Appendix 2 Round 2 Question Generation

Prompt Draft

Who We Are: We are academics, performing an e-Delphi study with the draft heading of "Resource recommendations for injured workers exiting a workers' compensation claim in Western Australia: an e-Delphi study"

Who Are You: You are a research assistant with a PhD.

Research Question: "The purpose of this study is to develop consensus on which resources should be available, and the way in which to make them available, to injured workers exiting the workers' compensation system in Western Australia."

Full Research Protocol: The research protocol has been provided to you, with the attached file name "e-Delphi Part 5 PROTOCOL DRAFT 210825_DB.docx"

Task: We are developing questions for the second round of the Delphi Study. Participants will be asked to answer questions on a 10 point Likert scale (ranging from 0 to 9. The scores will be rated as follows: 1-3 (not important), 4-6 (important) 7-9 (very important). We would like you to provide questions for the Delphi participants to answer.

Source Material: In the first place we would like you to generate questions based on the outcome from Round 1 of the Delphi study. This is provided to you in the document titled "ROUND 1 Themes Combined.docx".

Output 1 – Based Delphi Round 1

Run in NotebookLM 21/12/25

Here is the draft content for the Round 2 Delphi survey, formatted as a formal document for review by the research team.

Project Title: Resource recommendations for injured workers exiting a workers' compensation claim in Western Australia: an e-Delphi study **Document Type:** Round 2 Survey Draft Items **Prepared By:** Research Assistant **Date:** October 26, 2023

Overview

The following items have been generated based on the inductive thematic analysis of Round 1 responses. Per the study protocol, these items represent the specific resources, responsibilities, delivery modes, and timing preferences identified by the expert panel.

Instructions for Participants: *Please rate the importance of the following statements regarding resources for injured workers exiting the Western Australian workers' compensation system. Please use the following scale:*

- **0 – 3:** Not Important
- **4 – 6:** Important
- **7 – 9:** Very Important

Section 1: The Nature of the Resources

These items refer to the overarching form and function of the transition support.

1. **Structured Transition Process:** Resources should form a formal "exit process" (e.g., a handover pack, booked GP review, and tapered coaching) to reduce the "care cliff" at claim closure.
2. **Regulator-Anchored "Source of Truth":** Resources should be centralized on a neutral, regulator-managed (e.g., WorkCover WA) web hub to ensure consistency and reduce bias.
3. **Personalised Clinical Scaffolding:** Resources must include tailored content such as specific discharge summaries, home exercise plans, and re-aggravation plans relevant to the individual worker.
4. **Accessibility by Design:** Resources must be available in multiple formats (e.g., plain language, audio, braille) to accommodate diverse literacy, cultural, and disability needs.
5. **Future-Oriented Guidance:** Resources should focus on future life planning, including individualized direction for career transitions and financial management post-claim.
6. **Interval Monitoring:** The exit process should include tapered check-ins (e.g., at 3, 6, and 12 months) to track health and employment outcomes.

Section 2: The Content of the Resources

These items refer to the specific information and tools included in the resources.

7. **Exit Pack Essentials:** A concise pack containing answers to FAQs, medication lists, red flag indicators, and dispute guidance.
8. **Transition to Non-Compensable Care:** Step-by-step guidance on how to access Medicare items (e.g., Enhanced Primary Care Plans) and Mental Health Care Plans once insurer funding ceases.
9. **Biopsychosocial Education:** Evidence-based education covering pain neuroscience, pacing strategies, sleep hygiene, and psychosocial health management.
10. **Workplace Disclosure Scripts:** Practical scripts and information regarding legal rights to help workers disclose injury history to future employers positively.

11. **Financial and Legal Literacy:** Neutral guidance regarding settlement budgeting, tax implications, Centrelink interactions, and the limitations of Permanent Impairment (PI) payouts.
12. **Re-aggravation Protocols:** Clear flowcharts and contact lists detailing exactly what steps to take if an injury is re-aggravated or a claim needs to be reopened.
13. **Vocational Redeployment:** Concrete information on accessing workforce retraining, vocational rehabilitation providers, and job search support.
14. **Lived Experience Vignettes:** Inclusion of stories, quotes, or videos from other injured workers who have successfully transitioned to life after a claim.

Section 3: Responsibility for the Resources

These items refer to who should author, fund, and maintain the resources.

15. **Regulator Stewardship:** The Regulator (e.g., WorkCover WA) should be responsible for authoring and standardizing the content to serve as the "single source of truth".
16. **Insurer Coordination:** Insurers should be responsible for funding the resources and coordinating their distribution (e.g., via closure letters).
17. **Clinician Handover:** Treating clinicians (GPs, Allied Health) should be responsible for producing personalized clinical summaries and transition plans.
18. **Independent Advisory Networks:** Neutral professionals (e.g., financial counsellors, settlement advisors) should be responsible for providing specialist financial and vocational guidance.
19. **Collaborative Partnership:** Responsibility should be shared across stakeholders (Regulator, Insurers, Providers) under a formal partnership model.
20. **Legal Representatives:** Lawyers should be responsible for providing information regarding legal rights and the implications of settlement.
21. **Occupational Physicians (IMEs):** Occupational physicians should provide recommendations for future treatment to the worker’s regular GP upon claim finalization.

Section 4: Modes of Delivery

These items refer to the format and channel through which information is delivered.

22. **Multimodal Availability:** Content should be available via a blend of formats simultaneously (e.g., App/Portal, Email/SMS, and Hard copy).
23. **Central Digital Hub:** A dedicated regulator-hosted website or portal should be the primary distribution point for all resources.
24. **Face-to-Face Handover:** High-value information should be delivered via an in-person or telehealth exit consultation with a clinician to ensure understanding.
25. **Timed Booster Sessions:** The system should utilize scheduled "booster" check-ins (e.g., via SMS or email) post-closure to reinforce self-management.
26. **Accessible Formats:** Specific accessible formats (e.g., Audio, Large Print, Braille) must be available for those with sensory impairments.

Section 5: Timing of Awareness

These items refer to when the worker should be informed about these resources.

27. **Pre-Injury (Onboarding):** Workers should be made aware of the exit pathways as part of general employment induction, before any injury occurs.
28. **Early Orientation:** A brief overview of the exit process should be provided at claim lodgement, with the depth of detail increasing over time (e.g., at 9–12 months).
29. **Milestone-Triggered:** Detailed transition resources should be triggered by specific case events, such as when Return to Work (RTW) goals change or liability is disputed.
30. **Avoidance of Premature Education:** Settlement education should not be provided prematurely (e.g., <6 months) to avoid rushing the claim or compromising care.
31. **Severity-Based Timing:** Workers with serious injuries should receive comprehensive transition information earlier than those with minor injuries.
32. **Worker-Led Timing:** Information should be provided when the worker expresses a desire to exit the system or chooses to learn more.

Prompt 2

Step 2:
I have now added 4 other manuscripts we have written on this topic.
Weir 2024 J Occ Rehab finalisation claim wellbeing.pdf
Weir 2025 J Occ Rehab wellbeing following wc claim qually.pdf
Weir 2025 JOEM wellbeing after claim quantitative.pdf
Study 4 manuscript.pdf

Can you now regenerate the questions for the Delphi participants also considering these new sources of information.

Output

Here is the updated draft for the Round 2 Delphi Survey.

This version synthesizes the inductive themes from Round 1 with the evidence-based insights derived from your four new manuscripts. Specifically, it incorporates the **quantitative findings** regarding the link between resilience/distress and wellbeing [Weir 2025 JOEM], the **qualitative findings** on stigma and the "new normal" [Weir 2025 J Occ Rehab], the **scoping review** findings on biopsychosocial needs [Weir 2024 J Occ Rehab], and the **resource evaluation** highlighting the lack of actionable online strategies [Study 4].

Project Title: Resource recommendations for injured workers exiting a workers' compensation claim in Western Australia: an e-Delphi study **Document Type:** Round 2 Survey Draft Items **Prepared By:** Research Assistant **Date:** October 26, 2025

Overview

The following items have been generated based on the inductive thematic analysis of Round 1 responses, combined with evidence from recent systematic reviews, quantitative surveys, and qualitative studies conducted by the research team. These items represent specific recommendations for resources, responsibilities, delivery modes, and timing.

Instructions for Participants: *Please rate the importance of the following statements regarding resources for injured workers exiting the Western Australian workers' compensation system. Please use the following scale:*

- **0 – 3:** Not Important
- **4 – 6:** Important
- **7 – 9:** Very Important

Section 1: The Nature of the Resources

These items refer to the overarching form, function, and design of the transition support.

1. **Structured "Exit" Framework:** Resources should form a formal "exit process" (e.g., a handover pack, booked GP review, and tapered coaching) to bridge the gap between insurer-funded care and self-management.
2. **Actionable vs. Informational:** Resources must provide "actionable strategies" (step-by-step guides on *how* to do things) rather than just passive descriptions of legislation or entitlements.
3. **Regulator-Anchored "Source of Truth":** Resources should be centralized on a neutral, regulator-managed (e.g., WorkCover WA) web hub to ensure consistency, reducing the difficulty workers currently face in finding reliable information.
4. **Personalised Scaffolding:** Resources must include tailored content (e.g., specific discharge summaries, home exercise plans) relevant to the individual's specific injury and circumstances, rather than generic advice.
5. **Literacy-Appropriate Design:** Resources must be designed to accommodate varying education levels and health literacy, ensuring complex legal and medical terms are simplified.
6. **Holistic "Wellbeing" Focus:** The scope of resources should extend beyond return-to-work to include broader wellbeing factors, such as social connection, identity, and financial stability.

Section 2: The Content of the Resources

These items refer to the specific information and tools included in the resources.

7. **Resilience Building:** Content should specifically include evidence-based strategies to enhance psychological resilience and reduce distress, as these factors are strongly associated with post-claim wellbeing.
8. **Stigma and Disclosure Management:** Resources should provide guidance and scripts on how to manage perceived stigma and disclose injury history to future employers without jeopardizing job prospects.

9. **Navigating Welfare Systems:** Explicit, step-by-step information on accessing public safety nets (e.g., Centrelink, JobSeeker, public housing) to mitigate financial hardship when compensation ceases.
10. **Transition to Medicare/Private Health:** Guidance on transitioning from insurer-funded medical care to self-funded or Medicare-funded care (e.g., accessing Enhanced Primary Care Plans).
11. **Biopsychosocial Education:** Education covering the "new normal," including pain neuroscience, sleep hygiene, and adaptation strategies for living with permanent impairment.
12. **Financial Literacy:** Neutral guidance regarding settlement budgeting, tax implications, and the long-term financial reality of accepting a lump sum payment.
13. **Re-aggravation Protocols:** Clear flowcharts and contact lists detailing exactly what steps to take if an injury is re-aggravated or a claim needs to be reopened.
14. **Lived Experience Stories:** Inclusion of vignettes or videos from other injured workers who have successfully transitioned, to normalize feelings of uncertainty and validate the worker's experience.

Section 3: Responsibility for the Resources

These items refer to who should author, fund, and maintain the resources.

15. **Regulator Stewardship:** The Regulator (e.g., WorkCover WA) should be responsible for authoring and maintaining the "master" content to ensure neutrality and trust.
16. **Insurer Facilitation:** Insurers should be responsible for funding and ensuring the distribution of these resources (e.g., via closure letters) as part of their claims management duty.
17. **Clinician Handover:** Treating clinicians (GPs, Allied Health) should be responsible for creating the personalized clinical components (e.g., discharge summaries and self-management plans).
18. **Independent Advisors:** A network of neutral professionals (e.g., financial counselors, settlement advisors) should be responsible for providing specialist financial and vocational advice.
19. **Collaborative "Safety Net":** Responsibility should be formally shared across the Regulator, Insurers, and Providers to ensure no worker is "abandoned" without support.

Section 4: Modes of Delivery

These items refer to the format and channel through which information is delivered.

20. **Multimodal Availability:** Content should be available via a blend of formats (App/Portal, Email, and Hard copy) to suit different learning styles and access needs.
21. **The "Human Element":** High-value transition information should be delivered via a human interaction (e.g., an exit interview or consultation) rather than solely through digital or written means.
22. **Central Digital Hub:** A single, easily searchable online portal that consolidates all transition resources in one location.
23. **Care Package:** A tangible "Exit Care Package" provided at settlement, containing all relevant guides, contacts, and summaries.

24. **Booster Check-ins:** Automated or scheduled follow-ups (e.g., via SMS or email) at 3, 6, and 12 months post-closure to reinforce self-management strategies.

Section 5: Timing of Awareness

These items refer to when the worker should be informed about these resources.

25. **Early Expectation Setting:** Information regarding the eventual exit process should be introduced early (e.g., at claim lodgement) to manage expectations and reduce anxiety about the "cliff edge."
26. **Milestone-Triggered:** Detailed transition resources should be provided when specific milestones are met (e.g., Maximum Medical Improvement or when Return to Work goals change).
27. **Severity-Based Timing:** The timing and depth of information should be tailored to injury severity, with more comprehensive support provided earlier for those with severe injuries.
28. **Pre-Settlement Education:** Education regarding life after the claim (financial and health) should be provided *before* settlement is finalized to ensure informed decision-making.
29. **Worker-Led Access:** Resources should be available "on-demand" so workers can access transition information whenever they feel ready to exit the system.

Prompt 3

Step 3:
I have now added 4 other publications. These are more related to what happens during a workers compensation claim, but may have information relevant to the transitioning to life outside of the claim. The documents are:
Dean 2019 Scoping_review_of_claimants'_e.pdf
Aurbach 2014 Work breaking web needless disabi.pdf
Caruso 2013 Psych Inj Law biopsychosocial work
Beales 2016 Management of musculoskeletal pain in a compensable environment/ Implementation of helpful and unhelpful Models of Care in supporting recovery and return to work

Can you now regenerate the questions again for the Delphi participants considering these additional sources of information. Remember, they are less specific to life after a workers compensation claim.

Output

Here is the updated draft for the Round 2 Delphi Survey.

This version integrates the findings from the **inductive analysis of Round 1**, the **previous manuscripts on wellbeing**, and the **four new sources** (Dean 2019, Aurbach 2014, Caruso 2013, Beales et al. 2016).

Key additions based on new sources:

- **Neuroplasticity & Identity:** Based on Aurbach (2014) and Beales et al. (2016), questions now address the need to "break" the neural habits of disability and shift focus from a "medical" model to a "functional" model at exit.
- **Iatrogenesis & System Harm:** Based on Caruso (2013) and Dean (2019), questions now address the need to validate the distress caused by the system itself (iatrogenesis) and repair the "dehumanization" experienced during the claim.
- **Actionable Strategies:** Based on the resource evaluation (Study 4), questions emphasize practical *strategies* over passive information.

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Overview

The following items have been generated based on the inductive thematic analysis of Round 1 responses, combined with evidence from recent systematic reviews, qualitative studies, and literature regarding biopsychosocial management, neuroplasticity, and the impacts of compensation systems.

Instructions for Participants: *Please rate the importance of the following statements regarding resources for injured workers exiting the Western Australian workers' compensation system. Please use the following scale:*

- **0 – 3:** Not Important
- **4 – 6:** Important
- **7 – 9:** Very Important

Section 1: The Nature of the Resources

These items refer to the overarching form, function, and design philosophy of the transition support.

1. **Structured "Exit" Framework:** Resources should form a formal "exit process" (e.g., a handover pack, booked GP review) to bridge the gap between insurer-funded care and self-management.
2. **"De-medicalization" Focus:** Resources must explicitly aim to shift the worker's mindset from being a "patient" (passive recipient of care) to a "person" (active self-manager), helping to break the "sick role" cycle.

3. **Regulator-Anchored "Source of Truth":** Resources should be centralized on a neutral, regulator-managed (e.g., WorkCover WA) web hub to ensure consistency and reduce the confusion caused by conflicting stakeholder information.
4. **Actionable vs. Informational:** Resources must provide **actionable strategies** (practical steps on *how* to manage flare-ups and life) rather than just passive descriptions of legislation or entitlements.
5. **Personalised Scaffolding:** Resources must include tailored content (e.g., specific discharge summaries, home exercise plans) relevant to the individual's specific injury and circumstances.
6. **Validation of System Impact:** The nature of the resources should acknowledge that the claims process itself can be stressful and harmful (iatrogenic), validating the worker's experience of "system distress" separate from their injury.

Section 2: The Content of the Resources

These items refer to the specific information and tools included in the resources.

7. **Contemporary Pain Biology:** Content must explain that persistent pain does not equate to ongoing tissue damage (neuroplasticity), helping workers understand that it is safe to move and work despite residual pain.
8. **Distinguishing "Work-Related" vs. "Life-Related":** Resources should help workers distinguish between injury-specific symptoms (work-related) and broader health/life stressors (work-relevant) to encourage holistic management post-claim.
9. **Stigma Management:** Specific guidance and scripts on how to manage perceived stigma and disclose injury history to future employers without jeopardizing job prospects.
10. **Navigating Welfare & Safety Nets:** Explicit, step-by-step information on accessing public safety nets (e.g., Centrelink, JobSeeker) to mitigate the financial anxiety often linked to symptom persistence.
11. **Transition to Non-Compensable Care:** Clear guidance on transitioning from insurer-funded care to Medicare (e.g., Enhanced Primary Care Plans) or private billing.
12. **Resilience & Coping Skills:** Evidence-based strategies to enhance psychological resilience and reduce distress, focusing on regaining an internal "locus of control" after the dependency of the claim.
13. **Re-aggravation Protocols:** Clear flowcharts detailing exactly what to do if an injury is re-aggravated, to prevent catastrophic thinking and unnecessary ED presentations.
14. **Financial Reality Testing:** Neutral guidance regarding settlement budgeting and the long-term financial reality of accepting a lump sum payment versus weekly payments.

Section 3: Responsibility for the Resources

These items refer to who should author, fund, and maintain the resources.

15. **Regulator Stewardship:** The Regulator (e.g., WorkCover WA) should be responsible for authoring the content to ensure it is unbiased and facilitates a "helpful context" free from adversarial language.
16. **Insurer Facilitation:** Insurers should be responsible for funding and distributing these resources as a standard part of claim closure to ensure no worker exits without information.

17. **Clinician Handover:** Treating clinicians (GPs, Allied Health) must be responsible for translating "medical" concepts into "functional" life plans (e.g., explaining pain biology) before the claim ends.
18. **Collaborative Consistency:** Responsibility should be shared to ensure all stakeholders (Insurer, Employer, Doctor) deliver a **consistent message** at exit, avoiding the "nocebo" effect of conflicting advice.
19. **Independent Advisors:** A network of neutral professionals (e.g., financial counsellors) should be responsible for providing specialist advice that is free from conflict of interest.

Section 4: Modes of Delivery

These items refer to the format and channel through which information is delivered.

20. **Multimodal Access:** Content should be available via a blend of formats (App/Portal, Email, Hard copy) to suit different learning styles and literacy levels.
21. **Human-Centred Delivery:** High-value transition information should be delivered via a **compassionate human interaction** (e.g., exit interview) to repair feelings of "depersonalization" and "invisibility" often experienced during the claim.
22. **Central Digital Hub:** A single, searchable online portal that consolidates all transition resources, reducing the cognitive load of navigating fragmented systems.
23. **"Exit Care Package":** A tangible package provided at settlement containing all relevant guides, contacts, and summaries, symbolizing a definitive but supported end to the claim.
24. **Booster Check-ins:** Automated or scheduled follow-ups (e.g., SMS/Email) post-closure to reinforce self-management strategies and remind workers of available community supports.

Section 5: Timing of Awareness

These items refer to when the worker should be informed about these resources.

25. **Early "Identity" Protection:** Information regarding the exit process should be introduced early (at claim lodgement) to prevent the psychological entrenchment of the "disabled worker" identity.
26. **Pre-Settlement Education:** Education regarding life after the claim (financial and health) should be provided *before* settlement is finalized to ensure informed decision-making and reduce anxiety.
27. **Milestone-Triggered:** Detailed transition resources should be provided when specific clinical milestones are met (e.g., plateau in medical improvement) rather than just at administrative closure.
28. **Severity-Based Timing:** The timing and depth of information should be tailored, with more comprehensive "biopsychosocial" support provided earlier for those identified as high-risk for delayed recovery.
29. **Worker-Led Access:** Resources should be available "on-demand" so workers can access transition information whenever they feel ready to reclaim control of their recovery.

Adding Actionable Items

Now Switched to Gemini 3.0, Thinking Model

Prompt

Who We Are: We are academics, performing an e-Delphi study with the draft heading of "Resource recommendations for injured workers exiting a workers' compensation claim in Western Australia: an e-Delphi study"

Who Are You: You are a research assistant with a PhD.

Research Question: "The purpose of this study is to develop consensus on which resources should be available, and the way in which to make them available, to injured workers exiting the workers' compensation system in Western Australia."

Task 1: We want you to generate a list of questions for round 2 of the Deplhi study. Participants will be asked to answer questions on a 9 point Likert scale (ranging from 1 to 9. The scores will be rated as follows: 1-3 (not important), 4-6 (important) 7-9 (very important). You should only generate questions based on thee 3 attached files:

Source Material: These documents are attached
Questions Generation 1
Questions Generation 1+2
Questions Generation 1+2+3

Task 2: From your broader knowledgebase, we would like to have potential actionable items related to each question. Actionable items related to the questions could be labelled as being applicable, non-exclusively, to workers, health care providers, and/or regulators.

Output: We would like the output in a table format please.

Output

Section	Survey Question (Statement for Rating)	Potential Actionable Items (Stakeholders)
1. Nature of Resources	**Structured Exit Framework:** Resources should form a formal "exit process" (e.g., handover pack, booked GP review,	* **Regulator:** Develop a standardized "Exit Protocol" template[22].

Section	Survey Question (Statement for Rating)	Potential Actionable Items (Stakeholders)
	tapered coaching) to bridge the gap between insurer-funded care and self-management[11111111].	* **Provider:** Schedule a final "Transition Consultation" to review the handover pack[333].
	"De-medicalization" Focus: Resources must explicitly aim to shift the worker's mindset from "patient" (passive) to "person" (active self-manager)[44].	* **Provider:** Use health coaching techniques to set self-management goals[5555]. * **Worker:** Engage in "active" recovery tasks (e.g., home exercise)[666666].
	Regulator-Anchored "Source of Truth": Resources should be centralized on a neutral, regulator-managed (e.g., WorkCover WA) web hub to ensure consistency[7777777].	* **Regulator:** Host and maintain a centralized, bias-free digital portal[88888888]. * **Worker:** Use the portal as the primary reference for dispute or entitlement queries[9999].
	Actionable vs. Informational: Resources must provide practical "how-to" strategies for managing flare-ups and daily life rather than just legislative descriptions[10101010].	* **Provider:** Create clear "if-then" flowcharts for symptom management[1111111111111111]. * **Worker:** Implement "flare-up" plans independently post-claim[12121212].
	Personalized Scaffolding: Resources must include tailored content (e.g., specific discharge summaries, home exercise plans) relevant to the individual's injury[131313131313131313].	* **Provider:** Generate individualized clinical summaries for the worker's GP[141414141414]. * **Regulator/Insurer:** Fund clinical time for personalizing these documents[1515151515].
	Literacy & Accessibility: Resources must be	* **Regulator:** Audit all materials against "Universal Design" and

Section	Survey Question (Statement for Rating)	Potential Actionable Items (Stakeholders)
	designed for varying education levels and include multiple formats (e.g., plain language, audio, braille)[16161616161616].	health literacy standards[17171717]. * **Provider:** Use "teach-back" methods during exit interviews[18181818].
2. Content of Resources	**Contemporary Pain Biology:** Content must explain that persistent pain does not always equate to ongoing tissue damage (neuroplasticity)[1919191919].	* **Provider:** Deliver evidence-based pain education (e.g., "Explain Pain" concepts)[20202020]. * **Worker:** Utilize pacing strategies to maintain activity despite residual pain[21].
	Stigma & Disclosure Management: Provide specific guidance and scripts on how to disclose injury history to future employers without jeopardizing prospects[22222222222222].	* **Worker:** Practice disclosure scripts to focus on current functional capacity[23232323]. * **Regulator:** Provide legal fact sheets on worker rights regarding disclosure[24242424].
	Navigating Welfare Safety Nets: Provide step-by-step information on accessing public systems (e.g., Centrelink, Medicare, EPC plans)[25252525252525].	* **Regulator:** Create "bridging guides" for moving from WorkCover to Medicare/Centrelink[2626262626262 6]. * **Provider:** Complete necessary referrals for Medicare Mental Health or EPC plans before claim ends[27].
	Financial Reality Testing: Provide neutral guidance on settlement budgeting and the long-term reality of lump sums	* **Provider (Specialist):** Offer independent financial counseling sessions[292929292929292929].

Section	Survey Question (Statement for Rating)	Potential Actionable Items (Stakeholders)
	versus weekly payments[28282828282828].	* **Worker:** Create a post-settlement budget before signing final documents[303030303030].
	Lived Experience Stories: Include vignettes or videos from workers who have successfully transitioned to normalize uncertainty[313131].	* **Regulator:** Curate a library of worker success stories and "peer-to-peer" advice[323232]. * **Worker:** Watch/read vignettes to reduce feelings of isolation[33].
3. Responsibility	**Regulator Stewardship:** The Regulator should be responsible for authoring and maintaining content to ensure neutrality[3434343434343434].	* **Regulator:** Establish an editorial board to review and update resources regularly[35353535].
	Insurer Facilitation: Insurers should be responsible for funding and distributing resources as a standard part of claim closure[3636363636363636].	* **Insurer:** Include the "Exit Care Package" as a mandatory enclosure in all settlement/closure letters[37373737].
	Clinician Handover: Treating clinicians must translate "medical" concepts into "functional" life plans before the claim ends[3838383838383838].	* **Provider:** Translate "Permanent Impairment" ratings into "Functional Capabilities" for the worker[39393939].
4. Modes of Delivery	**Human-Centred Delivery:** High-value information should be delivered via a compassionate human interaction (e.g., exit interview)[40404040404040].	* **Provider:** Conduct a final 30-minute "Exit Consultation" (in-person or telehealth)[41]. * **Worker:** Use the interview to clarify any "red flags" or self-management doubts[424242].

Section	Survey Question (Statement for Rating)	Potential Actionable Items (Stakeholders)
	"Exit Care Package": A tangible package (guides, contacts, summaries) provided at settlement to symbolize a supported end[43434343434343].	* **Insurer/Regulator:** Create a physical/digital "Go-Bag" of resources for the worker[44444444].
	Booster Check-ins: Utilize automated or scheduled follow-ups (SMS/Email) post-closure to reinforce self-management[4545454545454545].	* **Regulator/Insurer:** Set up automated SMS check-ins at 3, 6, and 12 months post-closure[46464646].
5. Timing of Awareness	**Early Orientation:** Information regarding the exit process should be introduced early (at claim lodgement) to prevent "disabled worker" identity[47474747474747].	* **Regulator/Insurer:** Include a "Roadmap to Recovery and Exit" in the initial claim acceptance pack[48484848].
	Milestone-Triggered: Resources should be provided when clinical milestones (e.g., plateau in improvement) are met, not just at administrative closure[49494949494949].	* **Provider:** Trigger the "Exit Pack" discussion once a worker reaches Maximum Medical Improvement (MMI)[50].
	Pre-Settlement Education: Financial and health education must be provided *before* settlement is finalized[515151515151515151].	* **Regulator/Provider:** Ensure workers attend a mandatory "Financial Literacy" briefing before accepting a lump sum[52525252].