tools (such as the Brief Resilience Scale or the RTWSE-19) into the site to help tailor the information the user sees based on their individual risk of poor outcomes.

Phase 5: Supervisor Portals & Ongoing Evaluation

- **The Manager's Companion Portal:** We will build a gated or distinct sub-section of the site specifically for employers and supervisors. This will house videos and toolkits focused on the psychological and cultural reintegration of the worker, moving beyond just physical restrictions.
- **Feedback Loops:** Before and after launch, we will embed continuous feedback mechanisms (such as claimant satisfaction surveys) directly into the platform to monitor usability and ensure the site remains responsive to injured workers' needs.

Drawing on the e-Delphi consensus data and best practices for digital health resources, this platform must be designed for **agency, accessibility, and de-medicalisation**.
Here are the step-by-step development phases to build and launch this website:

Phase 1: Project Discovery & Governance (Establishing the "Neutral Steward")
Before writing any code, the platform's digital identity must be secured to build trust with a vulnerable user base.
· **Secure Domain & Hosting:** The website must be hosted and branded under the Regulator (e.g., WorkCover WA) rather than an insurer. This ensures the platform is perceived as an objective, unbiased "Source of Truth".
· **Define Architecture Roles:** While the regulator may host the platform, a content management system (CMS) that allows commissioned, evidence-informed experts to author and update the clinical and legal content, should be built.

Phase 2: Information Architecture & UX/UI Design (The "Modular & Layered" UX)
To prevent cognitive overload, the User Experience (UX) and Information Architecture must not rely on dense policy text, rather, it should reflect a **Bite-Sized and Layered UX**.
· **The "Core Pack" (Primary Layer):** The homepage will act as a simple digital dashboard featuring a short "Exit Checklist" and a 2-minute "What Happens Now" introductory video.
· **The "Deep-Dives" (Secondary Layer):** Build modular, opt-in subpages for users who want more detail on complex topics, such as financial reality tools, Medicare navigation checklists, and lump-sum trade-offs.
· **Accessible User Interface (UI):** The site will be built with "Accessibility by Default." This means incorporating visual summaries, large print toggle options, plain language layouts, and audio narration capabilities to account for varying levels of digital literacy and an aging worker population.
· **Contemporary Digital Design:** Embed structured navigation tools, such as clear process flowcharts, visual guides, and FAQs, to reduce procedural confusion and support self-advocacy.

Phase 3: Content Integration & Scripting
During the content population phase, ensure the site actively facilitates an "Identity Shift."
· **Linguistic Audit:** Programmatically format all site text to create "patient/claimant" framing with empowering "person returning to life/work" terminology.
· **Multimedia Integration:** Embed short videos and infographics on contemporary pain biology (explaining that persistent pain does not always mean tissue damage) alongside actionable "how-to" scripts, such as "What you can say" when disclosing injury history in job interviews.· **Categorised Pathways:** Drawing inspiration from successful platforms like *MyPainHub*, categorise the clinical information logically (e.g., general information, your pathway, exercise, and management).

Phase 4: Programming the Tangible-Digital Hybrid & Triage Features

The website must function as the digital anchor for the "Exit Care Package" for the worker.

· **Triage-Based Logic:** Program automated triage pathways into the site. For straightforward claims, the site will guide them through a "light-touch" self-management pathway. For complex or high-risk cases, the site will generate a prompt triggering a "human-centered exit conversation" or an escalation pathway for human support.

· **Screening Tool Integration:** Embed validated screening tools (such as the Brief Resilience Scale or the Return to Work Self Efficacy) into the site to help tailor the information the user sees based on their individual risk of poor outcomes.

Phase 5: Supervisor Portals & Ongoing Evaluation

· **The Manager's Companion Portal:** Build a gated or distinct sub-section of the site specifically for employers and supervisors. This will house videos and toolkits focused on the psychological and cultural reintegration of the worker, moving beyond just physical restrictions.

· **Feedback Loops:** Before and after launch, embed continuous feedback mechanisms (such as claimant satisfaction surveys) directly into the platform to monitor usability and ensure the site remains responsive to injured workers' needs.