



**Submission to the Disability Employment Services
Reform**

24 November 2016

**IPS WORKS
a part of the
Western Australian Association for Mental Health**

Background

IPS WORKS is a dedicated unit within the Western Australian Association for Mental Health, a peak body representing community mental health with 50 years' experience in service development, advocacy and training.

We welcome the opportunity to make a submission to the new Disability Employment Services framework. We anticipate the impact of the proposed changes will increase employment opportunities for people with a psychosocial disability and result in more streamlined and innovative DES services.

In developing this submission IPS WORKS drew on their experience participating in consultations hosted by the Disability Employment Taskforce in May and November 2015 and as participants of a focus group contributing to a submission report being prepared by the National Disability Services and Association for Competitive Employment WA. We have taken the opportunity to read the Employment Framework Issues Paper, Employment Framework Consultation Report and the latest New Disability Employment Discussion Paper.

We have extensive experience in engaging with mental health services, NGO's and Disability Employment Services (DES). We develop systems and processes to deliver evidence-based supported employment to achieve positive employment outcomes for people with a lived experience of mental health conditions.

Introduction

We believe all people with mental health support needs who desire a job should receive timely and well-coordinated mental health and employment support services. We have a vision that all people with experience of psychosocial disability will be able to access and retain competitive employment to support their personal recovery and increase opportunities of social inclusion.

The centrality of employment to Australia's prosperity and the wellbeing of its citizens must be a strong focus of employment reform. Employment is vital to health and should be recognised as a health outcomeⁱ. It has a central role in recovery and in improving the social determinants of mental health including the making of healthy relationships, provision of disposable income and access to stable housing.

It is well documented that people with mental illness are significantly under represented and disadvantaged in the workforceⁱⁱ. To further highlight this, in 2005, The Australian Human Rights Commission reported that 'People with disability represent a significant proportion of Australia's working age population, yet they participate in the workforce at lower rates, are less likely to be employed when they do attempt to participate, and will earn less if they do get a job'.ⁱⁱⁱ

Despite ongoing efforts and millions invested by the Federal government in funding DES programs, disadvantaged job seekers are not benefiting from these services. Participation in paid employment for people with severe and persistent mental illness has not improved in nearly two decades. Employment of people with a disability in the federal public service has decreased 50% over the last 11 years and Australia ranks 21st out of 29 OECD countries in employment participation rates for those with a disability.^{iv}

The Way Forward: What Works – Individual Placement and Support

We recommend building on effective approaches to disability employment from international settings that achieve good outcomes, to develop new approaches in the Australian context.

There is strong Australian based evidence regarding an effective employment support option for people with mental health conditions, namely Individual Placement and Support (IPS).^v

23 randomised controlled trials have been conducted worldwide and results consistently indicate that people involved in an IPS program are two to three times more likely to gain competitive employment than those involved in control groups.

The IPS model has consistently demonstrated good outcomes in employment. It is the integration of supports within a holistic and individualised approach that results in its higher track record in achieving real jobs with real pay for mental health consumers, than any other employment program.

Proactive measures are required where mental health services have a critical role in providing employment support programs for the people that access and use their services. Furthermore, coordination across the employment and health sectors has the potential to deliver a multitude of benefits and reverse the worsening trend of poverty and unemployment.^{vi}

It is our position that the following factors contribute to successful employment outcomes for people with enduring mental health issues:

- Employment support services are an overall part of integrated recovery planning;
- A person-centred approach that follows individual preferences;
- Timely and practical assistance with finding, securing and keeping jobs;
- Services that accommodate the distinctive support needs around mental health.^{vii}

Recommendations:

1. the enhancement and development of DES service provision to be integrated with mental health care coordination, and
2. a sustained national approach to the implementation of IPS in Australia.

Feedback: Disability Employment Services Reform Discussion Paper

We endorse the proposed options to improve DES as outlined in the New Disability Employment Services from 2018 Discussion Paper and present our recommendations on the following discussion points as set out below:

Discussion Point	Question	Recommendations
1.1	What, if any, restrictions should there be (for example, region or distance) on participants choosing to attend a provider?	If a person can demonstrate that they can travel the distance to attend face-to-face appointments, then they should be able to select the provider that best meets their needs.
1.2	How often should participants be allowed to voluntarily transfer or switch providers?	We recommend two times per annum. The maximum should be restricted at no more than three times per annum to allow jobseekers the opportunity to establish and build rapport with providers and ensure continuity of service.

Discussion Point	Question	Recommendations
2.1	Should face-to-face requirements remain as part of the DES service delivery?	<p>We strongly advocate that face-to-face requirements remain as part of service delivery.</p> <p>Face-to-face appointments ensure jobseekers and providers can establish and build rapport, and skills and employment needs can be more successfully matched to an appropriate job. Face-to-face appointments demonstrate a job seekers commitment to their employment journey.</p> <p>We would anticipate if a person can be adequately serviced by texts/emails then perhaps DES is not the most appropriate support service for them. Also, if a job seeker is unable to attend face-to-face appointments due to health needs is it reasonable to expect that these same health needs will not be a barrier to engaging in employment.</p> <p>We believe exceptions should be made for providers in remote or regional areas.</p>
2.2	How often should participants and providers be required to meet, either face-to-face or by other means?	<p>Face-to-Face minimum of fortnightly, with additional face-to-face appointments, emails, text and phone contacts as needed to provide supports to transition a jobseeker into sustainable employment.</p>
4.3	Should the department facilitate access to information on accessible and user friendly platforms, or should this be purely market led (with providers offering such information on platforms of their own choosing)?	<p>Providers should have the flexibility to display information on their own platforms; but there should also be an easy to access centralised 'Find a Provider' platform that functions as a 'one stop shop' for consumers seeking information on providers. This could include allowing the upload of individual provider's information booklets etc.</p> <p>A single, centralised platform allows greater access to those consumers whose disability prevents them from searching through multiple information sources.</p>

Discussion Point	Question	Recommendations
11.1	What should the ratio between service fees and outcome fees be and why?	<p>We advocate that the ratio between service fees and outcome fees should be weighted towards outcomes. This will assist in ensuring suitable job matches are made and adequate individualised post-placement support is provided to ensure longevity of employment placements.</p> <p>We further support risk-adjusted outcome fee funding with the proviso that a clear and transparent assessment process is in place to adequately ratify this.</p>

References

ⁱ Independent Mental Health Taskforce to the NHS in England, 2016, 'The Five Year Forward View for Mental Health'

ⁱⁱ The employment level of people with psychotic illness has not changed in 10 years, stuck at 22% (Waghorn et al 2012) in 2009 only 29.9% of people with a psychological disability were participating in the workforce, ABS 2009.

ⁱⁱⁱ <https://www.humanrights.gov.au/publications/workability-2-1-background-inquiry>

^{iv} Disability Expectations, investing in a better life, a stronger Australia, Price Waterhouse Coopers, November 2011 accessed at <http://www.pwc.com.au/industry/government/assets/disability-in-australia.pdf>

^v Australian Association of Social Workers. March 2013. Employment Services – building on success. Issues Paper – Department of Education, Employment and Workplace Relations.

^{vi} <http://www.ilo.org/skills/areas/inclusion-of-persons-with-disabilities/lang--en/index.htm>

^{vii} Mental Health Coordinating Council. 2007. Social Inclusion Its importance to mental health.