

16 December, 2016

Disability Employement Services Reform Team

DSS , Aviation House

Woden ACT 2606

Dear Peter and team

CoAct welcomes the opportunity to support the direction of reforms outlined in the Discussion Paper, especially the moves towards stronger personal choice and control for DES participants, and towards more open markets.

Our major points are:

* Making sure more **open markets** allow for an innovative, reasonably stable local markets able to offer reasonable choice to consumers will require existing providers to meet **minimum performance** standards of performance and new providers to establish likelihood of meeting those standards for entry. Entry requirements set too low will risk very unstable markets with too many entries and exits to support quality choices for consumers.
* Increased **choice and control** by consumers can be enhanced by going beyond good information to **capacity building** for consumers and for frontline staff; encouraging **accountability to participants** via individual reporting; removing **red tape** and controls on service provision.
* Funding for additional participants, outcome fees (52 week), and indexation should be from **new funds not budget neutral.**
* **Employers are customers** too and funding should support servicing their needs, including by allowing **funding for pre-work training programs** for supervisors and workplaces so that employers can more easily become repeat customers of DES services**. More generous wage subsidy** arrangements would also assist.
* **Specialist providers** such as MS Australia should be permitted to serve participants across Australia, with only a few sites/ESAs within each state they wish to serve. (Attachment B addresses the particular needs of such national specialist providers in detail)
* We also wish to ensure that the **CoAct network arrangement**, where CoAct may be the national panelist, and members are subcontracted to offer services in ESAs will be permitted.

**Transition**

The proposed reforms if implemented simultaneously would make three fundamental structural changes simultaneously: more open markets, increased consumer choice and control, and significant shifts in funding structures.

We suggest that the reform would be more sustainable if only two out of three reforms were implemented together – a more staged approach.

A **more staged transition** could include **preserving the current fee structures for 18 months** while a proper real costs study was undertaken into the supports necessary to achieve outcomes across a range of participants; and the assessments review is completed with piloting of revised instruments.

It would also assist stable transition planning if the government could release **some key information before the May Budget** (eg number of regions, proposed fee structure, and timeline).

We would welcome the opportunity to clarify any points, for example around specialists serving national markets or the CoAct network model.

We have attached for you a table listing our response to particular consultation questions and a special submission on MS specialist service.

Yours sincerely

Chris Gration

**General Manager, Growth**

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| --- | --- | --- |
| Area | Question | Comment |
| Improving Participant Choice and Control | **Discussion Point 1: More Choice for Participants**   1. What, if any, restrictions should there be (for example, region or distance) on participants choosing to attend a provider? 2. How often should participants be allowed to voluntarily transfer or switch providers? 3. What should be the basis of referral by Centrelink for participants who do not choose a provider? | 1) Reasonable travel (3 hours or less; 1hour or less in a major metropolitan areas.  2)   * Participants should be able to move up to a maximum of two moves in 12 months not three. * For participants who move there needs to be a pro rata of services that can easily and simply be administered. * There also needs to be some protection that once a participant is placed in a job that they are not poached by another provider (without pro-ratapay).   3)   * Centrelink default mechanism should attempt allocate based on rotating algorithim to those service who can serve the key requirements of the participant based on the ESAT. * Ee support individual budget or notional budget holding * There needs to be appropriate information provided early on to support choice, and capacity building * Funding in service or outcome fee from additional service and admin in individual budgets |
|  | **More flexibility in the mode of service delivery**  1. Should face-to-face requirements remain as part of the DES service delivery? 2. How often should participants and providers be required to meet, either face-to-face or by other means? | CoAct does not support requirements on the content of service delivery, beyond a bare minimum required to establish minimum requirements for service payments and outcome payments.  Participants should average fortnightly contact over a three month period, though this should allow for non face to face service delivery. |
|  | Better information to improve decision making | CoAct supports better information but believes this will be insufficient to support activation and expression of choice.  Funds should be available for capacity building on choice for consumers and for frontline staff. |
|  | **Discussion Point 5: Participant Controlled Funding** | CoAct strongly supports increased participant choice and control, inclyuding over the direction of funds and the mix of supports provided.  UK research (Glendenning et al) shows that consumer direction and notional budget holding (ie where the provider holds funds) can increase a sense of control without requiring consumers to experience the stress of managing funds or making choices they feel ill equipped to make. This middle road is what has been used in CDC respite care and community aged care. It also allows greater accountability and personalisation that can be reported to participants quarterly or more frequently.  CoAct will be piloting this individual budget holding combined with person centred planning over the next six months. |
| Driving greater competition and contestability in the delivery of DES | *Improving market access for providers through a DES Provider Panel*  1. *How often should the Panel be open to entry by new providers?* 2. *How often should panellists be reviewed and what criteria should they be reviewed against?* 3. *What should the basic criteria be for joining the Panel?* 4. *How much time do providers need before entering into a market to set up their operations?* 5. *In order to supply DES in a specific ESA what should the requirements be for:a minimum caseload?ESA coverage?* | 12 months seems a short period for refreshing the panel, especially as the denominator in DES star ratings is 3 years not 2, making it very difficult to respond to market competition and consumer churn, turning around poor performance in time for the refresh. We would recommend 18 months or two years.  Panel criteria should be against star ratings for performance, and other measures of quality (NSDS), goverance and financial strength.  Minimum performance standard – 3 star or capacity to reach that within 12 months (provisional entry)  For novel DES providers and new entrants performance should be established in a realted employment services market or disability support, with a provisional panel entry for 12 months based on performance in a small number of ESAs.  Ensure CoAct can Panel register on behalf of DES provider partners  Process for some specialists (eg MS) to operate across national markets  5) For an ESA providers should establish:  Capacity to perform  Local or relevant national employer relationships  Other than specialists, a provider should be required to service an entire ESA on the existing size of ESAs or at least half on the larger ER size. |
|  | ***Discussion Point 8: Removing Market Share Restrictions***  *How should provider diversity be maintained to ensure participants have adequate choice of provider?* | Preventing a high volume of unstable entries and exits is key to ensuring participants have access to reasonable, sustainable choice without unproductive churn. This can be achieved by applying performance requirements for panel entry and perhaps also for ESA entry. |
|  | ***Discussion Point 9: ESAs***  *Should there be ESAs, if so, how many ESAs should there be?*  *Should the number of ESAs be reduced if market share is removed?* | CoAct supports larger employment regions rather than ESAs as they encourage business to be planned with some regional scale. |
|  | **Discussion Point 10: Preventing Market Failure**   1. What specific circumstances should be recognised as market failure warranting intervention? 2. *If market share is continued in some areas, how should the level of market share be determined?* 3. What interventions should be used to address market failure and ensure service availability? | 10. 3 CoAct supportsa more active approach by the market steward in thin markets or where there is market failure by:   * A limited intervention to stimulate consumer choice and appropriate supply response (facilitated and time limited) * An increase to service fee to reflect the extra costs of the thin market (remoteness, other market challenges * A minimum number of providers based on understanding of local consumer choices |
| Aligning incentives to support better outcomes | **Discussion Point 11: Ratio between service fees and outcome fees**  What should the ratio between service fees and outcome fees be and why? | CoAct supports a stronger weight towards outcome fees but believes that new 52 week outcomes, funding to cover expected new NDIS participants and indexation of payments should be from new not cost neutral funds. |
|  | **Discussion Point 12: 4-week and 52-week Outcome Payments** | We support a 52 week payment but it should be funded from new not existing funds. A four week outcome payment is also supported. |
|  | **Discussion Point 13: Service Fees**   1. How should service fees work in the context of a funding model with risk-adjusted outcome fees? | * Recognise costs of transition to new system by tapering reduction of service fees over first 2 years * Once we have a real costs study and a fully reviewed and reformed assessment system, service fees could then be weighted proportionately like the outcome fees. |
| Improved Gateway and Assessment Process | **Discussion Point 16: Improving the Gateway**   1. How can gateway arrangements be improved to enable a better connection to employment services for people with disability? | * We support a review of assessments but believe this should not be rushed and should be based on real costs and study in a cohort trial with controls to prove the assessment tool before it is deployed. * The connection of the assessment to risk adjusted supports should be based on a real costs study. * The context of assessments (skilled assessors, face to face, timeliness) should be addressed with increased funding as necessary. |
|  | **Discussion Point 17: Assessments Review**   1. What other aspects of ESAts/JCAs should be examined in the review? 2. Should there be: 3. greater separation of ESAts and provider’s own assessments, with ESAts focused on eligibility, work capacity and appropriate referral within DES and not extending to suggested interventions?   OR   1. should ESAts be developed and extended to provide more and better information on which providers could base their assistance, with less need to perform their own assessments? 2. How should the revised assessment process fit with other options for DES reforms outlined in this Discussion Paper? | CoAct believes there may be merit in separating assessment for barriers and work readiness, from assessments made by providers of the range and cost of supports required for a participant.  Providers’ assessments will necessarily be more strengths based, and will be based more on doing what is necessary to meet the employment objectives of the participants.  We believe that the assessments review should involve real field work and piloting of revised instruments rather than simple desk based actuarial review.  This would mean taking up to 18 months to undertake the review. |
| Assisting participants in the workplace | ***Discussion Point 18: Ongoing Support***   1. Should the fee-for-service funding model specify minimum contacts and hours of support? 2. What minimum servicing requirements should there be for each level of support? 3. How should payments be determined for each level of support? | We are not sure that adopting fee for service model across the board is administratively practical.  Further details to make sure the specialist ongoing support approach used by MS remains viable are attached. |
|  | ***Discussion Point 19: Job-in-Jeopardy***   1. *How can we better define when someone’s employment is considered to be at risk due to their disability?* 2. *How can we increase employer awareness of JiJ?* 3. *Does the current fee structure reflect the services being provided and outcomes being achieved?* 4. *What is a more appropriate name for Job-in-Jeopardy?* 5. *If a JiJ participant chooses not to disclose their disability to an employer, how should providers assist them in the workforce?* 6. *Should the JiJ service be integrated with Ongoing Support?* | One of the key issues of JinJ is requiring the engagement of the employer – which may be part of the issues for a person with disability who has not disclosed in the workplace.  Requiring employer engagement may not be necessary.  Further details to make sure the specialist JinJ used by MS remains viable are attached. |
| Building Employer Demand |  | CoAct supports acknowledging employers as a key customer of DES providers.  Funding should allow for providers to undertake the workplace training of supervisors and co-workers necessary to transform a workplace into a recurrent disability employer, rather than relying on each new placement to be a trailblazer with PPS to do the culutrual change work required in work places  By comparison to other wage subsidies available, the DES wage subsidies should be more generous. |
| Transitioning to a new model | Transitioning to a new model | CoAct believes stability of transition into the new system is vital for participants and providers.  This could be supported by moving on only 2 out fo the 3 major changes simultaneously.  Stable transition could be be supported by:   * + - 1. Providing some key information (number of ESAs, fee structure, timeline – before Budget       2. Preserving existing fee structures (with indexation) for 18 months to 2 years while a proper assessments review is completed and a real costs study of supports |

SUMMARY – national specialist providers

The *New Disability Employment Services from 2018 Discussion Paper* summarises and builds on previous findings on what the Australian Government is currently and potentially intend on doing to assist people with disability find and maintain employment, and provides a platform for discussion about ways to improve current practice to lead to better employment outcomes for people with disability.

Having delivered a specialist employment service to people with multiple sclerosis for over 15 years, MS Employment Support Service (MS ESS) is in a somewhat unique position to provide comment and insight into the *Key proposed changes to current model*. MS ESS is successfully delivering a specialist employment service within the current contractual framework that encompasses many of the proposed changes that are mooted to underpin the future service delivery framework for disability employment.

To contribute to discussion and inform future policy direction, MS ESS present the following key recommendations:

1. Retain the core aspects of the following current programme components:
   1. Employment Assistance
   2. Job in Jeopardy
   3. Ongoing Support
   4. Employment Assistance Fund
2. Remove Employment Service Area (ESA) Boundaries
3. Encourage Specialist Providers
4. Develop a robust Assessment process
5. Reduce the administrative burden to enable greater flexibility of service
6. Use a licencing/accreditation process to enter the market
7. Indexation of fees and funding to reflect the actual cost of service delivery

ORIGINS OF MS ESS

Multiple sclerosis:

Multiple sclerosis is a permanent and progressive neurological condition. Multiple sclerosis is the most common neurological disease in young and middle-aged adults, striking during formative years of career development1. Affecting predominantly females (75% of diagnoses), it produces a complex array of physical, cognitive, and emotional changes2.

Multiple sclerosis and employment:

For those living with multiple sclerosis, the risk of unemployment is potentially a greater threat than for their non-disabled counterparts. Eighty per cent of people with multiple sclerosis leave full time employment within ten years of diagnosis, despite 90% having a positive work history at time of diagnosis and typically in highly skilled jobs2.

Policy decisions that enable people with multiple sclerosis to retain employment where possible while recognising the need to have a solid welfare response for those unable to remain employed, are strongly recommended from an economic and equity perspective and supported by national and international literature on disability and employment3. Once a person is rendered unemployed due to disability, difficulties often surface in attempting to *regain* employment8,9, 5. People with *progressive illness* *or whose level of disability varies* face the greatest obstacles to re-employment due to the perceived risks to the employer7. This underscores the importance of obtaining accommodated work *within a current employment situation* rather than seeking new employment elsewhere.

Need for specialised knowledge:

Employment Support Service programmes for people with multiple sclerosis must be driven by highly specialised, multi-disciplinary teams of health professionals4. A study of the Australian cohort of people with multiple sclerosis reported disease-related factors and difficulty managing symptoms in the workplace contributed to loss of employment more than work-related factors such as discrimination and being asked to leave or sacked; findings consistent with several international studies10. The role of Employment Support Consultant therefore insists upon a solid understanding of the complexities of symptom management and the need for holistic and proactive management of other barriers to maintaining employment including timely and effective provision of workplace accommodation and education of employers and the wider community5. Indeed, inadequately informed employment support personnel may contribute to *excessive* disability with respect to multiple sclerosis and employment1.

New perspectives on activity and participation driven by the World Health Organisation necessitate that rehabilitation professionals constantly update their knowledge of multiple sclerosis, rehabilitation, and employment.

For these reasons, all MS ESS Employment Support Consultants are experienced, registered allied health care professionals, primarily Occupational Therapists and Physiotherapists.

Multiple Sclerosis Limited (MSL) as a Disability Employment Service Provider:

* MSL has been delivering a specialist employment service to people with MS since 1996
* 2012 special consideration enabled the MS ESS to continue as a sub-contractor delivering specialist employment support service under the current 2013 DES Deed
* Under special consideration, MS ESS can only directly register participants sourced through its networks and receives no market share via Centrelink.
* As a specialist provider MS ESS exercises the authorisation in the DES Deed and Guidelines to enable specialist providers to register and service participants from outside of their contracted ESA
* MS ESS can only directly register and service participants diagnosed with MS

KEY RECOMMENDATIONS:

The experience of MS ESS as both a *Job Seeker Assistance* and *Job in Jeopardy Assistance* Disability Employment Service Provider has informed these key recommendations:

1. Retain the following current programme components:
   1. Employment Assistance
   2. Job in Jeopardy
   3. Ongoing Support
   4. Employment Assistance Fund
2. Remove Employment Service Area (ESA) Boundaries
3. Encourage Specialist Providers
4. Develop a robust Assessment process
5. Reduce the administrative burden to enable greater flexibility of service
6. Use a licencing system to enter the market
7. Indexation of fees and funding to reflect the actual cost of service delivery
8. Participant choice and control

Remove Employment Service Area (ESA) Boundaries

The MS ESS model:

As a defined specialist provider MS ESS exercises the allowance within the current DES Deed and guidelines to directly register from outside of the contracted ESA. Stipulation being that only the specified cohort supported by the service is engaged.

Identified constraints:

The arbitrary geographical boundaries that ESA define restrict consumer choice to a set number of Providers. This is contrary to the principles of *market-based service provision* and *increased open employment options*, two of the principles identified in the Disability Employment Issues Paper to underpin the new framework for disability employment.

Solution:

Remove the ESA boundaries and associated market shares to encourage consumer-based demand for Provider services. This allows the consumer to select a Disability Employment Service to best suit their individual needs and circumstances.

Encourage Specialist Providers

The MS ESS model:

Both research and the experience of the current specialist MS ESS indicates employment services for people with multiple sclerosis, whether in a *Job Seeker Assistance* or a *Job in Jeopardy Assistance* service, must be driven by highly specialised multidisciplinary teams of health professionals4 capable of working in collaboration with people with multiple sclerosis, the labour market and employers, medical and allied health professionals, extended support networks such as family, as well as local, State and Federal Government support services.

As noted in the *Evaluation of Disability Employment Services 2010–2013* report:

*“Depending on a person’s level of disability the most appropriate programme may be a specialist disability or mainstream programme. Failure to direct people who need specialist assistance to a specialist programme significantly reduces their chance of labour market success and the resources expended, however low, are a waste”.*

Identified constraints:

As noted in the *Evaluation of Disability Employment Services 2010–2013* report:

“Directing people with lower support needs to a specialist programme results in high deadweight costs because they are likely to achieve outcomes without the added expense of specialist intervention”

Solution:

MS ESS is an example of a *disability*-specific employment support programme, however there is also potential for industry- or employer-specific specialist Disability Employment Services.

Specialist Disability Employment Services would be better equipped to:

* Offer greater choice in the type of services available
* Foster innovation
* Provide a better match between Job Seekers and employment opportunity
* Offer more appropriate service provision based on needs

1. Competition and contestability

Use a licencing system to enter the market

As noted by the Productivity Commission in the *Independent Review of the Job Network:*

*“Competitive tendering is complex and expensive for providers and disruptive to services. Accordingly, licensing of providers should be adopted, ultimately with free entry to the Job Network by accredited agencies, subject to ongoing assessment of quality. Prices should be set administratively as quality of service cannot be assessed adequately ex ante.”*

MS ESS supports this recommendation by the Productivity Commission as it would:

* Enable entry to the market by Providers that meets stipulated accreditation standards
* Facilitate automatic licensing renewal subject to a performance standard being met

Use of a licencing system for Providers would enable a more flexible market attuned to the needs and demands of Participants.

It is recognised there would be a need for a robust performance management framework and a fee structure that operates in conjunction with the performance framework

1. DES Funding Model

First and foremost, it must be acknowledged that there has been no indexation of fees and outcomes since the 2010 -13 contract iteration. By the end of the current 2013 – 18 contract fess and outcomes will have remained the same for 8 years, this is an effective funding cut and does not reflect the current cost of providing an effective service. MS ESS is of the view that before more a targeted and risk adjusted funding model the fees and outcomes ***should***be indexed to reflect the resources to provide effective service provision.

Consider the following

Employment Assistance:

The MS ESS model:

All Job Seekers undergo a comprehensive multiple sclerosis-specific *Initial Needs and Vocational Assessment* administered by an MS ESS Employment Support Consultant (a registered allied healthcare professional).

The *Initial Needs and Vocational Assessment* includes psychological, social, cognitive, physical and vocational domains to identify the Participant’s vocational interests, transferable skills and abilities, as well as multiple sclerosis-specific barriers to engaging in open employment.

Detailed written reports include mutually agreed strategies and actions to mitigate identified barriers to gaining employment and assist in identifying suitable employment for the Participant.

Support to seek employment is then provided by an Employment Development Consultant. (A tertiary qualified specialist)

Identified constraints:

The expertise of an Employment Development Consultant is essential to prepare Participants for employment.

Anecdotal evidence suggests provision of *Employment Assistance* services across the sector is homogenous, with little attention to the individual or disability-related factors, or the societal or work-related factors presenting as barriers to the participant gaining meaningful employment.

Solution:

MS ESS recommends that fees and outcomes are indexed to more accurately reflect the cost of service provision. If there is to be a move to a more targeted outcome structure that reflects difficulty of placing and keeping a participant in employment it needs to be done in conjunction with a robust and accurate assessment process that reflects the barriers and interventions that will be required to be implemented to secure employment.

Reduce the administrative burden to enable greater flexibility of service

Anecdotal evidence suggests a considerable amount of time is spent on administrative duties by staff.

It is acknowledged that a balance is required in achieving the best possible employment outcomes against the expenditure of public monies. What needs to be emphasised is the difference between *quality of service* and *compliance of service delivery*. Quality in the form of suitable and sustainable employment outcomes should be the measure of success of the Employment Support Service, rather than a focus on the administrative and compliance oversight to drive service delivery.

1. Gateway and eligibility to DES

Develop more appropriate assessment process

The MS ESS model:

Currently entry into a DES programme as a Job Seeker can only occur once a Participant has undergone an Employment Services Assessment (ESAt), Job Capacity Assessment (JCA) and the participant has been deemed eligible for a programme of support.

In addition to the ESAt/JCA, MS ESS utilises its own *Initial Needs and Vocational Assessment* to better understand an individual’s eligibility for a programme of support. This assessment is conducted by an Employment Support Consultant (a specialist registered allied healthcare professional) to determine a Participant’s barriers to entering and maintaining workforce participation and is completed within the context of the Participants own employment goals and the wider labour market. This report is provided to Centrelink Assessors prior to ESAt/JCA.

Identified constraints:

ESAt/JCA are administered utilising generic principles in a time restricted manner and often conducted by assessors with limited knowledge of disability types. This can result in superficial and inaccurate assessment.

Solution:

MS ESS recommends a more holistic assessment ideally conducted by Employment Support Consultants with expertise in identifying barriers to employment and formulating strategies and activities to mitigate the effects of these barriers on the Participant’s efforts to enter the workforce. This is most readily achieved through specialist Disability Employment Service providers.

1. Assistance in the Workplace

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Ongoing Support:

The MS ESS model:

Multiple sclerosis is a chronic and progressive neurological condition. Symptoms can vary in severity throughout the day, week, month or year. A relapse, a significant and prolonged exacerbation of existing symptoms or the development of new symptoms of multiple sclerosis, can greatly impact function temporarily, for example a few months, or have permanent effect.

The Ongoing Support phase is vital in enabling the MS ESS Employment Support Consultant to respond to such events by, for example, facilitating appropriate symptom management, workplace modification, or interaction with an employer.

Ongoing Support is also an integral part of assisting a Participant to maintain their employment in times of relative symptom stability. As disease-related factors and difficulty managing symptoms in the workplace are the primary reasons for loss of employment for people with multiple sclerosis, Ongoing Support enables MS ESS to purchase services, treatments or intervention to assist Participants in the management of symptoms that are presenting as ongoing barriers to maintaining employment. This is a prophylactic approach to prevent people with multiple sclerosis moving from employment to unemployment, or worse, out of the labour force altogether. Being a progressive neurological disease this method of support would be transferable to other similar conditions.

Identified constraints:

Interpretation of Ongoing Support guidelines varies amongst Ongoing Support Assessors.

Some Assessors indicate purchased services are disallowed and therefore cannot be included in the hours of support provided by the MS ESS.

Some Assessors indicate Participant Contacts must be face-to-face however when Participants are working full time, have family commitments or medical appointments etc., email or phone contacts have been equally effective mode of contact with Participants.

Solution:

The current ongoing support structures and levels are workable and effective if utilised properly. The only current short coming has been the lack of indexing of service fees. Introducing a fee for service (individual packages) funding model not only will add an extra administrative burden on providers but reduce the flexibility of support available.

The current ongoing support provisions already enable what is being proposed:

* a minimum number of contacts and hours are already specified
* the minimum servicing requirements
* payment determination or level is determined by ongoing support assessment

Rather than change ongoing support, more effective use of the current provisions will be able to achieve the desired outcomes. Furthermore, the proposed changes to ongoing support raise more questions than answers

* what would the hourly rate be?
* Would it be time limited
* Would there be multiple rates to accommodate different types of service provision service provision? for example allied health
* How unplanned for short in time assistance be billed?
* How would purchased service(s) be accounted for?

Employment Assistance Fund:

The MS ESS model:

As registered allied health professionals (Occupational Therapists and Physiotherapists), the MS ESS Employment Support Consultants are well equipped to identify and source work-related modifications (including adaptive equipment) and services, and to present clinical reasoning and documentation to support any application for funding.

Identified constraints:

Participant’s who have elected *not* to disclose their diagnosis of multiple sclerosis to their employer are often unable to meet the documentation requirements specified by Job Access, for example *Statement of Ownership* forms.

Adaptive equipment essential to maintaining current employment may not be funded through the *Employment Assistance Fund* when it is deemed the equipment *may* also be used by the Participant within the community. While this may be true in some instances, the purpose of the funding application is because there is a real and immediate need for the equipment in the workplace to ensure the Participant maintains their current employment.

Solution:

Maintain flexibility within the Employment Assistance Fund guidelines to enable Job Access Advisors to use their own clinical judgement when assessing applications for funding.

CONCLUSION

MS ESS broadly supports the *Key proposed changes to current model* and believes the anticipated benefits are achievable.

If implemented, these changes could lead to greater opportunities for people with disabilities resulting in increased employment participation.

MS ESS appreciates this opportunity to contribute to the discussion about ways the Australian Government can improve current services to lead to better employment outcomes for people with disability. MS ESS welcomes feedback on these positions and looks forward to contributing further to the development of the New Disability Employment Services from 2018.

MS ESS will continue to advocate strongly to Government to ensure Australia has a successful and vibrant disability employment sector.

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