brain injury AUSTRALIA
www.braininjuryaustralia.org.au

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Disability Employment Services Reform 2018
GPO Box 9820
CANBERRA ACT 2610

Re: New Disability Employment Services from 2018: Discussion paper

Brain Injury Australia is the peak national body representing the needs of the over 700,000 Australians with acquired brain injury (ABI). ABI refers to any damage to the brain that occurs after birth, including that caused trauma, stroke, brain infection, alcohol or other drug abuse or by diseases of the brain like Parkinson's disease.

Brain Injury Australia is not in a position to respond to each specific question posed in the discussion paper. Instead, what follows is intended to provide feedback regarding how some of the proposed changes would impact on people with an ABI and acquired neurological disability more generally. Firstly though, Brain Injury Australia highlights key issues for this population that appear unaddressed within the proposed changes to the DES. All comments reflect the experiences of Brain Injury Australia constituents, not those working within the DES framework.

Part A: Issues not addressed within the proposed changes:

Issue 1: Low participation of people with ABI in the DES

The Australian Institute of Health and Welfare's (AIHW) analysis of the 2004-2005 Commonwealth State/Territory Disability Agreement's (CSTDA) National Minimum Data Set found that people with an ABI who use CSTDA-funded disability services were the "most likely to need help with activities related to learning and working - more than three-quarters of service users with ABI needed assistance in these areas". However, people with an ABI were "less likely than service users generally to access disability employment services." The last independent analysis of Australia's open employment services system – conducted by the AIHW in 1998-99 – found that people with an ABI: had the second lowest representation in the clientele (after "neurological disability"); the highest mean number of hours to "get job"; and the third highest mean direct support per client (58 hours) after people with autism and intellectual disability. When compared with 1996-97's "outcomes", the mean level of client support required had fallen for all disability groups except for people with an ABI.

People with ABI are a vastly under-represented population in employment services, with only 1.3% of the DES comprising people with ABI (Department of Employment, 2015). This is disproportionate to the prevalence of ABI and contrasts with 43.9% of DES participants with physical disability and 35.4% of participants with psychiatric disability (Department of Employment, 2015). Changes made to the DES over the past decade have significantly constrained suitable service options for people with ABI including: a reduction of specialist services with the loss of CRS Australia, shortening of work training placements from 12 to 4 weeks; decontextualised job capacity assessments and a compliance-focussed funding model that encourages rapid job outcomes over pursuing individual vocational goals. (While the total number of participants in DES rose 7.5% from 145,867 since July 2011, the number of people with an ABI in DES fell in the same period by 10% from 2,479.)

Within NSW, an employment outcomes study was conducted in 2011-13 within the Brain Injury Rehabilitation Program (NSW Health network of services), examining 721 people with traumatic brain injury (Agency for Clinical Innovation, 2013). Of the 721 clients, 125 individuals had been serviced by the DES, 88 within the DMS stream (all serviced by CRS Australia) and only 37 within ESS.

Additionally, Brain Injury Australia is appalled by the employment outcomes achieved for people with ABI in the DES. The study mentioned above found that only 36% of clients undertaking job-seeking programs had achieved employment. Currently, clinicians/case managers are reluctant to support referrals to the DES, finding the intake process prohibitive and believing nothing will come of the process for their clients.

Issue statement 1:

- ***There has been an historic under-representation of people with ABI in the DES. This situation has worsened with the closure of CRS Australia and subsequent loss of ABI-specific expertise and staff with allied health qualifications to appropriately assess and provide vocational programs for this client group.***

Issue 2: The opportunity to return to pre-injury employers is not harnessed within the DES

People with *acquired* disability often have the opportunity to return to their pre-injury employer and where facilitated, this pathway achieves the best, most sustainable, employment outcome. People with severe brain injury returning to their pre-injury employer can achieve sustainable employment in up to 80% of cases, though this requires a graduated approach with the appropriate service interventions. This group requires a workplace-based rehabilitation approach with an understanding of workplace assessment and implementation of specific cognitive, behavioural and

physical strategies. This need does not fit into the “Job in Jeopardy” program, not is it appropriate for these individuals to be required to job seek within DMS or ESS streams. They do not have the time to go through the protracted intake system to the DES and often return to work unsupported.

Issue statement 2:

- ***The DES does not provide a responsive service stream nor expertise to support people with acquired conditions to return to their pre-injury employment.***
- ***The service models adopted by government insurance authorities (e.g., WorkCover NSW and iCare) better manage the return to work process and achieve better outcomes for people with traumatic brain injury.***
- ***Refer to recommendation 19 below.***

Part B: The proposed changes to the DES in relation to people with ABI

Discussion point 1: More choice for Participants
Brain Injury Australia supports the notion of more choice for participants, with mobile funding mechanisms allowing clients to transfer providers when dissatisfied with services.

- ***Recommendation 1: Include the input from other service providers working with the person with ABI to decide on the most suitable provider.*** *People with ABI may have a case manager who can participate in the Centrelink assessment process to ensure comprehensive information supports the participants and can identify a suitable provider based on local knowledge of service networks/partnerships.*

Discussion Point 2: Provider/Participant Contacts (face-to-face meeting requirements)
The requirement of face-to-face meetings is a compliance mechanism that has no relationship to effective service provision. Brain Injury Australia constituents relay experiences of attending appointments to “check in” but not receiving an individual service that furthers their employment prospects.

- ***Recommendation 2a: The client-provider interface should be built around the Job Plan, with mechanisms to check the follow-through of activities from both sides.*** *This may involve face to face meetings, but at the discretion of both parties.*

- ***Recommendation 2b: Endorse rehabilitation programs (including State and Territory-based) as an ‘approved activity’ for DES participants that furthers their functional recovery and contributes to work readiness.***

Currently, only Commonwealth-funded programs are endorsed as 'approved activities' yet most rehabilitation programs are provided by State or Territory-funded health services. Participation in such programs would be identified in the client's Job Plan and require monitoring though do not always necessitate face to face attendance with the DES Provider.

Discussion Point 3: Job Plans

The accountability of Providers to follow through on activities in Job Plans is a current issue for people with ABI attending the DES. Contributing to this problem is the high rate of staff turnover within these agencies.

- ***Recommendation 3: Job plans be structured in a way that reflects the client's (not Provider's) goals and signed by all involved parties.***
  Furthermore, Job Plans must include clear timeframes and responsibilities. Expectations need to be clearly negotiated at the commencement of the program and consequences of poor follow-through noted in writing so the participant can identify where their needs are not met and when to change Providers.

Discussion Point 5: Participant Controlled Funding

Brain Injury Australia supports the quarantining of funds for work-related expenses that the participant is able to control. If unused, this funding should not be absorbed by the Provider.

Discussion Point 7: A Single DES Contract

Following the closure of CRS Australia, the delivery of DMS and ESS has become less distinguishable. Some people with ABI will suit an injury-management approach fitting under the DMS stream and others with long-term disability will require greater placement support through the ESS model. There are currently concerns about DES Provider capacity to implement an injury-management approach (DMS) and whilst there is some administrative gain in merging contracts this measure will further dilute rehabilitation expertise in the DES.

- ***Recommendation 7: Re-build the capacity of the DES-DMS stream to follow a model of rehabilitation for people with short-term injury/illness requirements.***
  This requires the integration of health-based expertise for each client which can be achieved through integrated Health-DES service partnerships. This recommendation is aligned with recommendation 19 below.

Discussion Point 13: Service Fees in the context of a funding model with risk-adjusted outcome fees

Brain Injury Australia welcomes initiatives that encourage investing in intensive service delivery for job seekers with high support needs and greater barriers to employment.

Discussion Point 16: Improving the Gateway; enabling a better connection to employment services for people with disability

Brain Injury Australia agrees that the current assessment process is time-consuming, cumbersome and confusing for job seekers as stated in the discussion paper. The process needs to be streamlined, though the actual assessment needs to be thorough, given the complexity of ABI and the importance of taking all sources of information into account.

- ***Recommendation 16: Streamline the direct registration process, to improve linkages between Health service providers and DES.*** *The DES Provider will then have a better understanding of the client's needs and can better support them through the assessment process.*

Discussion Point 17: Assessments Review

In order to avoid duplication of assessments, the ESAt should focus on eligibility, work capacity and appropriate referral within DES and not extend to suggested interventions

- ***Recommendation 17: Brain Injury Australia contribute to the assessment review, including instruments for assessing acquired cognitive and psychosocial barriers to employment.***

Discussion Point 19: Job-in-Jeopardy

As stated in the discussion paper, the "Job in Jeopardy" (JiJ) program is under-utilised, which is related to the loss of CRS Australia providing a workplace-based model of vocational rehabilitation.

Recommendation 18: Re-frame the JiJ as a distinct model for managing RTW for people with acquired conditions returning back to their same employer.

This program would commence prior to the person commences work, offering a proactive, planned approach rather than a reactive approach when the process is poorly managed. This program would mirror the "same employer" services operated by WorkCover NSW. A current pilot program operating in NSW (Vocational Intervention Program, refer to attached program summary) is achieving an 80% employment rate following this approach within the "Fast Track" pathway.

If you have any questions, or require further information in regards to this response to the Discussion Paper, please do not hesitate to contact me.

Sincerely,

Nick Rushworth
Executive Officer
Brain Injury Australia
PO Box 220
Marrickville NSW 1475
Suite 5
Hodson Building
Royal Rehab
241 Morrison Road
Putney NSW 2112
Phone: (02) 9808 9390, 1-800 BRAIN1 (1-800 272 461)
Mobile: (0417) 373 622
Email: nick.rushworth@braininjuryaustralia.org.au
Internet: www.braininjuryaustralia.org.au

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VIP EXPERTISE. WORK. INTEGRATION.

VOCATIONAL INTERVENTION PROGRAM

Background (Brain Injury Rehabilitation Program (BIRP) research)
A state-wide analysis of vocational participation of people with Traumatic Brain Injury (TBI) in NSW was conducted in 2011-13 (n=721) found:

- 29% (207/721) of the sample were working post injury; compared with the pre-injury employment rate of 73% (526/721).
- Sustaining employment was also a significant issue. 32% (98/304) of individuals who resumed work post injury were unable to maintain their employment.
- The best outcomes were associated with return to pre-injury employment. Seeking new employment post-injury is more resource intensive with lower success rates

Disability Employment Service (DES) issues highlighted by clients:

- Lack of understanding about ABI within the employment services sector with flow-on effect of poor information delivery to employers.
- Lack of service intensity and responsiveness.

- Services attending to goals linked with funding rather than client goals.
- Lack of pre-vocational training opportunities.

The subsequent closure of Commonwealth Rehabilitation Services Australia (CRS) resulted in the loss of the only longstanding TBI specialist network for returning to work following disability.

The Vocational Intervention Program (VIP)

The VIP is being implemented in 3 regions in NSW (north and west Sydney), North Coast and Western NSW) under a model of service integration where selected providers (called VR Providers) are partnered with specialised Brain Injury Rehabilitation teams (BIRP) in NSW Health to deliver two (2) interventions:

- Fast Track (early commencement of graded RTW programs with pre-injury employers)
- New Track (trial new work options via unpaid work training placements of up to 12 weeks)

Following a tender process the NSW government (**icare** and State Insurance Regulation Authority) is funding three VR Providers on a milestone-based payment schedule for each participant. The VR Providers include two DES and a private rehabilitation provider.

Preliminary results:

- 71 clients have been referred to the VIP out of a target 78 (28 Fast Track and 43 New Track)
- 15/19 (79%) of clients remain with their pre-injury employers at completion of the Fast Track program
- 6/14 (43%) of clients were employed by the host employers on completion of New Track pathway.

Building ABI specialist programs:

The VIP is the first step to building specialist ABI programs in the disability employment sector. Fast Track is achieving the expected result of 80% employment retention and New Track has exceeded the outcomes expected of a work preparation program.

To expand this model to all regions in NSW:

- Workplace rehabilitation programs need to be endorsed in individual planning for NDIS participants, particularly for those needing pre-vocational training and work trial placements.
- Establish a state-wide network for employment service providers and brain injury rehabilitation clinicians committed to the collaborative approach to rehabilitation and employment.

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Philippa McRae (VIP Project Manager): Philippa.mcrae@health.nsw.gov.au