Disability Employment Australia Discussion Paper Response

Submission from Disability Employment Australia

December 2016

Represent Support Resource

About Disability Employment Australia

Disability Employment Australia (DEA) is the peak body focused on disability employment, including Disability Employment Services (DES). We are recognised internationally as the pre-eminent organisation representing, supporting and resourcing the disability employment sector throughout Australia.

As a membership organisation, we exist to represent our members' interests, particularly Disability Employment Services providers at a national level to government and a range of other stakeholders, such as consumer and employer groups. Disability Employment Australia supports the Australian Government to deliver high quality employment support to people with disability in Australia.

We have a unique responsibility to foster innovation and flexibility of service in the Disability Employment Services program and emerging opportunities in the NDIS, Mental Health reforms and other government initiatives. We support our members to achieve best practice service provision in their role to find employment outcomes for people with disability. We advise, advocate, train, inform and undertake events to strengthen and promote the sector.

We believe in the right of every member of society to be included fully in the community, and to have control over their own life choices. Participation in the open labour market is a crucial factor in realising this goal.

We strive to inspire, challenge and celebrate the Disability Employment Services sector.

Contents

List of Acronyms

AHRC – Australian Human Rights Commission
DEA – Disability Employment Australia
DSP – Disability Support Pension
DSS – Department of Social Services
ESA – Employment Service Area
ESAt – Employment Services Assessment
IF – Individualised Funding
JCA – Job Capacity Assessment
JiJ – Jobs in Jeopardy
NDEF – National Disability Employment Framework
NDIS – National Disability Insurance Scheme
NDS – National Disability Strategy
PC – Productivity Commission
UN CRPD – United Nations Convention on the Rights of Persons with Disabilities

DES Provider Case Study
| BEST Employment |

BEST Employment Ltd. (BEST) is about alleviating disadvantaged communities, by finding suitable sustainable work which benefits both our job seekers and the employers we engage with. Through our passion, processes and values BEST is changing the view employers have on providers.

BEST Employment aims to nurture a career for the long term, and change lives. It's this approach, the BEST approach, which sees our employers take the journey with us and, through strong relationships, trust our judgement when placing candidates into their business, particularly those with a disability.

One employer and job seeker represents just that. With 63 weeks on benefits, Jamie McCormack is a jobseeker who has a traumatic brain injury. Jamie entered into the Disability Employment Program with BEST Employment in the heart of regional NSW, Inverell.

Jamie showed numerous barriers impacting his life, outside of his disability – drug and alcohol court requirements, anger management, ongoing legal proceedings with DOCS in an attempt to get custody of his children, and no driver's license. Through attempts to address these barriers, including accessing professional assistance and appealing his license suspension to no success, the attention was quickly turned to his employment goals.

The employer is the second largest Australian-owned meat exporting company, the largest employer in Inverell, with high employment standards. The company, Bindaree Beef, is dependent on reliability, hard work and efficiency to keep the chain line moving. BEST and Bindaree Beef have built up a strong relationship over the years to earn mutual respect and a partnership to see the small town of Inverell prosper through its local workers. This was where Jamie wanted to plant his feet.

Through regular contact with BEST Employment's Mentor Support staff member, Jamie applied for a position within Bindaree Beef and obtained an interview. Together the staff at BEST and Jamie conducted mock interviews in preparation, which proved invaluable when the client successfully gained employment, starting March 2016.

Understanding the needs of the employer, BEST provided assistance for knives, training and support in the workplace. The jobseeker was going exceptionally well in his position, and the abattoir were pleased with his progress, until he presented with an allergic reaction to blood- six weeks in.

At risk of losing his position, and the employer losing a reliable employee, the client's job coach negotiated a move to another sector inside the company, requiring a forklift license. BEST provided assistance to cover the forklift license costs and Jamie was able to remain in a job. And BEST is pleased to inform Jamie remains there today, with his 26 week fully outcome available to claim.

Executive Summary

Disability Employment Australia (DEA) has thoroughly appreciated the co-design process with the Department of Social Services (DSS) and the Government. This has not been a token gesture – far from it. This has been a robust intellectual pursuit, weighing up practicalities with best practice and aspirations. This has been a respectful and engaged activity. All parties involved and invested in doing things better, while not necessarily agreeing on every point, have listened and responded constructively. It has been a long journey to this point but a very worthwhile one. We are committed to the new DES, with its alignment to contemporary disability principles and real potential to improve employer engagement and outcomes for people with disability.

Our response has considered and investigated the current programme, ideas for a new model, the history of DES and disability rights and policy, as well as national and international research. We trust we have provided you with a response worthy of the substantial model and future being considered in the Discussion Paper and by Government. This response is based on extensive consultation with members (representing close to 80% of the sector), many meetings with DSS senior bureaucrats, ministerial advisors, employer peaks, disability advocates and peaks, academics and practitioners, as well as reading, listening and critical analysis. Our response attempts to explain our position on a variety of subjects that are in scope and offers recommendations or alternative solutions to questions posed. We have even suggested a new name for Jobs in Jeopardy! In essence Disability Employment Australia supports the direction proposed by The Discussion Paper, especially choice and control and a market rather than a market-share model.

1. Introduction

Disability Employment Australia (DEA) welcomes the 'New Disability Employment Services from 2018' Discussion Paper, released in early November this year, as the final stage of a process which began in April 2015. The then Minister for Disability, Senator Fifield, spoke at a CEDA event to launch this significant recalibration of Disability Employment Services (DES). The end result of a new disability employment model, he noted, would be "more diverse workplaces; more interesting workplaces; more creative workplaces; and workplaces with a broader range of talents".[1]

Two weeks earlier on 16 April 2015, at the DEA Leaders' Forum, the Minister gave members the first glimpse of what was being considered: "Over the next 18 months, I want you to be talking … about how to build a new disability employment system for 2018 … a new disability employment model will need to deliver better choice and control to its customers – employers and people with disability".[2]

In Parliament on 1 December this year, the Assistant Minister for Social Services and Disability, The Hon. Jane Prentice MP, speaking in support of the International Day of People with Disability said, "This day gives all of us the opportunity to reflect on and acknowledge the positive impact people with disability have in our community. We should all consider what we can do to make sure people with disability have the same opportunities to pursue their dreams and reach their full potential."[3]

Following education, employment is largely considered the single clearest course for any of us to pursue our dreams and reach our full potential. The Government understand this and is working with the sector to build on best practice and its long history assisting people with disability to find and maintain employment.

To consider what a new DES might be it is useful to remember what came before and the mutual relationship between DES and disability services. The arc of this significant reform to disability employment aligns with contemporary disability policy which has its genesis in the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD).

In Australia, a key outcome in signing the Convention was the report *SHUT OUT: The experience of people with disabilities and their families in Australia* (2009). This report informed the development of the National Disability Strategy, which in turn informed the *Productivity Commission Report* and its staggering conclusion:

> Current disability support arrangements are inequitable, underfunded, fragmented, and inefficient and give people with a disability little choice ... the central message of this report is that a coherent and certain system for people with a disability is required – with much more and better-directed resourcing, a national approach, and a shift in decision-making to people with a disability.[4]

The *Productivity Commission Report* found disability services to be in serious disarray. The same, it is important to note, has not been said of DES. Reforms to disability employment are about

[1] Fifield, M (Hon). 2015. Speech to the Committee for Economic Development (CEDA). Available from: http://www.formerministers.dss.gov.au/15496/speech-to-the-committee-for-economic-development-ceda-disability-employment-agenda-crown-towers-melbourne/ accessed 5 December 2016
[2] Fifield, M (Hon). 2015. Speech to DEA National Leaders Forum, Available from: http://www.mitchfifield.com/Media/Speeches/tabid/71/articleType/ArticleView/articleId/904/SPEECH--Address-to-Disability-Employment-Australia-Leaders-forum.aspx accessed 5 December 2016
[3] Prentice, J (Hon). 2016. International Day of People with Disability, Available from: http://www.janeprentice.com.au/Media/Speeches/ID/2474 accessed 5 December 2016
[4] Productivity Commission Disability and Care Report, 2011 (Overview pg. 5)

developing alignment with the NDIS (the end result of the *Productivity Commission Report* recommendations), and contemporary disability policy.

The Discussion Paper's two key tenets (choice and control and marketisation) point in the direction the NDIS has established in redefining disability support. DEA is on the record, through last year's National Disability Employment Framework (NDEF) consultations, that it supports contemporary disability policy principles (person-centred, choice and control, and Individualised Funding) as well as a market-led model. Our membership (representing close to 80% of the DES sector) has endorsed that position through comprehensive consultations we have conducted over the last 18 months.

DEA is very supportive of the core elements of the new disability employment model as indicated in the Discussion Paper. We strongly support the alignment of contemporary disability policy with the DES programme. We support the Discussion Paper in principle; our caveat is that as the Discussion Paper does not describe the funding model, regulatory model, procurement process and transition therefore DEA must reserve its support until those important elements are made public and we have had the opportunity to scrutinise. **Also, the sector will require capacity building assistance to transition.** As the Discussion Paper notes, "There was wide acceptance of a need to put people with disability at the centre of changes; however, there were concerns about the capacity of participants and providers to immediately adjust to a consumer-directed service delivery in a competitive market."[5]

Disability Employment Australia feels it necessary to challenge certain assumptions the Discussion Paper makes. Through the period that we have been considering the future of disability employment the DES sector has taken its share of criticism. It is argued that we are not placing enough people with disability into employment; that we don't engage with employers enough or with enough business savvy; and that employers haven't heard of the DES programme. DEA does not dismiss such arguments – they must be taken into account.

However, we do not think these criticisms acknowledge with appropriate regard the context in which DES operates. DES providers and people with disability have to work to dispel societal, community and employer attitudes. These are real barriers that people with disability and DES providers push hard against every day. The DES sector and programme originated from a disability rights based demand that people with disability have the right to work in 'open' employment. The journey to that aspiration continues with DES providers acting as the bridge between people with disability wanting to gain open employment and employers. **However, attitudinal barriers are the key obstruction to solidifying that bridge.**

The Discussion Paper says that "despite significant investment by the Government in employment services", labour force participation rates for people with disability has remained stagnant for 20 years. DEA is as concerned as anybody with this issue. But Disability Employment Australia has strong reservations with the Discussion Paper's implication that the fault lies with employment services.

The Australian Public Service (at all three levels of government) employs about two million people.[6] People with disability make up 3.1% of the public service, down from 5.8% in 1992[7]. If the Australian Public Service lifted its employment levels of people with disability to 10% (which is still well under the 15% of working age population of people with disability), that would be an increase of 130,000 people with disability in that workforce. That's not a pipe dream. The NDIA,

[5] Department of Social Services, Disability Employment Services Reform from 2018 Discussion Paper (pg. 8)
[6] Australian Bureau of Statistics, Public Sector Employment, Available from: http://www.abs.gov.au/ausstats/abs@.nsf/mf/6248.0.55.002/
[7] Human Rights Commission, 2016, Available from: https://www.humanrights.gov.au/sites/default/files/8.%20People%20with%20disabilities%20Final.pdf

starting from scratch as a public service agency four years ago employs 16% people who identify as having a disability[8]. DES can do better to support people with disability into employment and lift the workforce participation rate. The Australian Public Service has to improve its employment rates substantially. That is an employer engagement strategy ready to happen.

In 2008 the Government commissioned a discussion paper that "asked people with disabilities and their families, friends and carers to identify the main barriers to their full participation in the economic and social life of the community".[9] The aforementioned report, *Shut Out: The experience of people with disabilities and their families in Australia,* had huge ramifications. It not only informed the National Disability Strategy but the Productivity Commission Review as well.

What is relevant to our sector and the Discussion Paper from the *Shut Out* report findings is that stigma, discrimination and the "soft bigotry of low expectations" were core barriers for people with disability seeking sustainable employment – actually, just trying to secure a job.

> Submissions detailed difficulties in seeking, obtaining and retaining employment. By far the biggest barrier identified was employer attitudes. These ranged from entrenched discrimination to misconceptions about the adjustments required for some people with disabilities. Discrimination occurred in those cases where otherwise qualified candidates for jobs were screened out or overlooked simply because of their disability.[10]

The *Shut Out* report was released in 2009. It could be argued that things have changed. However, in 2015 the Government referred the Australian Human Rights Commission (AHRC) to conduct an inquiry into "practices, attitudes and Commonwealth laws that deny or diminish equal participation in employment of older Australians and Australians with a disability".[11] The AHRC report, *Willing to Work*, less than ten years after *Shut Out*, found:

> [T]oo many people are shut out of work because of underlying assumptions, stereotypes or myths associated with their age or their disability. These beliefs lead to discriminatory behaviours during recruitment, in the workplace and in decisions about training, promotion and retirement, voluntary and involuntary. The cost and impact of this is high, for individuals and for our economy.
>
> People who are willing to work but are denied the opportunity are also denied the personal and social benefits—of dignity, independence, a sense of purpose and the social connectedness—that work brings.[12]

The World Health Organisation, observing facts on disability, states, "people are disabled by society, not just by their bodies".[13] In October this year the Rehabilitation International World Congress was held in Edinburgh. The conference was represented by over 65 countries and one day of the conference focused on disability and employment. Keynote speakers and panels across the day stated that the key barriers to achieving employment were discrimination and stigma.

This is the context in which the DES sector operates. These are the barriers that people with disability who are trying to participate in the workforce – and therefore enjoy independence, purpose, friendship, and a sense of community – routinely come up against.

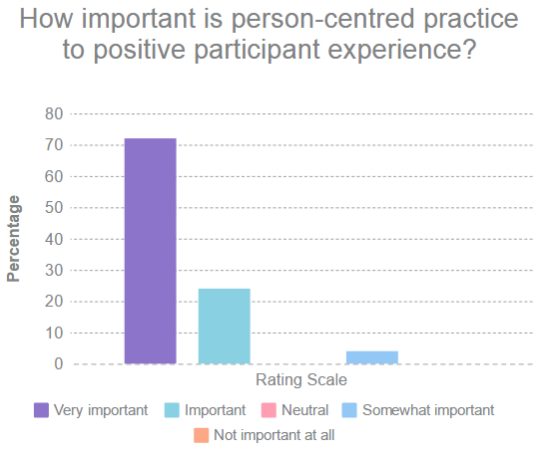
[8] National Disability Insurance Scheme, Available from: https://www.ndis.gov.au/ndia-people
[9] Australian Policy On-Line, Available from: http://apo.org.au/resource/shut-out-experience-people-disabilities-and-their-families-australia
[10] Shut Out: The experience of people with disabilities and their families in Australia', 2009 (pg. 38)
[11] AHRC Willing to Work Report, 2016 (pg. 9)
[12] Ibid (pg. 6)
[13] Department of Social Services, Disability Employment Services Reform from 2018 Discussion Paper, 2016 (pg. 16)

DEA supports the drive to refresh and renew the DES programme, rather than iterate the same contractual and unnecessary administrative-heavy model. Outside of disability advocacy peaks, DEA is the lead body in supporting government and DSS in this quest.

Many DEA members have operated in this space since its inception (1988-1992). Many other DEA members have operated from 1992 onwards. These providers have either concentrated their efforts locally or to a specific disability cohort or have built their best practices and expanded their services. They operate across the country, from the largest cities to deep into rural and remote communities. They have well established working relationships in their local communities, with disability service providers and employers. They have been assisting, supporting and placing people with disability into local jobs for over twenty years. That is how long they have developed, built and maintained employer relationships.

From 1992 until 2005 DES providers worked in a market model, referencing a person-centred (choice and control) approach. During that period a provider, competing with the other DES providers, would build their participant caseload through deep relationships with disability services, schools, carers, Neighbourhood Houses, Skillshares, and so on. In 2005 Centrelink took over as the gateway and those relationships (largely) fell away. Any DES provider from that time could relate the ubiquitous story that goes like this: prior to Centrelink becoming the gateway their organisation would have established working relationships with over one hundred different community services (including employers). Less than three years later that number fell to less than thirty.

DEA and its members identify with the concept of participant choice and control because it connects so closely to the Disability Service Standards, which have underpinned the expectations of the DES programme since its inception. In October this year DEA conducted a survey of our members and their views on best practice. When asked, "How important is person-centred practice to positive participant experience?" 95% of responses said "important" and "very important" (see graph right). In fact a comment that followed made this provider's view even clearer:



> We have been doing this for over 20 years - why do DEA keep thinking this is a new idea! Since the Disability Service Standards were enacted we have been required to do this, if not we were already doing as per our own values.[14]

DES providers see the 2018 New Disability Employment Service model as the way to better connect the Disability Service Standards with service assistance and supports. They expect that the gateway and assessment process for DES participants will be substantially improved. And providers can redevelop community connections to build a flow of referrals through more direct community relationships. Improving the gateway and assessment process is critical for the two main tenets (choice/control and market driven) of the new model to operate and flourish.

[14] Disability Employment Australia, *Future of Disability Employment Discussion Paper Survey*, December 2016

This is an opportune time to plan and prepare the new DES. It won't be without problems but if the two core tenets are given as much support as possible, the sector and providers will be better able to establish services fit for purpose; for participant expectations and employer engagement.

2. Improving Participant Choice and Control

A core and significant change from the current contracted structure of DES is the move to giving the participant more choice and control. As the Discussion Paper notes, "improving individual choice and control generally leads to better outcomes".[15] This conclusion comes from the Productivity Commission (PC) *Disability and Care Report*.

Beyond the PC Report, the evidence that this is the case is compelling. A 2015 research project investigating mental health service users' experience using personal budgets found that they made a real difference across all life domains, and progress in one area potentially lead to progress in other areas.[16] Central to the success was improved choice and control.

A US study that followed a previous research project across three different states found that "giving consumers control over their personal care greatly increases their satisfaction and improves their outlook on life".[17] The follow-up research investigated how that same care model would be received by people with mental health diagnosis. The conclusion, again, was that consumers given the flexible, consumer-directed care package fared noticeably better than consumers in the traditional settings.

On 24 October 2008 the third annual roundtable of intellectual disability policy was convened by the School for Social Work and Social Policy at La Trobe University. The day's presentations considered the implementation of Individualised Funding (IF) for people with intellectual disability. The gathering, attended by some of Australia's most eminent academics and international guests, concluded that "IF should help everyone have more choices and more say in their lives". Other points included:

> - Having a choice is more important than what is chosen (as long as it's safe and legal).
> - People with high support needs need more help. They shouldn't be left out.
> - Staff need different training to work this way."[18]

In 2014 Associate Professor P. Ramcharan from the Centre for Applied Social Research, RMIT University, speaking to the Victorian Government Family and Community Development Committee *Inquiry into Social Inclusion and Victorians with Disability* explained the door closing on old disability policy as well as why and how contemporary disability policy was taking shape.

> In summary: No segregation by design, no graduation model, reduce restrictive practices, [provide] the right opportunity structures for meaningful skills in everyday settings, community presence, relationships, choice, competence and respect — respect for diversity, citizenship, self-determination, accessible environments and the need for advocacy and voice while celebrating disability identity.[19]

15 Department of Social Services, Disability Employment Services Reform from 2018 Discussion Paper, (pg. 23)
16 Larsen, J., et al. (2015). "Outcomes from personal budgets in mental health: service users' experiences in three English local authorities." Journal of Mental Health
17 Shen, C., et al. (2008). "Does mental illness affect consumer direction of community-based care? Lessons from the Arkansas Cash and Counseling program." The Gerontologist
18 Bigby, C. and Fyffe, C. (Ed), Proceedings of the Third Annual Roundtable on Intellectual Disability Policy: Achieving their own lives: The implementation of Individualised Funding for people with intellectual disability, Oct 24 2008, Melbourne, Vic: La Trobe University (pg. 12)
19 Ramcharan, P. Family and Community Development Committee Report. Inquiry into Social Inclusion and Victorians with a Disability. Available from: http://www.parliament.vic.gov.au/fcdc/inquiries/article/2179

He explains the development of a core component of policy thinking and settings that has been built since the UN CRPD:

> Then there is new choice theory. I mentioned earlier that people have said that they can go to bed when they want and they can eat what they choose and that is all that choice is. Over the past 30-odd years we have seen that everyday choices and a few lifestyle choices may have changed, such as how we look and how we represent ourselves. But when we look at the key pervasive life choices — that is, those choices which affect everything else, like where we work, our education, our health or our intimacy in relationships — when we look at any of those areas in terms of statistics, they have not sufficiently changed. So we should not be glossing over this idea of choice by saying there are these small choices which people are achieving; we should really be concentrating on those key ones and ensuring there are targets, ways, means and guidance to produce the outcomes for those people.[20]

There is ample evidence that choice and control provides better outcomes for people with disability through so many domains of life. In the employment service sector we are considering an idea that is very new to this space but has been adopted in multiple jurisdictions, across multiple countries, for multiple different disability cohorts, in a multiplicity of settings and arrangements over many years.

The National Disability Strategy 2010-2020 *Second Implementation Plan, Driving Action 2015-2018*, which was launched on the International Day for Disability this year, cites "improving employment outcomes for people with disability"[21] as one of "four areas of increased national effort". The Discussion Paper is the map to determine that aspiration. Therefore the response to ideas set forth in that paper must emphasise the evidence-based value of choice and control.

DEA is on record that we support a person-centred, choice and control, Individualised Funding model. This is in line with the UN CRPD, the National Disability Strategy, the NDIS, and the evidence. Academics and practitioners we have consulted (and who have spoken at recent Leaders' Forums and DEA Conferences) reinforce the need to triangulate these three principles.

The Discussion Paper might not go as far as last year's National Disability Employment Framework consumer focus proposals but we believe it is a start and step in the right direction. DEA supports the idea and would like to see the concept of improving participant choice and control given as much capability as possible.

Participants should have their hand on the lever (choice and control) from the selection of the provider they want to access, through the flexibility of modes of assistance (service delivery), including with Job Plans and with better information to enhance their decision making on the journey to sustainable employment.

We appreciate that ESAs are likely to remain for administrative and performance management purposes; to ensure coverage and that providers are delivering for participants and employers. Beyond those regulatory needs the participant should be given the understanding and right to choose the provider.

[20] ibid
[21] The National Disability Strategy 2010-2020; Second Implementation Plan, Driving Action 2015-2018 (pg. 2)

DSS and the sector already knows of many disparities when it comes to participants' lack of choice in the current DES programme. Whether that be a geographical anchor or a desire to attend the same service as a friend, or, in the case of DES linked to a hospital, where they work with people who have been admitted to a city hospital following a serious injury but may live hundreds of miles away in various towns (and ESAs). In these cases and many more the participant's choice is thwarted because of contractual and heavy-handed compliance. A starting point for 2018, we would argue, is that the participant has no restrictions on choosing their provider.

DEA does not envisage that this change to how DES operates is going to produce a scramble of unnecessary movement by participants, jumping from one provider to another. Where choice and control operates in other disability service streams it has not been the case. However, we accept that we should enter into this change gradually. We would expect participants be granted up to three transfers in the first year of DES engagement, tapered to two in the second year. Importantly, we would recommend modelling this idea (including how service and outcome fees attached to support might be ascribed pro-rata value). We would ask that the sector has full sight and input into that modelling.

Centrelink should not be involved in the referral process for a participant who does not choose a provider. Another key component of the idea of choice and control, as understood through contemporary disability policy, is the role of a disability advocate. Participants should have access to this avenue of support in the process of decision making.

Employment assistance and support through to job placement and retention into post placement support and Ongoing Support should be agreed to between the participant and the provider. This is the basis of their relationship. Trust and expectations are built into how both parties understand each other's roles. This should not be encumbered by bureaucratic compliance.

A core change (that providers and DSS need rise to) is that the relationship is between the participant (and their goals) and the provider (and their professional capability), and then with the employer. Participants and the provider should determine how and when and why they meet. The central document in this arrangement is the participant's job plan. That document should guide expectations and delivery.

That document must not be devised and managed from a centralised computer system. The DES programme centralised computer system (as a regulatory rather than compliance managed system) could allow the job plan to be uploaded (or for a box to be ticked to acknowledge that a job plan is being executed) but DSS/DoE should not construct the template or manage the job plan in any way.

DEA does not support the idea of participant controlled funding as it appears in the Discussion Paper. This might appear contrary to what we have argued about the value of person-centred, choice and control, and Individualised Funding. **Our concern is that it doesn't appear that it would lead to opening up Individualised Funding.** It has more potential to go the way of the Job Network Jobseeker Account.

The Discussion Paper case for this idea is not strong. It seems to be based on a question: how does a DES provider utilise the service fee allocated to assist the participant to find and secure employment? In Appendix 1 are the results of a survey DEA conducted with members in October this year. The survey anticipated the Discussion Paper and what employment assistance in a disability employment service looked like. The survey results are compelling reading. From Internal Assessments to caseload sizes to marketing to considerations of person-centred approach to the supports providers offer beyond job preparation – our members offer far more to participants than what is assumed in the Discussion Paper question being addressed here.

88% of responses to the question of what additional supports do you provide stated that participants required additional supports/services[22]. Even more compelling is the additional comments provided – it is essential reading. It gives a good overview of the work being done through the service fee allocation. It also demonstrates why DEA is reluctant to support the idea of a quarantined portion of participant controlled funding. The range of additional supports providers offer is too wide and too varied to be captured in a funding allotment that could very easily and quickly become a prescribed list.

DEA has consulted with members in relation to this Discussion Paper through our recent Leaders' Forum, a webinar and another survey (see Appendix 2.). Our members through all three consultations have indicated that they don't support the idea of quarantining a portion of funds for participant controlled funding (see graph right).[23]

DEA recommends that Individualised Funding is trialled as part of moving into the new DES from 2018. That is, a nominated number of participants go through the program, in control of their service/outcome fee. We suggest that this trial is informed by both the DES Youth Mental Health Trial (and how that might have been staged better), the DSS IPS Trial, and academics who have studied Individualised Funding in disability services. If such a trial operated alongside the 2018 DES for at least three years participants, employers, providers, DSS and the government would be able to consider the merits of moving beyond the application of participant choice and control over time.

[22] Disability Employment Australia, Future of Disability Employment Survey, October 2016 (pg. 19).
[23] Disability Employment Australia, Future of Disability Employment Discussion Paper Survey, December 2016.

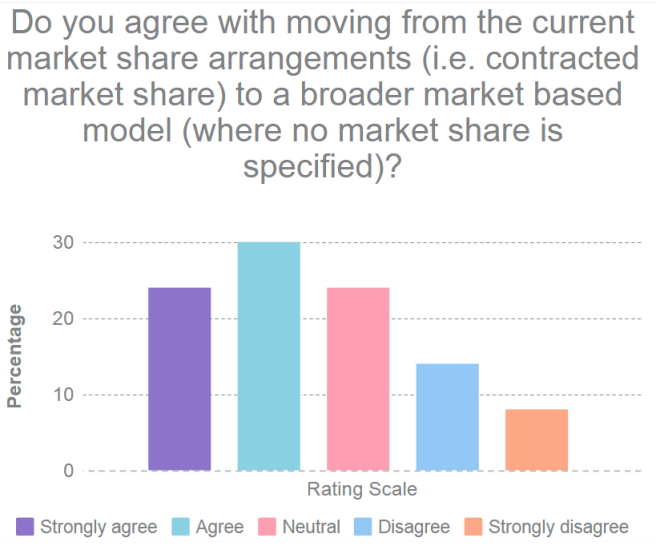
3. Driving greater competition and contestability in the delivery of DES

DEA supports the move to a more competitive and dynamic marketplace. This is in line with the *Harper Review*, *Recommendation 2*, that "Each Australian government should adopt choice and competition principles in the domain of human services" and that "user choice should be placed at the heart of service delivery".[24] DEA has previously cited literature in submissions that consistently supports the concept of increasing employment outcomes as a result of marketisation and individual choice in Government policy and in the National Disability Strategy[25]. Overseas experience also tells us that a competitive marketplace and individual choice allows more ownership for the individual and improves employment outcomes.

DEA supports the establishment of a Panel of suitable providers that can be opened for a provider 'refresh'. DEA agrees with some reservation to an 18 month rolling review of Panel providers (but with the caveat that this requires further debate, including an assurance that performance evidence is calculated correctly). DEA also believes the Department should compare time frames for current business reallocation processes in terms of a provider 'refresh'. For example, the current business reallocation process commenced in August 2016 with new business arrangements following reallocation commencing in February 2017.

DEA supports the Panel approach, giving providers the opportunity to move across arbitrary (and porous) boundaries to market their services. A provider should be expected to cover an ESA but it is hard to argue for a minimum caseload. If the tenet, choice and control is a core driver, providers must adapt to drawing business through their doors. DEA believes that the criteria to operate in the new DES is sound. However **DEA recommends that the new DES start off with pretty much the existing sector, so as to limit the confusion through the transition year.**

From our survey results, there is broad support among DEA members for a move towards a freer market. Feedback indicates that careful transition arrangements need to be implemented once these arrangements commence. DEA believes that the process of poor performing providers being replaced by higher performing ones or replaced by suitable Panel members needs to be treated carefully and with a detailed communication plan to ensure the seamless transition of participants and that employment outcomes continue to be supported.



24 Australian Government Response to the Australian Competition Review, November 2015, p. 4. Available at http://www.treasury.gov.au/PublicationsAndMedia/Publications/2015/CPR-response
25 National Disability Employment Framework, Discussion Paper November 2015, https://engage.dss.gov.au/wp-content/uploads/2015/11/disability_employment_framework_discussion_paper_-_final.pdf, pp 14-15

DEA Survey Monkey results indicate a majority of providers support moving to a market based model without market share.[26]

Although providers are in support of this change, some did offer individual feedback on the move to this model:

> - I think this represents a positive move. I think there needs to be a staged transition to ensure that existing providers can endure through the change.
> - More information, greater communication of how this process will be rolled out, and the information should be released well before this process is due to commence so all stakeholders clearly understand this process.
> - How do you treat current providers in terms of the new arrangements? Would they be automatically rolled over or will some selectively be rolled over (i.e. 3 stars and above) and some have to reapply?

In terms of the DES Provider Panel, the Discussion Paper suggests six minimum criteria to join. These are: meeting the National Standards for Disability Services; being financially viable; having robust governance arrangements; a demonstrated ability to deliver disability, employment or related services; accepting the terms and conditions of the contract or deed; and meeting and maintaining a minimum performance levels. DEA supports these criteria.

DEA believes that policy will need to be developed regarding providers with more than one contract and different Star Ratings for each separate contract. Currently a provider may be a four star provider in one ESA but a two star provider in another. [27] DEA would be interested in working with the Department to develop guidelines on how best to deal with Panel arrangements to ensure the market continues to meet its intended goals of a more competitive marketplace.

As stated above and in the Introduction to our response, a competitive market is directly linked to participants exercising individual choice. For that to work effectively DEA believes that support may be needed for participants to make informed choices about providers. Also, some mitigation may be required for participants who are in post placement support or Ongoing Support. Data from some providers indicates that 50 % of caseload participants are in an outcome stage or Ongoing Support at any given time. This is where external advocacy can play a role.

> We have over 50% of our clients in Post Placement Support and Ongoing Support.[28]

The new DES model should also encourage providers to attract participants. The November 2015 Discussion Paper indicates there are large numbers of people with disability who do not have any participation requirements (approximately 100,000) and therefore are not accessing any form of employment assistance via a DES service or other programme. There is definitely an opportunity for DES providers to attract this participant cohort to their services; to essentially create a new market. **However, DES providers may require capability development so that they can market themselves effectively in a market driven environment and attract some of these potential participants.**

DEA supports the new DES being a single programme. By having Disability Service Standards accreditation a DES provider should be expected to have the capability to work across disability cohorts and their accompanying attributes. Having one programme will reduce unnecessary and burdensome red-tape and compliance. As part of the Transition phase DSS should give mind to

26 Disability Employment Australia, *Future of Disability Employment Discussion Paper Survey*, December 2016.
27 DES Star Ratings, September 2016, Available at https://docs.employment.gov.au/node/37236
28 Disability Employment Australia, *Future of Disability Employment Discussion Paper Survey*, December 2016.

providing capability development for providers who may previously only operated either ESS or DMS.

DEA strongly supports maintaining current ESA boundaries. There is not enough evidence for the need to change from ESAs to Employment Regions (ERs). Moving to ERs could put small to medium providers under financial duress trying to provide coverage. This would impact on the diversity of providers. As the *Harper Review* notes, "A diversity of providers should be encouraged, while taking care not to crowd out community and volunteer services".[29]

Provider feedback also indicates that there were some concerns about requirements in reference to servicing the whole of an ER, and from providers in rural and regional areas.

For example, providers made the following comments:

- Small providers have local knowledge and shouldn't have to cover large ERs, particularly in regional areas.
- Stabilise transition (currently doing 3 things at once: maybe slow down the shift in fees/funding until real costs study done and assessment pilot complete. Viable markets (not market share): either set high enough minimum standards that there is viability and reasonable expectation of quality, or don't license too many providers in ESAs. Make available transition funds to build capability of workforce especially around supporting consumer choice.[30]

Provider viability is also an important factor to consider to ensure the new market does not fail. DEA asks DSS to refer to evidence-based literature to guide its thinking on preventing market failure. DES programme data indicates that metropolitan areas have sufficient providers and participants to allow an effective market to occur. DEA believes there will need to be some mechanism implemented to ensure that a market works in regional and rural areas where there is usually only two providers or in some cases only one. The DES Discussion Paper does allow for interventions to support smaller markets. DEA supports considered, evidence-based interventions in an ESA where competition is lacking and market share arrangements may still be required.

29 Australian Government Response to the Australian Competition Review, November 2015, p. 4. Available at http://www.treasury.gov.au/PublicationsAndMedia/Publications/2015/CPR-response
30 Disability Employment Australia, *Future of Disability Employment Discussion Paper Survey*, December 2016.

4. Aligning incentives to support better outcomes in DES

DES is a specialist programme meaning more support and resources are required to service participants. Literature reflects the ongoing move towards contracting out of human services – particularly employment related services – but does not suggest a best case scenario in terms of a split between service fees and outcomes[31]. The literature also presents conflicting views about getting the service/outcome fee balance right[32]. Our members' experience is that participants' support ranges from easy-to-place through to participants who require high levels of support to gain and keep employment.

We think a 50/50 ratio of service/outcome fees is appropriate, including calculating Ongoing Going Support fees as part of outcome fees not service fees.

DEA surveyed its members about the "ratio between fees". This feedback indicates that our members support some movement regarding the split between service and outcome fees[33]. Most members surveyed (50%) supported an equal (50/50) split between the two fees.

Some of our providers have also done some work in analysing their current split and potential impact on Star Ratings. Here are some statements from our members[34]:

- This really is a hard question to answer without modelling to show how it will look, However, I feel there needs to be careful consideration that service fees are used to help participants train and prepare for work and if there isn't sufficient funds to do this many will miss out. This can be particularly true for those who are harder to place or with many non-vocational barriers.
- A percentage of people with disability wanting a job in open employment require coaching, training and job readiness preparation before this is achievable and sustainable. There is a cost involved with doing this effectively and this should be recognised that this is done in DES without in any way discouraging the client. To prematurely refer participants to employers without adequate preparation can "burn" employers, sometimes meaning they are less likely to employ a person with a disability if they have a bad experience. It can also lead to a loss of confidence for the participant if they are unsuccessful and feel they were under prepared.
- We are not anywhere near that mix in terms of a service fee and outcome fee split - with 50% of our clients in Post Placement Support and Ongoing Going Support. I think

[31] Tomkinson, E, 2016, Outcome-based contracting for human services. Evidence Base, Issue 1. p. 12. Available at www.journal.anzsog.edu.au
[32] Koning, P & Heinrich. 2010. Cream-Skimming, Parking and Other Intended and Unintended Effects of Performance-Based Contracting in Social Welfare Services. IZA Discussion Paper, no 4801. P. 4.
[33] Disability Employment Australia, *Future of Disability Employment Discussion Paper Survey*, December 2016.
[34] ibid

we are very different in our approach. We would also like to see how much will go to the 52 week paid outcome.

- Generally a 60/40 ratio returns a higher Star Rating result. I'd suggest that 70/30 occurs when looking at all providers - if they did an analysis of only 3 Stars or above, you may find it moves closer to 60/40 or 55/45.
- I believe that a 50/50 split would be a great motivator for providers to obtain outcomes, but still enable funds to prepare clients to gain suitable and sustainable employment.
- Our current ratio stands at 55 % service fees to 45% outcome fees. As an aspirational target 50/50 would ensure high levels of outcomes whilst providing a viable funding model that ensures a continuity of strong providers in what is a very volatile market.[i]

DES is interested to know more about risk-adjusted outcome fees (but change the name!). DEA would not like to see an extensive sliding scale of risk-adjusted outcome fees, thinking 3 or 4 levels would provide adequate difference across a range of participants and probability calculations. We appreciate linking individual characteristics and labour market characteristics to determine probability. However, we are concerned whether the information is correct and robust enough for such calculations.

The literature supports different levels of funding for participants who have higher level of disability than others[35]. Currently participants are streamed into DMS, DES-ESS Level 1 and DES-ESS Level 2. DEA believes these changes will need to be linked to any changes of the gateway and assessment arrangements (see Chapter 6). DEA would also like to see the proposed modelling on any changes to funding based on levels of disadvantage.

DEA also believes there needs to be a stronger link to Ongoing Support in the outcome stage for participants at risk of losing their jobs, or potential Jobs in Jeopardy participants, especially with the recommended move to 52 week outcomes.

There has been much change in the Australian labour market over the past ten years. There has been a huge increase in the casualisation of the workforce as well as an increase in self-employment. DEA accepts the 4 week and 52 week outcome on the basis that the Ongoing Support performance framework weighting is discontinued and that weeks in employment (regardless of the number of jobs) counts towards 26 weeks and 52 week outcomes. This compromise observes the precarious labour market and the need to increase Ongoing Support.

This would also encourage our providers to continue to work with participants until they reach a 52 week outcome point rather than exit and the probability of re-cycling of participants. DEA would also like to see self-employment outcomes become easier to claim in terms of documentary evidence. This overall recommendation requires greater flexibility than in the current DES programme and its "breaks in employment guidelines".

DEA supports the introduction of the 52 week outcome. We are interested to know what the Discussion Paper means when it says there will be an increase in regulation (pg. 44). Our understanding is that the new DES will adopt a regulatory model rather than the current compliance structure.

DEA believes that if a provider has a good working relationship with their participant, then a

[35] Lu, J. 2014. The Performance of Performance-Based Contracting in Human Services. University of Maryland. Pp.104-5. Available at: http://drum.lib.umd.edu/handle/1903/15876

transfer is less likely. However, the reality is, there will be transfers. Therefore the services and supports providers have expended on a participant need to be calculated and paid.

DEA supports the concept of (pro-rata) service fee that follows the participant. A new set of fees should not be paid every time a participant transfers. We are concerned regarding outcome fees for participants who transfer during the outcome period – especially if a 52 week outcome is introduced.

DEA notes the experience in other employment service contract settings where outcomes and performance were given to the provider who placed the job seeker in the first place. We don't necessarily think the equation should be as cut and dried as that, we cite it as a method to reference.

DEA supports the expansion of eligibility criteria for DES so that more students with a disability can access the programme. We would like to take this measure much further. We strongly believes that the Department of Social Services (DSS) should reintroduce DES providers' capacity to work with and in schools – to give DES providers greater licence to support teenagers with disability to explore work experience and part time work. We also believe that any student who is eligible for DSP or is receiving additional assistance from the school would benefit from a program. DEA also believes the registration process of eligible early school leavers needs to be streamlined.

DEA has a strong commitment to this cohort. The programme's origins are with young people with disability transitioning from school to work. In the 1980s young people with disability did not have a specialist employment programme like DES to assist them find work in the open employment market. Through its life span DES has worked with young people to find sustainable employment. Working in and

DES Provider Case Study
| Red Cross Employment Services |

Photo: Australian Red Cross/Renae Droop

School was a safe place for 19-year-old Jesse, who grew up in a disadvantaged area and lives with Asperger's syndrome and learning difficulties. Graduating and moving on to employment was always going to be a challenge. When Jesse was told it was time to leave school and find work, he was unprepared and terrified.

"I wasn't going to let him sit around the house and do nothing, but I knew it would be challenging to find him a job as he doesn't cope well with change," says Jesse's mum, Debby.

That's where Red Cross came in. Emma, an Employment Consultant with Red Cross Employment Services, first met Jesse when he was a high school student. She visited Jesse regularly to help him understand the world of work and found him a volunteer job with a local e-waste recycling company – a chance to ease in to a change of routine.

It wasn't long before we found a job opportunity that would be the right fit for Jesse. He has now worked at Logan Packaging Supplies for a year, and his employer Michael says he's made great progress in adapting to work. It was important to find the right work balance, so he works five hours for two days a week and volunteers the rest of the time. Jesse's parents have also supported him by driving him to work and picking him up.

"My husband and I can't thank Michael enough for giving Jesse a go," Debby says. "I have peace of mind knowing that Jesse feels secure at work now and we are very proud of him. The job has made a real difference to his life. He has bought himself a new computer and is an inspiration and example to our family and his community."

Red Cross encourages employers to help build resilient communities by providing options for job-seekers who are disadvantaged. Given the opportunity and the right support, people living with a disability can be reliable, productive employees and are less likely to take sick leave.

with schools at a local and community level.

Dorsett and Lucchino examined the school to work transition, concluding that, "Our analysis uses statistical techniques to understand the influence of distinctive characteristics at age 16 on an individual's overall future labour market trajectory". They go on, "Our results indicate that, in about two-thirds of cases, the type of future trajectories can be predicted correctly on the basis of circumstances at age 16."[36] This UK research considered all young people. It is easy to correlate the greater impact on young people with disability. Bringing DES into schools (as was the case from 1992 until 2012) would assist thousands of young people aspiring to work.

In their 2012 report, *Young people entering work: A review of the research,* Oxenbridge and Evesson came to the conclusion that "Student part-time working, vocational education and vocational work placements were all found to lead to better outcomes for young people transitioning from study to full-time work, in part through the development of these soft employability skills".[37] Currently young people with disability are mostly not exposed to these life and work experiences that research demonstrates provides a foundation to increased employment opportunities. The new DES is built to open this space up for young people with disability and DES to support and assist in what is clearly an investment and early intervention model.

[36] Dorsett, R & Lucchino, P. 2015. The School to Work Transition: An Overview of Two Recent Studies (p.6). Available at: http://www.niesr.ac.uk/sites/default/files/publications/dp445.pdf
[37] Oxenbridge,S & Evesson, J. 2012. Young People Entering Work: A Review of the Research (p. 42). Available at: http://www.acas.org.uk/media/pdf/5/2/Young-people-entering-work-a-review-of-the-research-accessible-version.pdf

5. Improved Gateway and Assessment Process

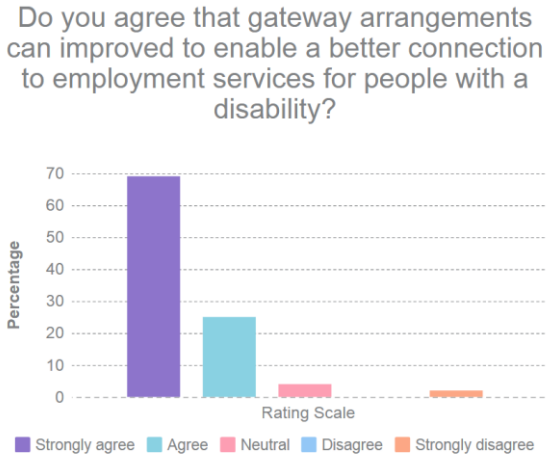
DEA supports the need for better assessments and an improved gateway for connections to employment services for people with disability. In our response to the 2015 *Issues Paper*, we expressed our deep concern that the current assessment system was flawed[38].

Under current arrangements, potential participants of the DES programme usually undergo an assessment such as an Employment Services Assessment (ESAt) and or a Job Capacity Assessment (JCA) to determine eligibility. DES providers also undertake their own assessment of participants once they are in the programme.[39]

DEA agrees that an effective gateway and assessment process is critical to ensuring people with disability can readily access employment assistance. Currently ESAts are done by Department of Human Services. Participants can undergo several assessments. Some participants undertake a JCA to determine eligibility for the Disability Support Pension (DSP). Some participants have both a JCA and ESAt done during their participation in DES. [40] As one DES provider states:

> The gateway and assessment process are fundamentally important to ensure jobseekers receive the most appropriate service and in alignment of needs (and also reflect appropriate funding). The review of current JSCI and ESAt tools and process with a test/retest methodology approach is highly encouraged to ensure it gets this right for both jobseekers and providers (the majority of the time).

Feedback from DEA providers is generally critical of the current arrangements and are fully supportive of an improved process. Over 90% of respondents to a DEA Survey agreed that better gateway arrangements are required (see graph right)[41].



DEA providers have also detailed some of the parts of the process they think that need to be improved. One problem is the availability of ESAts to allow re-assessment. One provider notes that, "It's almost impossible to get a participant in for a re-assessment if you think the current ESAt has missed something that may impact on bench mark hours", and "availability of ESAts – this is a major concern as they are not available and time spent trying to get an available appointment is sometimes endless".

Other key feedback that DEA received from its members included a strong criticism from providers about telephone assessments:

- Ensure all medical evidence is up to date, no phone interviews, allow an advocate (DES?) to attend to explain barriers.

[38] Disability Employment Australia, Response to National Disability Employment Framework Issues Paper, July 2015, p. 15.
[39] Future of Disability Employment, Disability Employment Australia Survey, October 2016, pp. 3-6.
[40] Department of Social Services, New Disability Employment Services from 2018, Discussion Paper, November 2016, p. 47
[41] Disability Employment Australia, *Future of Disability Employment Discussion Paper Survey*, December 2016..

- [Do] not have over the phone assessments, following the assessment process properly.

DEA also received some criticism of the skills required to carry out an ESAt and that it should be participant focused.

- The assessors need to have more knowledge about types of disabilities, what would be appropriate for the customer knowing what services are out there in their local area and most importantly allowing the Provider to attend ESAt meetings and giving their professional opinion on what kind of employment would be appropriate without unrealistic benchmarks. For funding purposes- it should be about the customer.
- Assessors better informed about disabilities, barriers and strengths; commitment to the individual rather than the program.
- More assessors available and better qualified to match their skills with the needs of the client. A better understanding of the disability and what the client is able to do.

The time taken to finalise an ESAt is also a concern to most providers

Current ESAts can take up to 6 weeks to be finalised this is frustrating for providers and participants and the department needs to make the assessment process easier and quicker for participants to access DES providers.

Other feedback includes comments around

- Benchmark hours – there should a focus on current benchmark rather than future.
- There should be fewer referrals of participants who under long term suspensions.
- Inability to get timely ESAts done in rural and regional areas of Australia.

As part of the gateway review that will be undertaken, DEA will present a paper on benchmark hours, band-widths, and current and future capacity. This mode is not in line with the choice and control (let alone person-centred) principles that will be the service delivery norm by 2019/2020.

DEA also sees the new choice/control and market model as the opportunity for DES providers to work more closely with local communities and demonstrate to potential participants why they should choose them. The more providers invest themselves in local communities, the less control the gateway will have. The direct registration process could and should be overtaken by participants choosing providers based on knowing about providers before going through the Centrelink assessment process. In that scenario, the ESAt or JCA will be conducted in a much different context than the current programme.

The sector fully supports the proposed literature review of assessments. DEA will also conduct research into assessment tools in social services settings. Notwithstanding further exploration and research we also support greater separation between the purpose of Centrelink assessments and providers own assessments (refer to DEA Member Surveys – Appendix 1 and 2). We suggest, even before the gateway review has been completed, that ESAts focus on eligibility and appropriate streaming, but not extending to suggested interventions.

DEA also believes that the review and resulting improvements should be implemented as soon as possible. DEA is concerned that the proposed time frame for this process is not aligned with the introduction of the new DES model.

6. Assisting participants in the workplace

DEA believes that the new DES is an ideal opportunity to regain the purpose of Ongoing Support and turn it into a much more utilised model related to its original purpose. Currently there is less than 20% utilisation of Ongoing Support. However, in any gathering or meeting of DES providers, when asked the question, "Do you support Ongoing Support?" the response is unanimous. Providers believe in its value – so why isn't it being utilised?

Providers will point to the heavy-handed compliance and administrative requirements that go with the programme. They will also talk about how it may adversely affect their 'Stars'. These concerns have become so ingrained in provider behaviour and perceptions that it doesn't matter how much or how little validity is in these views, this is the way it is operating. One critical factor relating to the Performance Framework and Ongoing Support is that in that Framework Ongoing Support is the only weighted indicator that is an activity. Every other weighted indicator being measured is a milestone (13 weeks; 26 week outcome). The DES Star Rating Methodology Advice on the Ongoing Support definition can be confusing.

Despite whatever reasons lead to the present reduced utilisation of this very important aspect of disability employment assistance, what we can say with some certainty is that all stakeholders would like to see it utilised more widely and with a deeper purpose.

The DSS feedback to the AHRC *Willing to Work Inquiry* noted the response of stakeholders during the National Disability Employment Framework:

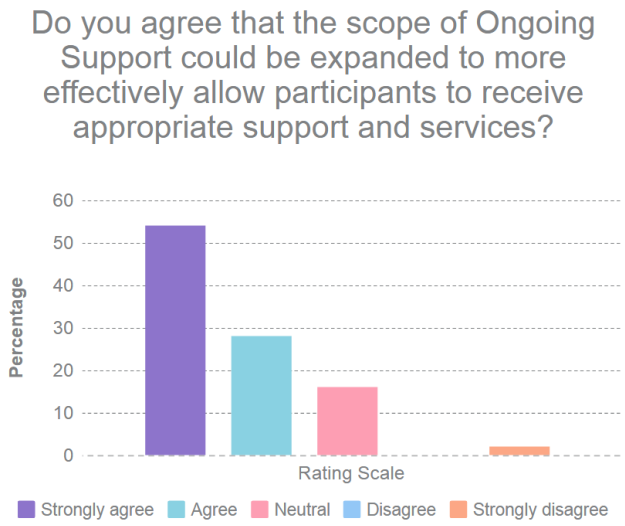
> The feedback about the strengths and weaknesses of the current system was quite consistent across all stakeholder groups and the proposed principles for a new Framework were well received. [They included] strong support for an individually focused approach and the principle of career planning, particularly from people with disability.

DSS went on:

> Reports such as the recent People with Disability Australia (PWDA) DES Consumer Engagement Project and the Australian Federation of Disability Organisations (AFDO) report consumers front and centre: What consumers really think about DES, have reported:
>
> • A need for individualised approaches to increase choice and control for the jobseeker;
>
> • A lack of focus on the needs of employers – matching people with jobs;
>
> • Inadequate ongoing support once employees are placed in a job;
>
> • Misconceptions about employing people with disability; and
>
> • A need for a holistic approach to service provision which works across people's lives.[42]

[42] Human Rights Commission, 2016, Available from: https://www.humanrights.gov.au/sites/default/files/Submission%20No%20300%20-%20Department%20of%20Social%20Services%20-%20organisation%20(age,%20disability).pdf (pg. 24)

DES providers would agree that Ongoing Support is not nearly what it could be. The DES Discussion Paper Survey result to our question about Ongoing Support is telling (see graph below).



Over 80% see Ongoing Support as an activity to support the participant in employment but also as something much more. Ongoing Support is a critical component of DES. DEA would like to see the numbers of participants accessing Ongoing Support rise substantially. This in turn would likely see a rise in 52 week outcomes.

The Ongoing Support stage of the DES programme can be significantly re-organised to better suit the objective of the new DES, while maintaining the purpose of Ongoing Support that makes it a core differentiator. DEA recommends removing flexible Ongoing Support as an option. This will reduce unnecessary administration while increasing the utilisation of Ongoing Support. We also contest that the prescription/compliance required to administer Ongoing Support be removed or significantly reduced. The current Moderate and High Ongoing Support fixed payment method should continue. DEA suggests trialling the 'risk adjusted funding' model for Ongoing Support.

Ongoing Support should be understood in line with the key tenet of the new DES; a support program negotiated and agreed to by the participant, DES provider, and employer. Additionally, Ongoing Support would be provided in a manner that gives the participant confidence and capability to develop their interdependence into independence. The participant would be central in deciding when to exit the support (with an understanding that they have right of re-entry into Ongoing Support at any time, whether that be for incidental support, assistance to move to new employment, career guidance, or even if their job is in jeopardy).

The Discussion Paper considers a "skills review after 12 months in Ongoing Support" (pg. 50). DEA would again highlight that both improved skills (capability) and confidence lead to independence, which includes career progression. We think this idea has merit (if directed by the participant) and would like to see the details of the idea. This idea aligns with the notion that a participant might come in and out of Ongoing Support. And that a new DES will assist and support people with disability into work, then sustainable employment, then building a career.

DEA supports independent Ongoing Support Assessments. As we have stated, the differentiating factor between DES and other employment programmes is Ongoing Support. A DES provider who operates as an Ongoing Support Assessor believes, "The process of having independent Ongoing Support Assessments is ideal as it ensures the client is receiving the support claimed and reports are received from four different sources". The process can be improved. There is unnecessary administration and compliance. Contacts should not be limited to face-to-face. Employers, where possible should be part of the process but not because a contract guideline insists they must. The Ongoing Support Assessment is another example where the onus of its practical

application and success should lie with the participant, provider, employer, and assessor. The Department should provide a regulatory framework rather than a compliance role.

If the new DES redesigned the Ongoing Support phase as suggested by DEA then Ongoing Support could bring the Job in Jeopardy (JiJ) programme into its scope. DEA suggests rebadging JiJ as 'Keep on Working'. The fee structure could be aligned to Ongoing Support. Also, 'Keep on Working' (old JiJ) could be aligned to employer peaks to create a framework for mature age workers (more susceptible to developing a disability) to keep on working.

DEA believes it is critical that we refocus the Ongoing Support (including aligning the 'Keep on Working' [JiJ] program) to respond to the objectives of the new DES and improve employment outcomes for people with disability. From the webinars that DEA has run, providers have reported that successful Ongoing Support definitely leads to more successful employer engagement and that they want to be "better equipped to develop long term relationships with prospective employers". DEA also recommends a campaign to encourage employers to access the 'Keep on Working' program. This could fit with the employer initiative trials being proposed that look to innovative and effective solutions to employing people with disability.

7. Building Employer Demand

DEA supports the need to build employer demand as a crucial aspect for the success of the program. DEA has previously submitted feedback from studies citing three reasons preventing employment of people with disability[43]. These are:

1. Negative workplace cultures;
2. Lack of employer knowledge and awareness; and
3. A disconnect between the capabilities of DES providers and the expectation on business.

Studies also report that there is a willingness by employers to employ more people with a disability, but identified a need for assistance with how and what support is required on the ground.

"A key challenge is to convince employers to hire one worker with a disability. Once employers have their first positive experience, they are far more likely to hire another worker with disability".[44]

DEA supports the Government in its proposal to run several projects enabling employers to demonstrate and share innovative practices in recruiting and supporting people with disability in work. DEA asks that DSS find best practice models already operating with current providers and employers who have demonstrated willingness to see the person with disability as adding value to their business bottom line. The DES sector is the starting point, as there is not another entity that works on a daily basis with as many and as varied employers as DES providers. Across Australia I would estimate that DES providers collectively work with tens of thousands of employers. DSS would do well drawing from the pool of employers DES providers work with successfully every day.

DEA agrees that more can be done to communicate with employers about the benefits of hiring people with disability but may need to look more broadly than just employers who utilise JobAccess. DEA believes that all employers, including small businesses, should be able to apply for project funding no matter what their size. For example, small businesses accounted for the largest share of total employment in Australia at 44% at the end of June 2014. This compares with a 24.3% share for medium-sized businesses and 31.7% share for large businesses[45]. Treasury data also shows that employment growth in small business grew by 3.7% in 2014-15[46].

We cannot help but feel that the time is ripe for a huge, extended campaign (communicating on multiple levels and via multiple platforms) promoting employing people with disability. British TV company, Channel 4 made 2016 their year of disability. We recommend that DSS research what a private media company did to build its profile targeting people with disability as an audience cohort.

DEA has looked at other employer demand initiatives from other Commonwealth Departments. The Employment Parity initiative has been implemented in the Department of Prime Minister and Cabinet with the aim of increasing the number Indigenous employees in medium to large employers. Employers are paid subsidies for keeping Indigenous people in work for periods of 26 and 52 weeks and with the ultimate aim in increasing their overall Indigenous workforce[47].

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[43] Australian Human Resources Association, "Recruiting People with a Disability: An Employer Perspective," 2012. Available at http://disabilityemployment.org.au/static/items/disability_employment_report_web.pdf.
[44] OECD, 2010. Available from: http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/sickness-disability-and-work-breaking-the-barriers/activating-employers-and-medical-professionals_9789264088856-7-en#.WEen9Hm7qM8#page15
[45] Parliament of Australia (2016). Available from http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1516/Employ
[46] Department of Treasury. 2016. Available from: http://www.treasury.gov.au/~/media/Treasury/Publications%20and%20Media/Publications/2012/sml%20bus%20data%20card/downloads/pdf/Small%20Business%20Card%202016.ashx
[47] Department of the Prime Minister and Cabinet. Available from: https://www.dpmc.gov.au/indigenous-affairs/employment/employment-parity-initiative

There are also opportunities for DEA to assist providers with capability development in terms of building employer demand. The study *Sickness, disability and work: Breaking the barriers: A synthesis of findings across OECD countries* recommends facilitating employer networks (UK example) as a means of connecting and engaging employers[48]. These forums educate on employing people with disability as well as management of current employees who may be on long term sick leave. This is via workshops, lectures and information sharing.

Carmel McGregor's evaluation on disability participation in the Australian Public Service has some applicability to all employers. She writes that the three keys areas for improving disability employment participation in the Public Service are centred on three key themes[49]:

- Enhancing workplace culture
- Enhancing organisational capability and
- Enhancing individual capability.

This links back to our Introduction. As the public service across Commonwealth, state and local Government is the biggest employer in Australia, DEA believes that employer engagement should include employment in the public service.

Although only indirectly related to the considerations of this chapter, DEA believes that employer engagement should include some work with employers around employees at risk of losing their job due to long term illness or disability or injury (this could also be incorporated into changes for Ongoing Support and 'Keep on Working'). OECD research strongly supports the idea that keeping employees with health problems in the workforce will prevent a move onto long term disability or sickness payments. "For employers, it must pay to retain sick workers and help them back quickly into their job or to find another job. There may need to be subsidies for hiring workers with health problems". [50]

DEA supports the co-sponsoring of existing disability employment awards such as the National Disability Awards and the Australian Human Resource Institute Disability Employment Awards. Award events are always good at promoting good work being done by employers, and the more widespread they are known, the more nominations will come in for positive work done for the employment of people with disabilities.

DEA fully supports encouraging employers to commit to employment targets. Graeme Innes has made the point that large employers follow the adage "what can't be counted doesn't count" to drive the point home that targets matter. In a panel discussion recently for the *Victorian Equal Opportunities and Human Rights Commission 2016 Oration* Mr Innes and Juliet Bourke, Deloitte's Diversity Manager agreed that larger companies also have a healthy competitive nature[51]. If one company knows that another has set targets and is meeting them it is likely that the next company will try to do better. While a project of this nature would have to be carefully worked through, a project that incorporated large employers setting targets, competition and achievement (success) is worth serious consideration.

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[48] OECD (2010), Sickness, Disability and Work: Breaking the Barriers: A Synthesis of Findings across OECD Countries, p. 161,OECD Publishing, Paris. http://dx.doi.org/10.1787/9789264088856-enp.

[49] "Doing it Differently: Staff perceptions of the barriers to workplace participation experienced by public servants with disability in the Australian public service, pp 19-23 http://www.governanceinstitute.edu.au/research/publications/recent-reports.

50 OECD, 2010. Available from: http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/sickness-disability-and-work-breaking-the-barriers/activating-employers-and-medical-professionals_9789264088856-7-en#.WEeUWHm7qM8#page5

51 Innes, G. Available from: https://www.youtube.com/watch?v=b9VLBxW4uuY&feature=youtu.be

8. Conclusion

Disability Employment Australia is deeply aware that considerations in the Discussion Paper will impact over 180,000 people with disability, tens of thousands of employers, over one hundred DES providers, and a Government committing close to $800M per year on the idea that these changes will see noticeable improvements in participants' job-seeking journey, outcomes for people with disability, and employer awareness, confidence and engagement.

As you can tell from our response, we do believe that a change is necessary. The programme was losing its essence – that it is a disability service. The Coalition government made a bold but perceptive decision in moving the DES programme into DSS, so as to group disability programmes and policy more closely together. The review of the DES programme was the natural extension of that move. The change to a new DES, as considered in the Discussion Paper, is the next step. A step that we support. A step that will take DES closer to the principles of contemporary disability policy, best recognised through the NDIS aspirations and practices.

Our response has hopefully demonstrated how deeply we have considered the idea and ramifications of a new DES. I trust that in our response you read not only a reflective and prudent inquiry but also that you can recognise a stakeholder with a serious values investment in the possibilities a new DES might be able to produce. As a member-based peak we are acutely aware that not only are DES providers the holders of great knowledge and best practice in this field but they are also the actor taking on the greatest risk with such changes. We trust DSS facilitates capability support activities to carry that knowledge and best practice across to the new DES.

Providers will come on the journey, will step up to the challenges, will be the participant's guide, the employer's coach, and the government's risk manager because DES providers' mission and values align with what the new DES is seeking and DES providers' bottom line is that they want more people with disability working. That's their job. I trust our members and DSS consider this response a valuable contribution to shape the future of disability employment.

<u>Please note:</u> This response did not address *Chapter 9: Transitioning to a new model*. We believe understanding the transition process to then ensure it is as seamless as can be is vitally important. We make reference to its importance throughout our response. However, we understand that there will be more information coming through early next year, along with a fourth Reference Group meeting specifically on that subject and therefore we will reserve our feedback, ideas and response until that time.

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Appendix 1.

2016 Discussion Paper Survey

In early November the Department of Social Services released the Disability Employment Services Reform Discussion Paper, *New Disability Employment Services from 2018*, for public discussion and consultation.

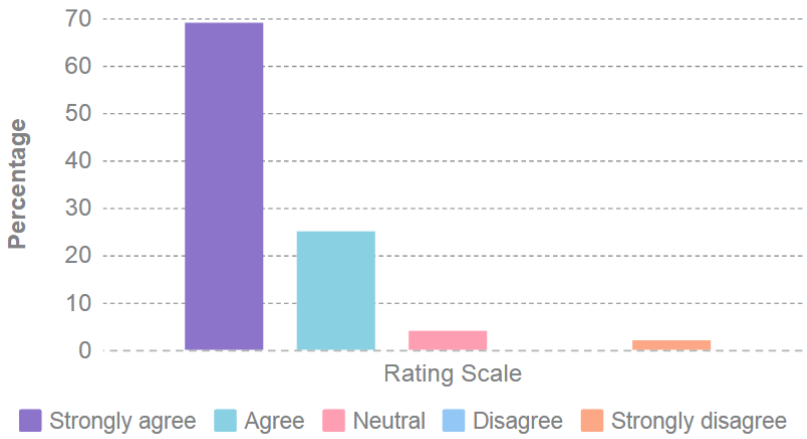
Disability Employment Australia (DEA) is committed to representing our member's feedback and concerns directly with the Department. DEA has consulted members and reviewed the Discussion Paper through a number of channels, including: our National Leaders' Forum, the DES Reference Group, an Australia-wide member webinar, and the following survey.

At the DES Reference Group meeting, DEA CEO, Rick Kane, stated member's responses to the Discussion Paper (gathered from our Leaders' Forum) as part of the Reference Group deliberations.

This survey will enable DEA to continue to represent DES provider views directly to government, and will be incorporated into our formal Discussion Paper Response.

This survey was open to all member DES organisations, and was conducted in December 2016.

Do you agree that gateway arrangements can improved to enable a better connection to employment services for people with a disability?



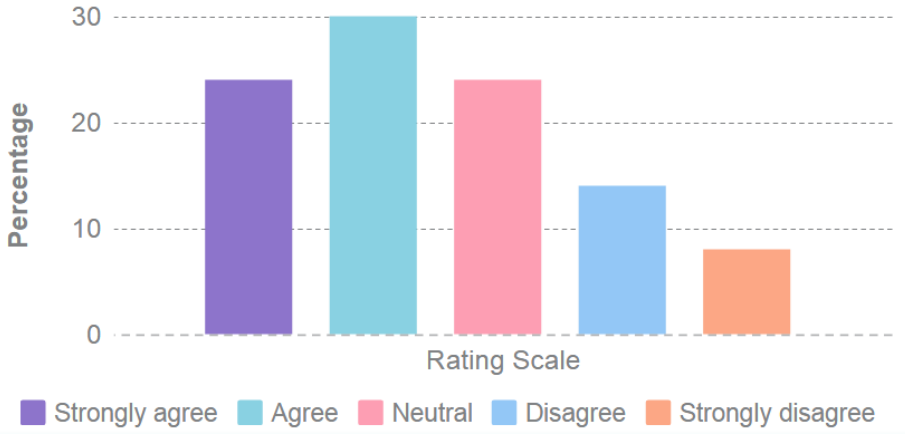
#	How can this process be improved?
1	JobActive seems to be the preferred provider when DHS is choosing employment services for jobseekers even those with significant disability (excluding ADE clients)
2	- I could write a 10-page essay on my feelings for the ESAt system. My biggest issues are: 1. The government pay highly qualified professionals (psychologists, physio's, nurses etc) to conduct ESAt's however then only get them to fill out a template that takes 5 minutes. An ESAt assessment could currently be conducted by a junior admin assistant. It is a tick and flick assessment and these qualified highly skilled assessors do not investigate, question or do any further assessment on anyone they meet. They don't take calls from providers or take into account what is written in program summaries. I have no idea why it is so hard to get an ESAt booked, I have been in more than 30 ESAt appointments this year and not one of them went for longer than 5 minutes (and that's the face to face appointments). How can a person's funding level, benchmark and interventions be determined in such a process? The ESAt affects what support can be provided to a person with disability for the next 2 years. The whole system is beyond a joke.....ok sorry going into essay mode, I'll stop typing now. 2. The need to reassess a person with a "permanent disability" all the time. When they achieve education outcome and are effectively exited, after being exited after employment outcome, program reviews. Most of the time we get these assessments back and not a word has been changed since the last assessment. 3. We would love more transparency in how decisions like funding level and benchmark are determined.
3	Assessments need to produce more consistent outcomes.Benchmark hours need to reflect current capacity, recognising that this can be built over time.
4	Implement compulsory chronic disease plans for participants in DES to encourage greater co-operation between treating doctors, participants and providers. Provide incentives to GP's for including a return to work plan in the disease plan. This may also help alleviate the issue of mutually obligated participants who seek and obtain multiple periods of medical exemptions - sometimes as a means of avoiding participation requirements.
5	the current arrangements seem flawed and do not necessarily connect to the correct programs
6	Instrument and context matter: need to actually pilot the instrument or instruments to get real coal face evidence of what works. Need to fund context of assessments and prohibit assessments by phone. Perhaps even take out of context of DHS/Centrelink (they have a conflict) and give to independent third parties (like aged care RAS). Finally, we need the link between assessment and real costs of supports to be established by pilot study. Should be possible to separate the assessment itself, from the Departmental sign-off to funding levels.
7	Need better assessments and more timely assessments, can never get them when needed
8	not having over the phone assessments, following the assessment process. Not referring suspended JS who get upset when a provider calls them to see fi they want to participate

9	DHS generally need to examine the medical evidence more intensely and refer them within the des or job active to the most appropriate
10	ESAts are currently very inconsistent with vastly differing results dependent upon whom the assessor is. Many assessors seem to have only a passing understanding of the DES program and as a result make decisions that negatively impact the ability of jobseekers to effectively enter the workforce, at times resulting in PWD electing to not enter the program at all.
11	assessors need to take the time to ensure that the participant is being referred to the correct service
12	More accurate representation of job seekers' barriers. Or, let the provider make the assessment.
13	Availability of ESAt's: This is a major Concern as they are not available and time spent trying to get an available appointment is sometimes endless
14	Having a specialist background married up to the participants barriers for more complete ESAt/JCA. At present this is all over the place.
15	Allowing input from Service Providers - referrals should be based on a combination of ESAt/JCA and Provider assessment.
16	system needs to be easier, less jargon and less paperwork.
17	Complete review of the process, opportunity for providers to request review where assessment is questionable, get rid of future capacity in 2 years with intervention creating the benchmark. Perhaps a sliding scale, 1st year then 2nd year.
18	Speed of process after ESAT/JCA Better defined reasoning behind actions made from assessor Specialised assessors for specific medical conditions
19	The assessors need to have more knowledge about types of disabilities, what would be appropriate for the customer- knowing what services are out there in their local area and most importantly allowing the Provider to attend ESAt meetings and giving their professional opinion on what kind of employment would be appropriate without unrealistic benchmarks- for funding purposes- it should be about the customer.
20	Contract out assessments to qualified professionals
21	The Gateway should be as close to instant as possible when people with Disabilities seek or are referred for DES Supports. Referrals should be allowed from multiple sources eg. Medical Professionals, Direct inquiry, Centrelink Floor Staff, Jobactive Providers... The Gatekeeper role for DES must be removed from DHS Assessors. The reasons being that DHS has other Policy Drivers that are counter Disability Employment; DHS/DOE are not committed to providing enough Assessors to do the work. I do favor An assessment Tool that is designed more along the lines of the old DPI/DMI in content. If benchmark hours are to be set in the assessment they need to be a lot more realistic and dynamic than they are now
22	This has to be prioritised! We have know the ESA/JCA system has been broken since 2012...(productivity commission report??) the assessment need to be valid, reliable and accurately and fairly assess need. I would suggest that this is something that should be done over time and co created rather than any 30min meeting with and allied heath professional with a very variable lens and investment in the outcome.
23	One possibility is for DHS at the ESAt/JCA stage to ascertain the person has a disability and to stream into DES or ADE (client choice) with suggested current benchmark hours. (I hope we can get rid of future benchmark hours as the starting point.) The client could then receive service for say 4-6 weeks during which time they participate in a variety of agreed assessment activities with the provider which are signed off by the provider and the participant in the Job Plan which DHS can view. The provider could make a recommendation with the results of these activities in the Job Plan to provide evidence based feedback to DHS for benchmark hours to be agreed and set (ie for mutual obligation). This could also be supported by information/letters from health professionals, support workers or other parties if required.
24	Remove some of the restrictions and make anyone with disability eligible. Have a more thorough process to asses work capacity.
25	assessors better informed about disabilities, barriers and strengths; commitment to the individual rather than the program
26	Better assessment tools and more consideration of the real factors that influence a job seekers success.
27	All Assessments are face to face, except where a disability is considered a life long impairment that does not require ongoing evidence. I don't know of an ESAt or JCA that has ever referred to an ADE so perhaps this needs to be improved.

28	Currently we are receiving an increased number of referrals for JS who have been rejected the DSP, have a reduced work capacity and are suspended. They have been advised by DHS that they must engage with a DES for 18 months and then can reapply for DSP. Majority of these clients do have the required points (impairment table) to access DSP, however policy says they must engage first. This practice can be disadvantageous to a DES when you consider the Star Ratings, as the JS goes onto your Numerator - however an outcome is highly unlikely.

29	That clients who have Health Barriers with High benchmarks is not achievable outcome for the client and providers as it set up the client to fail even thou they have support in place. ESAts/JCA point system is to high and providers are unable to book ESAts/JCA as there has not been many available for some time. The assessors must meet clients face to face as they can see the problems and health barriers. Over the phone doesn't cut the problems specially if they don't talk much.
30	Ensure all medical evidence is up to date, no phone interviews, allow an advocate (DES?) to attend to explain barriers
31	Very difficult to book ESAts in regional areas. Perhaps making DES organisations assessors as well
32	more comprehensive assessment maybe use doctors reports or receive feedback from providers like the old DPI assessment
33	Strength based positive approach, focusing on what a person can do rather than what they can't.
34	More assessors available and better qualified to match their skills with the needs of the client. A better understanding of the disability and what the client is able to do.
35	This process can be improved by ensuring that those who are assessing participants have appropriate skills in relation to types of disability they are assessing. It is ineffective to have a psychologist assessing somebody with a back injury. One method of improving the assessment would be to have doctors conduct a return to work plan that is then forwarded on to the assessors. This would ensure that there is a strong evidence base for making the assessment. Something that is lacking in many assessments currently resulting in inappropriate referrals.
36	Time taken to get an assessment done, understanding and knowledge of assessors
37	Train the assessors better and make the assessments easier to get fast when required (we've lost placements waiting for the damn ESAt to get booked, done and finalised)

Do you agree with moving from the current market share arrangements (i.e. contracted market share) to a broader market based model (where no market share is specified)?



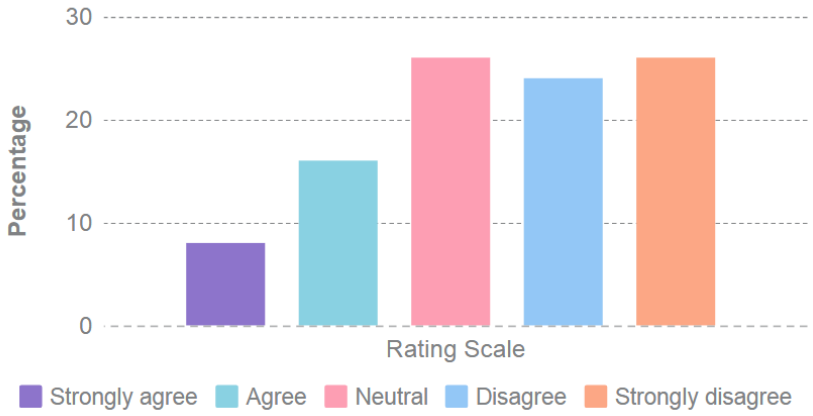
#	What are the three things that will assist you to move successfully to a new market based model?
1	There are definitely pros and cons Pros: freedom for clients to choose the service that best suits them (particularly word of mouth) Cons: a continuance of service providers marketing their services at schools, on air and other forms of advertising that promises everything and delivers much less
2	We support increased competition. The best way to deliver increased competition is to avoid an unregulated free-for-all which will lead to increased marketing spend, which will decrease remaining funds for service delivery. Competition is not maximised by maximising the number of providers - rather, it is maximised by having a market sufficient to sustain a number of quality providers and regularly and ruthlessly penalising under performers and rewarding over performers. There should be regularly opportunities for new entrants from day one, and under performers should be removed. The initial composition of the panel in each region should be determined based on past national and regional performance, and proposed service delivery model.
3	As a provider that primarily services rural and regional areas we would like to see ESA's and contracted market share maintained to avoid new providers entering the market and servicing the major regional cities/towns but avoiding the smaller rural centres that we currently service at a loss in order to provide service to the whole region.
4	Our concern is the viability issue - though I can see the benefit of greater choice and accountabilty.
5	Stabilise transition (currently doing 3 things at once: maybe slow down the shift in fees/funding until real costs study done and assessment pilot complete. Viable markets (not market share): either set high enough minimum standards that there is viability and reasonable expectation of quality, or don't license too many providers in ESA even in metro areas. Make available transition funds to build capability of workforce especially aroudn supporting consumer choice.
6	Increased competition is healthy however there should be a restriction on the number of providers in an ESA and maybe a base minimum share like 5% and the rest is market forces but cant have an unlimited number of providers, set the number of providers that is reasonable and new ones can come in at the end of performance periods through the panel when a provider is exited due to poor performance. Market share can then be determined on the quality of service etc.
7	jsk will just hop around as a avoidance mechanism
8	Strong branding in the community History of providing strong on-site support to workers Current practice where majority of referrals are direct referrals
9	more information, greater communication of how this process will be rolled out, and the information should be released well before this process is due to commence so all stakeholders clearly understand this process

10	Improved national marketing of DES program, improved information on providers and their differences, better links for providers to referring assessors.
11	Advertisement, More comprehensive IT Systems and access, Word of mouth
12	Ensure there is a broader advertising from the department for employers on the benefits of hiring people with a disability. An easier system to work with including less compliance/greater funding
13	Staffing and premises will be an issue. Currently sites base their premises and staff on market share. Leases are usually for duration for contract. if numbers change rapidly up or down, provides will be liable for more rent and expenses on a fluctuating level which will ultimately impact on customers.
14	Ensure providers have enough share to remain financially viable
15	Certainty for existing high performing providers, Tools to assist people to make a choice More Outcome driven to rid market of providers who park.
16	Additional work within the community in which we operate Ability to expand and support larger programs to benefit participants A wider spread of overall resources
17	Minimum market shares should be guaranteed and then no cap for all providers
18	I think this represents a positive move...1. I think there needs to be a staged transition to ensure that existing providers can endure through the change (Barriers for new entrance for 18-24 months) 2. I believe there need to be an injection of funds to assist the very depleted sector 3. There need to be better mechanisms than the Assessment & Star Ratings to judge provider performance
19	Some assurance of minimum caseload Quality framework Robust procurement process based on ensuring experience and expertise
20	Being able to successfully market our service to people with disability wanting a job in open employment Solid working relationships with employers wanting to employ people with disability (and to include this in the marketing) A name change for DES and an awareness campaign and expectation/reward from Government for employers to work towards a diverse workforce.
21	Having choice of where to open and not be dictated to on size of ESA. Small providers have local knowledge and shouldn't have to cover large ESA's, particularly in regional areas.
22	agree that broader market stretch could be a positive change but could also drive services away from rural / regional and specialists
23	Nothing. This new market based model proposed by DSS offers nothing too different from the existing model for a Provider.
24	Recognition of previous service and investment recognition of the capacity of the provider to deliver in a space (ie disability capability) Understanding how the compliance piece will operate
25	1. How do we as employers guarantee job stability for our Teams. 2. Over the past few years our cohorts have changed. With an increase in JS not meeting their Mutual Obligations (engagement), would this practice not encourage this behaviour and not allow the DES to get to know the client so that we can move them forward. If JS are able to transfer more frequently it could encourage non participation.
26	Providers should be a Speciality for each contract of services and open market doesn't mean good services or supporting the correct outcome for client .
27	Flexibility of delivery Allow temporary or mobile premises at new locations until caseload increases to justify permanent outlet. Better promotion of all services by department & Centrelink
28	Not because you need expertise and like other government services contracted to private providers the service will be compromised.
29	as a small provider I feel that this will benefit large providers with large advertising budgets. however, looking at it from the participants view I think it would be a good thing as long as we don't end up with only two or three providers in a service area
30	Clarity on how this will occur with job seekers with mutual obligations Clarity on the transition to this Clarity as to how a provider becomes part of the program.
31	More flexibility around where and how we can deliver services

32	1. A period of transition to a market-based model during which time providers are guaranteed a minimum market share. This will give providers time to develop skills in the area of attracting direct referrals in an open market. 2. All providers that are three star at the end of the current contract should be able to obtain membership of the panel. This will ensure continuity of service for participants and the ability for providers to develop services over a larger geographic footprint. 3. There needs to be certainty of the program going forward as early as possible in 2017 so that providers can prepare for the broader market-based model.
33	Need a performance system so flood gates not opened to too many providers so that viability impacted

34	1. Clarity around mutual obligation etc. 2. Low tolerance for and quick action on over-promisors and outright liars (before we are starved) 3. DSS not falling for crocodile tears from existing big providers promoting self interest.
35	This will force DES services to provide that best service to attract and retain clients
36	We are going into an open market with NDIS and now that DES is as well, I am wondering what the impact will be on community based organisations. I feel that the big organisations will flourish and the little ones will disappear

Do you agree that participants should control a portion of funding in terms of purchasing goods and services to assist them entering the workforce?



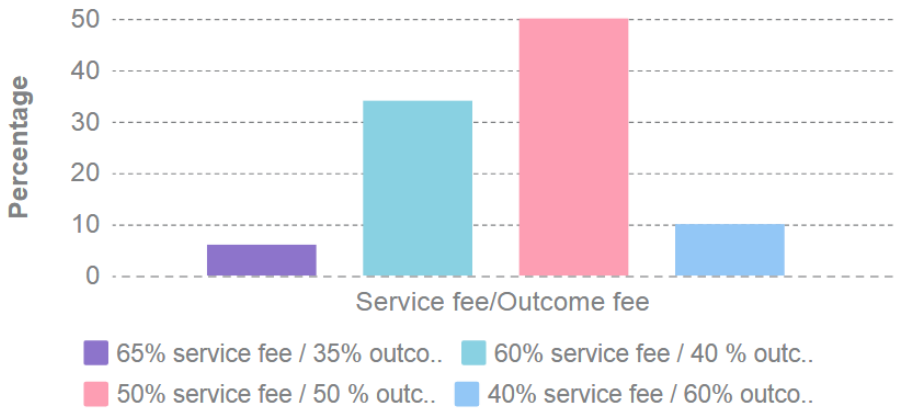
#	Please comment
1	In my experience clients, there parents and sometimes teachers and other providers through money at courses/qualifications that have little or no relevance to creating a pathway to sustainable employment. ie. If a client completes a Certificate III and cannot secure employment at that level due to lack of actual experience and other soft skills, we cannot then negotiate traineeship opportunities.
2	We believe that individualised funding would not work in the new DES model. We don't think it would end up increasing participant choice and control and would only increase red tape and admin. burden.
3	We believe in informed choice and increased participant control. Evidence from the recent youth mental health trial showed that control of a portion of funding didn't achieve this outcome.
4	We would prefer similar arrangements to jobactive, though it requirements need to be broader. PArticpant funding model will lead to discrepency around "what would be nice" to have and "what you need to have" to obtain sustainable outcomes
5	I don't think that all participants will welcome self management of funds - its a big step. But a big rise in choice and control is achievable by having a notional budget which the participant is invited to help priortise and allcoate. Good strong evidence for this in NDIS trial, in Carole Glendening et al studies in UK on individual budgets.
6	Absolutely disagree and this is the biggest issue for our company. This will cost providers more money. Currently providers will budget a certain amount to cover Cost of Service expenses and will spend according to need of participants. IN the proposed model where an individual participant will need more than their allocation providers will then spend their own money to cover whilst other participants who don't need as much will have some left unspent so the provider ends up spending more than they do now. In addition the level of administration that will be required to manage this is enormous and the providers wont be compensated for this time so it will be a double whammy. In the end it could be the participants that need more than their allocation that will miss out as providers wont be able to afford to cover the extra needed which ultimately could lead to less outcomes. The current set up of funding is one of the best parts of DES and allows for the most flexibility
7	must be tighter control as more jsk are not capable
8	Consumers need more control of their program, as many have expressed feelings of being controlled and manipulated by providers who seek only to make a profit from them
9	This enables choice and self management, which encourages maximising potential, independence, integration and inclusion within the community
10	This business case has not been tested.

11	This will create a huge increase in administration as well as funds being potentially spent on inappropriate items.
12	Not unlike the arrange prior to establishment of Family Associaitions to manage funding when families managed own money with assistance from DSC. Money did not always go to the betterment of the participants lifestyle rather then the carers
13	I agree that a consultative process should be improved, the guides on controlling that process would have to be extremely clear
14	It is there right. Disability standards.
15	Benefits are good to client but it will also mean more administration on providers as some suppliers may not have GST, invoices not meeting tax or accredited training, run out of funding etc instead of a pool of funds.
16	in some cases yes but other cases no, if a participant is keen. motivated to find employment and are making choices which are going to increase their employability/skill level the absolutely, however for some participants they will only be looking at the $ figure and what they can get, they may not be interested in working which will then effect outcomes for providers.
17	Haven't seen anything that says this leads to outcomes let alone better outcomes
18	Provider should be in control as this impacts results and sustainabiltiy.
19	There are significant limitations in relation to allowing participants to manage a portion of their funding as part of their DES Program.
20	Providers are experts within the employment space with greater general overall understanding of a participants needs. Allowing participants greater control could allow them to manipulate the way money is spent. I don't believe providers would discourage assisting in spending funds on employment related activities
21	I believe that it is better for the provider to control the funding, as it will allow the business to expand in certain areas- especially for smaller specialist providers, who dont get alot of referrals,. People come to us for advice, I don't think it would be appropriate for customers to choose a service that they know nothing about, they need us to guide them, and have a set programme depending on their level of support.
22	Ability to change providers should satisfy choice and control
23	No I do not believe so....particularly given that the intention is to take funding from an already nonviable funding model.
24	This should allow the client to work towards their goals and to be able to fund what they believe is required rather than this be at the discretion of the provider (as some providers are not very open to providing client funding). In particular regard to training, I believe the RTO's should ensure the training is achievable for the participant and that there is likely to be a job outcome at completion (liaison between RTO and provider before during and post course on what supports are required) before funding is released by the client.
25	I agree with this in principle but not sure how it would work in the DES model. I think if it happens it has to happen completely and there can't be items providers pay for and items individuals choose to pay for as there are too many risks associated with this.
26	Discretion should remain with the Provider so as to avoid conflict. There is a risk that we would end up with a Job Seeker Account with less flexibility around items which can be purchased.
27	Maybe it is better managed through an employment fund style arrangement where there is less compliance in its management
28	Depends on the participant and IF they want to seek employment or not. Or should not all DES already sanction funding (have benchmark $ allocated to cover training / supports / clothing etc).
29	If participants did this there is no control what the portion is spent on and I can see when required they have no funds.
30	Will empower participant to achieve the goals in Job plan. Job plan will be important to identify expenditure
31	No organisations should be funded to assist the participants to establish their pathway. Participants will not use the money effectively. Organisations have to follow compliance regulations
32	good for participants as the funds must be spent on them. can the participant buy services from the DES provider? also good for the department if the funds are not used by a participant the department is better off. I am sceptical as I think this is the real reason for this measure cost saving not participant choice.

33	A less restrictive Employment Fund would be a way to move across to this type of arrangement, to ensure funds within the program are used to assist job seekers rather than being withheld by providers. However, I do believe it to be unlikely that many participants would have the scope to fully understand the goods and services available to them to make a good quality decision.
34	Yes, but with guidelines around suitability of choices in relation to finding work

35	I believe the current arrangements work well particularly as 70% of our participants have compulsory participation requirements. In the current situation we ensure that all purchases are evaluated in line with their job plans and overall objective of securing ongoing employment.
36	If individual providers want to offer this as a point of difference then that is up to them. If we do it so that Government administered then will have guidelines and red tape that will hinder and make difficult to implement with flexibility
37	Maybe but only from a menu of work related goods and services (not golf clubs, iPads, beer)
38	I strongly agree with this. Although current funding would need to be increase to meet the needs of the clients due to costs of training, work preparation, supporting treatment program etc
39	As long as it is monitored very closely and is attached to their job plan

What would you consider is a reasonable ratio between service fees and outcome fees?

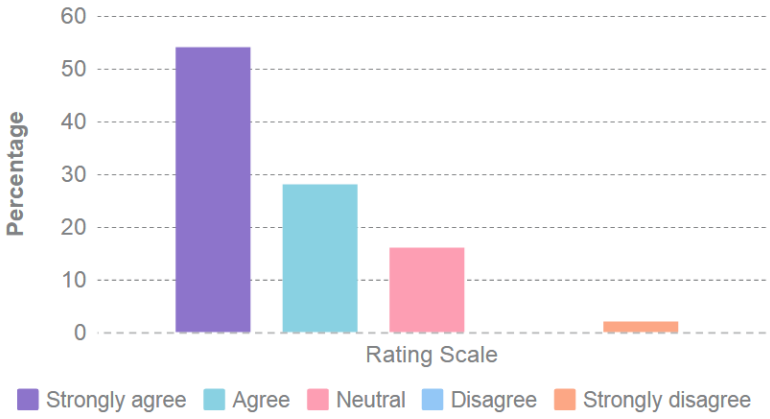


#	Please comment
1	There will always be a need to work in the longer term with some clients (EA Phase) to gain employment and also in (OS Phase) to maintain employment so as a business but as a service clients should never be 'parked' which has been a reality for some of the larger providers that do not provide on the job or ongoing support and make their income based on numbers not quality or even sustainable outcomes. 26/52 week
2	We prefer 50/50 but would also be ok with 40 service fee / 60 outcome fee. Anything higher than that would make it extremely hard to place people who require a lot of support becoming job ready.
3	A considered response cannot be derived without understanding the overall funding package.
4	Servicing people with a disability requires more time to enable achievable outcomes - therefore service fees need to remain higher.
5	This depends on whether the new 52 week outcome is funded from existing or new funds. Also on whether we have slower transition of funding shift (see earlier remark on stabilising transition.
6	Any less than this will require much less administration and specific contract requirement. Providers will need the flexibility to run their service their own way and let market forces decide if its good enough. Reducing service fees and insisting on minimum requirements and other contractual must have's is inconsistent and not really workable. Job plans is another one, increasing the requirement to ensure all job plan action items are met and reducing service fees at the same time is not logical. If we are going to back end payments to outcomes then much, much more flexibility needs to be given to providers about how they choose to get these outcomes for participants.
7	A lot of work needs to be done with many participants during EA phase to prepare for work, including a lot of expenditure.

8	DES means usually there is a lot of work / support/ retraining with clients who take a long time to find and keep work. That is why the ESAt intervention within 2 years is usually higher than baseline. If ESAt Baseline became the benchmark for clients, then 40% Service fee will be best option.
9	This would drive outcomes.
10	In most cases the majority of work is put into getting jobseekers job ready
11	Results need to be the focus.
12	I believe the ratio should be dependent on the different level of outcomes (4, 12, 26 & 52). The longer duration should have a stronger weighting on a higher % paid towards outcome fees.
13	DES is different and requires service fees to address barriers NOT JA
14	We are not anywhere near that mix - with 50% of our clients in PPS and OGS I think we are very different in our approach. Rick the Devil is in the detail ....it they are taking the existing funding and making it harder to derive ...that wont work for anyone in my view....the example is the 52 week paid outcome - pinched from the 26 wk.
15	This really is a hard question to answer without modelling to show how it will look, However, I feel there needs to be careful consideration that service fees are used to help participants train and prepare for work and if there isn't sufficient funds to do this many will miss out. This can be particularly true for those who are harder to place or with many non-vocational barriers.
16	A percentage of people with disability wanting a job in open employment require coaching, training and job readiness preparation before this is achievable and sustainable. There is a cost involved with doing this effectively and this should be recognised that this is done in DES without in any way discouraging the client. To prematurely refer participants to employers without adequate preparation can "burn" employers, sometimes meaning they are less likely to employ a person with a disability if they have a bad experience. It can also lead to a loss of confidence for the participant if they are unsuccessful and feel they were under prepared.
17	recognises that people with disability have higher front - end costs for the agency but still encourages outcome-focused practices
18	Happy with the current arrangement.
19	Obviously we all strive to have the outcome fee % higher than the service fee %, however it depends on your caseload and location. As a DES provider working outside of the Metropolitan area, to often it is not taken into consideration the lack of sustainable employment opportunities for our participants. Recently we advertised for a 20 hr week Receptionist, at one site we had over 250 applicants and at the other site 160+. So .... where are the jobs????
20	incentivise the outcome without depleting the value of the preparation work
21	This will give providers fees for helping and support clients and there must be outcomes for the clients which is employment or study.
22	Greater incentive to find sustainable employment, also depends if client controlled funding is part of service fees
23	Service fees must be used for participants employment pathways. Outcome fee is usually only achieved due to the very hard work of the employment consultant working with their client. I say this after some 17 years experience.
24	as a provider that's performance is going up we have noticed that 4 or 5 star sites/ ESA's do not generate as much income as when we had 2-3 star sites/ESA's. you should be rewarded for performance. on the other hand some participants require extensive work before they are ready to be placed in employment. we will also have to guard against the placement of easier participants while other participants stay in the system not receiving the assistance that they require.
25	Generally a 60/40 ratio returns a higher Star Rating result. I'd suggest that 70/30 occurs when looking at all providers - if they did an analysis of only 3 Stars or above, you may find it moves closer to 60/40 or 55/45.
26	Our current ratio stands at 55 % service fees to 45% outcome fees. As an aspirational target 50/50 would ensure high levels of outcomes whilst providing a viable funding model that ensures a continuity of strong providers in what is a very volatile market.
27	There should be more upfront acknowledgement and funding recognition that DES is only half about getting people into jobs; the other half is about enabling people to meet their mutual obligation requirements. A 50/50 split seems fair in that light.
28	Many DES clients need support at the front end for job readiness and correct job matching to achieve the outcome. Still need to ensure services viable and enabled to give supports but that outcomes are also rewarded and encouraged

29	I believe that a 50/50 split would be a great motivator for providers to obtain outcomes, but still enable funds to prepare clients to gain suitable and sustainable employment

Do you agree that the scope of Ongoing Support could be expanded to more effectively allow participants to receive appropriate support and services?



#	What support do you provide to keep participants in employment (eg Jobs in Jeopardy)?
1	The current performance measures heavily penalise providers when OS participants lose their job and equally to meet compliance requirements we need to almost project what flexible and even moderate OS clients may require.
2	We think that there is too much admin/ red tape currently with making an FOS claim. While we would agree in theory that being funded for support proved in OS on an as needs basis is a good idea, if it meant more claims similar to what happens now in FOS then we would be strongly opposed. We think providers should be funded in OS to assist people apply for new jobs, career development and training outside of what is required to maintain their current role. We also think people should be able to register with a DES if they are currently employed (meeting benchmark) but would like to look for another job. We recently had a person on the DSP try and directly register with us. We could not complete the registration because they were working above benchmark. That person quit their job to register. People with disability need programs that can and will support them to continue to strive for more. No one stays in the same job forever and the DES program needs to recognise this and fund providers to support their participants to reach their career goals and dreams whilst in ongoing support (not expecting people re- register, be reassessed and start everything from scratch).
3	Employers are requesting this.
4	JiJ, but also casual contact with key participants - but hard to do. It would be good to be able to follow up, and then for those that need it schedule supports/counselling/advice.
5	Regular ongoing support is provided by our business based on the needs of the participant. Ideally we seek to support on the job if not at our site or other convenient location and thirdly by phone if preferred by the client. Opening up the mode of support that can be provided has been great, however we find the best support is what's done on the job site but of course this costs the most and current fees don't really cover it. Providing career assistance will need to be well funded.
6	on the job site support
7	Onsite support JIJ support Assistance with external factors that impact employment/taking holistic approach to job support Assistance with training and upskilling Support to Trainees and Apprentices Counselling Employer education via specialised training courses delivered on and off site, and through individualised coaching and support Support to look at new employment opportunities and chances for career development within their roles
8	Ongoing support assists with clients to maintain the current employment and works well. Job in Jeopardy could have better defined program and also to assist clients who have ongoing issues with employment due to disability
9	Everything that is needed by the employer and the job seeker.
10	This is particularly important for the large cohort of jobseekers with episodic mental health conditions.

11	JIJ yes. Support with other key stakeholders EG TAFE for apprentices.
12	We have on a number of occasions provided some support for those who are no longer clients
13	Could be simplified but need to stop providers rorting OGS fees. Already is set up to work.
14	We provide a robust a Job in Jeopardy Program to our participants. We have supported 55 participants with maintaining their employment
15	With additional funding there would be substantial opportunity to invest in the longevity of placements for participants. I agree a merging of the two support services would be wise
16	Yes, we have lots of customers who access our walk in service after they are exited as Independent worker- they often need communication support, and assistance with filling out forms. We dont get funding for this, but this is our way of assisting the wider community, with providing a service that can help them stay in their job. That way if they are at risk of losing their job because of their disability, we already have a relationship and can assist them within our JIJ programme.
17	Of course,no brainer
18	I dont think DSS truly understand OGS and what it looks like when it is done well. WE support about 450 on OGS some who have been in jobs for 20 year & still require our interventions. WE are very fearful of the proposed changes to OGS - it is going to become more costly to deliver the support needed due to stacking admin requirements. ...Have we finally lost the battle on what has made this program unique?
19	Employer support and education Longer permissible breaks between employment
20	Performance weighting and bonus payment for helping a participant to achieve a better job, more hours, increased pay as they move towards their career goal makes sense. As does ongoing support as it is required; we work in mental health and the current contract makes ongoing support problematic. Clients with a fluctuating requirement for ongoing support would really benefit from this being less prescriptive. We provide support to the participant regularly and as needed with advice, motivation, problem solving and sometimes just listening to any issues they may be experiencing once they are in a job. We also help with employer liaison, support to both participant and employer during periods of mental ill health, information and training to participant and employer, transport assistance, support around Centrelink reporting, family issues and many other supports as required. And that name, Job in Jeopardy, we need to lose that asap.
21	I agree with any provision that allows flexibility and individualised supports
22	We provide Ongoing Support, JiJ, purchase further training.
23	Our organisation is very hands on but only provide support if required and exit if it is not warranted. However recently we are experiencing more and more cases where DHS are advising PTAT that they are meeting their requirements so they do not need to engage with their DES. This practice does not allow for us to track an outcome nor does it allow for us to provide ongoing support, resulting in firstly the participant losing their job and secondly the participant being referred back to us for engagement - again negatively affecting our Star Ratings. DHS and DSS Policy / Guidelines need to be inline. DHS recently advised us that they cannot see on their system if the participant is being provided support or not.
24	Interventions, work place mods, on the job support, workplace education clinical support and interventions
25	Transport, travel, mentoring, counselling are just some of the ongoing support offered to clients. however it the choice of client to be exited and fees are poor the 52weeks OGS.
26	Job in jeopardy Ongoing support
27	Ongoing support and continued support for participants in work is the key to employment engagement. They have to continue to be casemanaged.
28	this is a great advancement in ongoing support we have a large number of participants who have exited the program however would still require assistance from time to time this measure would mean that we could obtain funding for service provided to these participants.
29	We provide on the job support, assisting with task completion and addressing any behavioural issues through ongoing coaching and encouragement, as well as advocacy and disability awareness training. Further to this, the use of workplace modifications and funding specific job required training.
30	We have a large percentage of JIJ clients, and we should be able to service them effectively without restrictions when they require assistance to stay in work.

31	Ongoing support is an essential element of creating sustainable employment for people living with disability. Any expansion of this will help to ensure more participants retain their jobs and would assist in stopping the churning through outcomes that currently exists.
32	The usual. It should be paid like Flex OS is now and just have a 13 week maximum set by the OSAs (e.g. 5, 10 or 20 hours max per 3 months)

33	I believe that the best support is provided in 'Post Placement Support' phase where energies are spent in job retention, workplace modifications, disability awareness training. By the time the client moves to OGS phase clients and employer have reached a level where minimal support is required. This is not all clients but a vast percentage.
34	Career development is vital to choice and individualised service, also keeps people off pensions and benefits if can attain better quality and better paid employment. JinJ could come under this flexible approach too
35	As long as it is not an added cost to the organisation/business

Q6 How do we ensure that quality services are provided to all participants until the end of this contract and into the commencement of the new model?

#	Responses
1	The Sector prides itself on being the beacon of social justice, I cannot imagine services would not honour their contract however if this was the case that an outgoing provider was not providing services then there should be a mechanism for their business to be immediately allocated to a reputable provider. Maybe in the transition a legal document should be signed to acknowledge the Provider's responsibility to deliver quality services.
2	Keep all current providers in the market, no disruption at all then. New providers work hard to get new clients.
3	We believe that low performers should not continue into the new contract. Exiting providers should be strongly performance managed, kept to their contractual requirements, and reminded that future government contract award is dependent on them meeting their outgoing responsibilities. New providers should be rigorously examined on their implementation plan and transitional arrangements. Performance management should begin from day one of the new contract, with slow starters penalised by market share shift.
4	Continue to monitor the performance of providers against the performance framework. Sector training to educate providers on DES 2018.
5	A transition process would solve this.
6	Stabilise the transition! But also, for participants there is this huge faith in information supporting choice and control. But no evidence that more information alone helps. What about funding to support capacity building on consumer choice and control. Similarly what about workforce development funding to lift the skill levels and the new capabilities required to respond with excellence to consumer choice.
7	interesting challenge as naturally providers will be preparing for getting a good and quick start in the new contract. We need to ensure that fees for the current contract for outcomes will continue to be payable at the same time as the new contract commences
8	use the current monitoring system
9	TRUST
10	Review services that rely soley upon market share/Centrelink referrals for business and examine why they do not receive direct referrals. These services will struggle under the new model
11	Period of transition to enable providers and participants to be able to understand the changes and how this changes the individual's ability to choose the best fit for them
12	There needs to be a generous transition period (cross over) rather than an abrupt closure.
13	Guaranteed pro-rata outcome payments to exiting providers.
14	dont know
15	Participants and Providers must be kept in the loop of all Changes to be implemented
16	More support and instructions on how to help.
17	A longer transitional period. Dual provider handovers.
18	communication needs to be very tight, all areas need to be well trained to provide the answers which everyone will be asking, including DHS.
19	I don't suppose I can assume that the transition arrangements already being used for Business reallocation work and this same model can be used
20	A phased down approach to Service Fees to encourage servicing of participants.
21	Transition after the contract starts is more important. Support the ones with good track record, punish the crooks, let the new entrants bear the most risk.
22	Current DES providers should face financial sanctions if they fail to deliver a high quality of service up until the beginning of March 2018

23	Support those providers who are achieving above national average with their bid for the new contract. Try and finalise the new model as early as possible giving providers adequate time to best prepare for the contract. Offer the ability to transfer from exiting providers in the DES world to those providers who will remain existing
24	Adopt a business as usual approach
25	The department needs to be more flexible in providing support to us as providers. Allow us to establish a business model that will be successful, and can support providers and their customers Have accessible information, training sessions, learning material that can help us do an amazing job.
26	All existing providers go through, no new entrants until 2021
27	1.Ensure that quality providers are viable 2. ensure DSS takes swift action for this that are proven to abuse the system 3. LISTEN and trust the sector more...we are a highly valuable asset and if harnessed could really help Government deliver OR if squashed and ignored we may fracture and cease to exist and it will be very difficult for Government to rebuild the knowledge and skill.
28	Incentives to providers
29	Making sure it is a smooth transition and there is clarity of information to providers about how this will happen. Also to make sure this process isn't rushed and there is the infrastructure in place to support it. Many times in the past new things have been introduced without the IT support to back it up which has led to many more problems.
30	This is a really big question with many facets. Just one, it's very difficult if providers are aware they are not continuing post 2018: a discussion around retention of experienced DES staff post 2018, even if employed with another provider. If staff knew they were part of DES post 2018 the quality of the service would have a better chance of remaining while transition occurs.
31	ensuring outcome payments carry over from old to new contract; allow services to transition out on a staggered basis
32	Longer lead time - the goals post are continually moved, therefore the New Model needs to be developed and promoted allowing enough time for organisations to adapt / train etc. Majority of organisations do provide a person centred service and would continue to do so and not lose our focus on our ultimate goal - sustainable employment for our most vulnerable community members. For organisations leaving the sector (who do not tender), their participants are transferred prior to the introduction of the new model.
33	Require Providers to be operating at a 3 Star Level
34	A staged move across would help as significant change confuses all
35	Mentoring, Communication, Meet and Greet with new provider.
36	aaaaa
37	Implement some of the new look DES before end of contract i.e. Client controlled expenditure and JOB plan to identify that expenditure
38	education and negotiation
39	We have to fund organisations adequately, pay for well trained and professional staff. Use compliance as a Industry monitoring tool and weed out unscrupulous operators.
40	hard one this will the performance carry over to the new program or will the department start everybody back at zero again. if the department choose the first option I believe that performance will be maintained. one other option which has been mentioned is a tender I am not a fan of this as the current system has had two reallocations carried out in the past two years. a tender will only result in large costs for providers and take funds away from servicing participants.
41	Base the entry into the new model on Compliance with the DES DEED through Rolling Random Sample Audits as well as a Star Rating of 3 Stars or higher being part of the entry into the new model.
42	If providers want to deliver quality services in the new contract, they need to prove that they are currently doing so.
43	Continued monitoring of Des providers against the disability service standards and star ratings.
44	Reward only 5 star providers who have been consistently 5 stars for an extended period of time. Obviously they know what they are doing and should be the benchmark by which all other providers strive for.
45	Ensure that staff are appropriately trained on contractual requirements as well as soft skills
46	Manage flow of information to ground staff so they are well informed to inform participants.

47	leave existing clients as is and put all new or transferring clients on new model
48	Consider early transition from services that are opting out
49	I think that there will be many challenges for service providers and also participants in an open market model as clients will be bombarded with enticements to cross over to another provider. I totally agreement with constructive marketing techniques but do not support organisations using enticements to ensure that they get the clients.

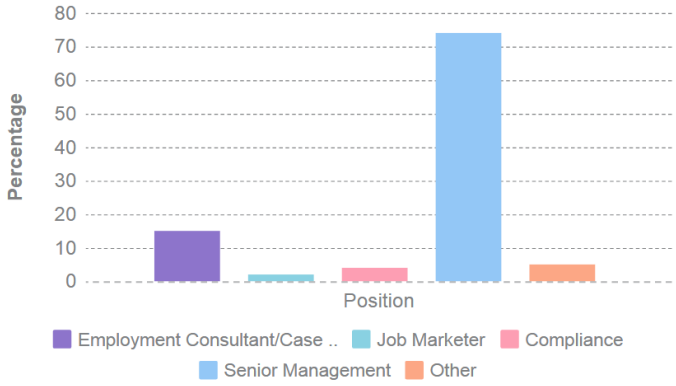
Q7 Do you have any other comments, questions, or concerns about the Discussion Paper

#	Responses
1	N/A
2	1. The "application" process to become a part of the panel. We strongly advocate for a system that looks similar to how you apply to become a provider of NDIS services rather than any form of tender process. 2. Coverage. Changing the ESA's to mirror the jobactive regions would crush smaller providers. If they change the regions then providers should be able to operate even if they cannot deliver services to the whole region. (With obvious caveats to this to ensure rural areas are still covered).
3	We welcome increased competition and more participant choice and control, and recognise that quality service providers are required to support more PWD to find and keep work. We support the establishment of a National Panel where existing high performing providers are retained in their current ESA's. In addition, we believe high performing providers should be rewarded and encouraged to grow into new geographies at the time of the establishment of the National Panel. This requires some guaranteed flow of referrals to support new providers to deliver quality services during a transition period (a managed market). A well-managed transition period will ensure continuity of services to employers and people with disability allowing evolution to an open market over time. Further points include: • Unlimited numbers of service providers in areas/regions will impact viability of service providers and risk sustainable quality service delivery for participants. You'll get a race to the bottom - who can deliver it a bit cheaper and a bit worse. • Unfettered market can create market failure (eg in Netherlands where 1000s of providers set up & quality plummeted). • The quality/cost balance works in real markets where consumers can choose to pay more for a higher quality service. It does not work where the person paying the bill is government. If someone else is paying the market does not balance price/quality for you • Unlimited number of providers will impact on service provider viability and quality outcomes. There is only a limited number of potential participants. • Want to preserve and expand high performing providers in their existing and new geographies, not just reward those who can afford to advertise the most. This should be activated at contract commencement.
4	We are concerned that the discussion paper does not address the issues of regional and rural providers and the possible affect on participants and employers of increased competition in regional cities and under servicing of participants and employers in outlying towns.
5	Adopting mutual obligation as an objective of the program. Need to preserve space for voluntary participants and make sure the burden of MO doesn't colour the rest of the program. Concerned about ESS/DMS roll up in this context. Nothing about the need to increase funding to cope with new NDIS and other participants and to redress real drop in funding. Concerned about need to limit portability: post placement and pre placement 2 or less a year. Transition: can we not roll over existing providers above certain performance level (3 star?). Default mechanism: really important to get into that detail. Maintenance of quality in a market free for all.
6	There are many good elements to the paper. Rolling existing providers over is a must without too much hassle, maybe at a given star rating or percentile, maybe -30%, allow market forces to dictate the size of the market share but also restrict the ESA's to an appropriate amount of providers, allow new providers in every 18 months - 2 years based on a consistent assessment. Allow market forces to dictate service delivery with minimum dept must have's, eliminate from the paper client specific funding and allow clients to travel across ESA borders at their choice and allow providers to target participants of other providers in and out of the ESA they work in. Keep ESA's rather than regions. Don't have a 12 month outcome fee if it is just going to come from the 26 week outcome. If its an additional fee then it should be in. If the money is already backended then you have to wait a year to access some it, it may create cash flow challenges. Need to be careful in how we classify participants. If the 'A' stream are going to be funded less that our level 1 participants are now then there is the potential that they don't have sufficient funding to reflect their needs and complexity in servicing.
7	No
8	I have concerns regarding the administrative impost of having all of Ongoing Support move to a fee for service arrangement. The admin burden of tracking and claiming flexible ongoing support payments at present is significant and not remunerated in the contract. If this remains the case in the new world then the admin burden carried by agencies who do provide ongoing support will be significant. Failure to recognise this in the funding model would result from funds having to be sourced from other parts of the program to compensate.
9	More funding should be made available for DES clients as they have more barriers to address and often require retraining and there is limited funding available to access the suitable training they need. Also government need to offer further incentives and education to employers and industry of the benefits of employing people with a disability
10	no

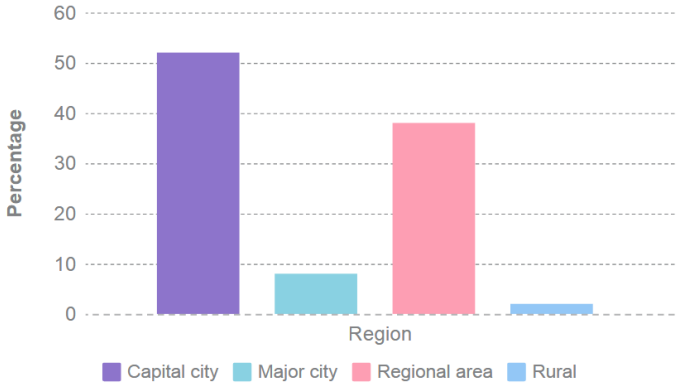
11	Perhaps in the next iteration we can not only be granted the privelege of stopping people's Centrelink allowances but may also be given the privilege of granting short term exemptions (say 4 to 6 weeks) where necessary due to specified circumstances
12	Too much uncertainty and will the tender contain have certainty.
13	No
14	The bureaucrats will have a hell of a time working out how to control this monster and will probably tie it up so tightly it will not improve results for people with disability.
15	The change is exciting and welcomed. Our organisation has lobbied for a substantial amount of recommendations and it's reassuring to know they are being heard.
16	I really hope that this works, and will be a successful project for people with disabilities, as long as we have the correct resources and the department is CLEAR on what they want from us as providers, then it shoul dbe a smooth transition.
17	Government needs to do more regarding employer incentives, targets, tax concessions
18	I have 7 pages of note 35 points of concern but my top 3 are 1. FUNDING - the current proposal will see us go to the wall 2. Assessments - make it a priority and listen to the sector 3. OGS and the Rights based approach - Ensure people have the capacity to maintain employment via OGS ...don't make the mistake of seeing DES ESS as an employment program without broader context and understanding.
19	Assessment and compliance framework No trial period for such a radical change in model How to deal with mutual obligation
20	I believe the Job Plan can play an important role in DES used effectively, particularly as it is signed by the provider and the participant and can provide a record of progress able to be viewed by all parties (DHS and DSS included). It can also be viewed by other providers if the client is transferring. The Job Plan is obviously important if a participant has mutual obligation/activity test requirements. I would advocate that particularly in DES Job Plans participants' goals need to be included (put back in).
21	getting the assessment process robustly reviewed is vital; re-think work capacity in light of today's market; more meaningful job plans; Department should not be dictating/prescribing how services are delivered if this is truly an outcome-based model; funding must be based on a comprehensive costing study and indexed
22	Sometimes it feels like DES are an after thought. DHS does not align with our guidelines, Disability Standard requirements do not align with DHS, and as reported by DHS "DES may not be the most suitable program for a participant with a disability - JobActive may be more suitable" ....
23	I'm not really sure how the changes discussed in the paper will increase outcomes for PWD. It looks like Providers still operate within a fairly constrained system with Star Ratings, compliance etc and Participants might get a bit more choice over the Provider they choose. The big issue is employer engagement and influencing this piece of the puzzle is the hardest. Overall, it looks like things will get harder for Providers and not easier.
24	Benchmark hours need to be looked at, many are to high and without support for other providers and community groups the clients are often unable to maintain employment.
25	no
26	NPA> OSA and SWS are being considered separately, these should be integral to the new look DES
27	no
28	Nil
29	are the department going to role over the current contracts? department has said that DMS/ESS will be rolled into one service which set of service fees are we going to use? 52 week performance were is the funding going to come from if they are going to use the current funding model? ESA's are we going to the Jobactive ESA's will smaller providers be able to service such large areas? provider panel how long are you guaranteed to stay on the panel? is it set in stone that if you fall below 3 stars at a certain date you will exit the panel? will there be enough providers waiting to enter the provider panel? will the large providers be to aggressive and close down small providers? will we end up with a monopoly with only 1 or 2 providers in a service area. Airlines in America were deregulated and now there are only 3 or 4 large providers will this happen in DES? is this a good thing for people with a disability?
30	I am concerned that the model isn't addressing the issue around eligibility and assessment. The DES caseload becomes more of a "last resort" rather than a specialist service. Many jobactive job seekers would benefit and achieve outcome within a DES program
31	We look forward to delivering a quality contract with less restrictions, and to be able to reach many more clients than we currently are able to.

32	I have concerns about the proposed funding model in terms of the cash reserves needed by an organisation with a stronger focus on 52 week outcomes. While our organisation functions well above national average in terms of 52 week outcomes I can see the potential for creating unsustainable financial models if the proportion of funding is moved substantially from 26 weeks to 52 weeks. The four-week fee and the 26 week fee need to constitute the majority of funding and the 52 week fee relatively smaller. This would ensure cash flow and therefore viability of providers during this 52 week period.
33	They have suggested that some of our funding (not new or additional, but taking part of service fees to be quarantined for Job Seekers to use as they like) sounds like a great idea and gives choice and control…however, in trials many clients didn't know how to use the funds effectively for employment related services, so the money didn't get used and was then not made available to the provider. So what I suggest is that individual services use this as a point of difference, e.g. could advertise that if come to X service we give you $500 to spend on anything you like (related to helping you get or keep a job e.g. clothes, course, child minding, phone, travel etc). We really don't want government controlling this e.g. saying every service has to quarantine $1000 for client discretionary funds = guidelines, red tape and potential to not be used effectively. I think a 60% - 40% split between service fees and outcomes, we still need payments up front to ensure we assist people get job ready and do thorough job matching prior to achieving an outcome. Government would love more to go to outcomes as they think services shouldn't be viable if not getting people to outcome – fair enough, but the nature of DES is that much of our work is with clients who will take a long time (if ever) to secure a job that will achieve an outcome.
34	My main concern is no increase in service fees to enable to provide the best service to participants. If an Participant Assist Fund is available separate to service fees which DES now rely on to pay for goods and services the new DES will be a success
35	Too much administrative tension between "mutual obligation" and "choice and control". DES should have 2 streams based on that distinction.
36	I believe that clients should only have the option of 2 provider changes per year and not 3

What is your position in your organisation?



How would you describe your region?



Appendix 2.

2016 Future of Employment Survey

DSS is preparing a Discussion Paper on the future of disability employment and the new look DES. They have informed the sector that they are interested to increase the individualisation of the program and improve the service quality. This follows the trajectory set last year by the DSS Taskforce and the NDEF (as first enunciated by the then Minister for Disability, Senator Fifield) for DES to move towards a clearer alignment with contemporary disability policy: i.e. person-centred, choice and control, and individualised funding.

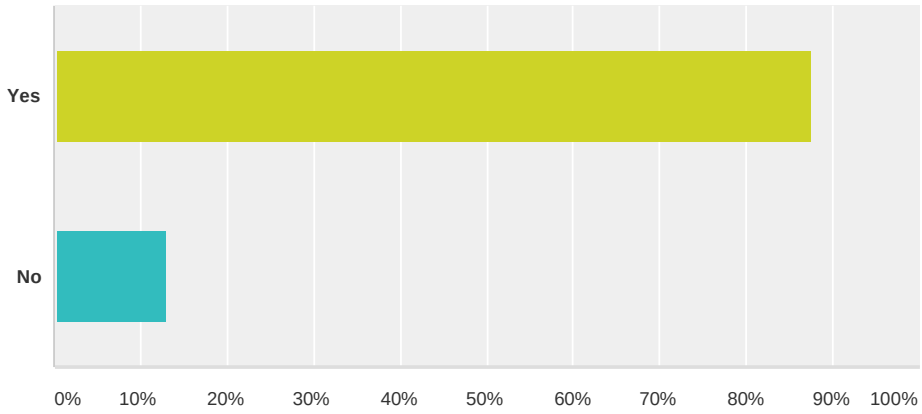
Now that we are reaching the final planning stages, Disability Employment Australia decided to gather data of DES providers' views on a number of key aspects of both individualisation and service quality. This follows on from information gathered at our roadshows and Leaders' Forums which DEA has communicated to both DSS and the Minister.

The survey goes deeper into provider best practice and experience. It concentrates on provider specific assessment models for their participants, staffing caseloads, participants' experience of DES and individualised funding. These are areas of employment assistance in DES that we believe DEA and DSS can learn a lot about how DES works and provider best practice. Information from this survey will be very beneficial to renovating and improving the current DES.

This survey was open to all DES organisations, and was conducted in September and October 2016.

Q1 Does your organisation undertake a form of internal assessments of DES participants?

Answered: 78
Skipped: 0

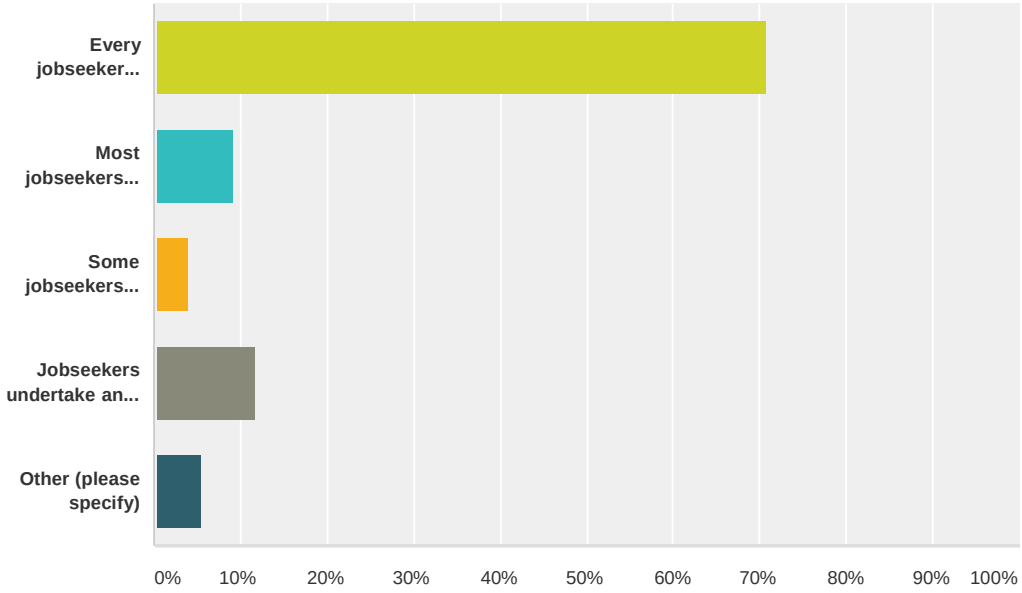


Answer Choices	Responses
Yes	87.18%
No	12.82%
Total	78

#	Other (please specify)
1	Informal
2	Allied Health and Physical Assessments
3	Internal assessment at registration that is constantly updated and works alongside the Job Plan

Q2 To what extent do you undertake internal assessments of DES participants?

Answered: 78 Skipped: 0

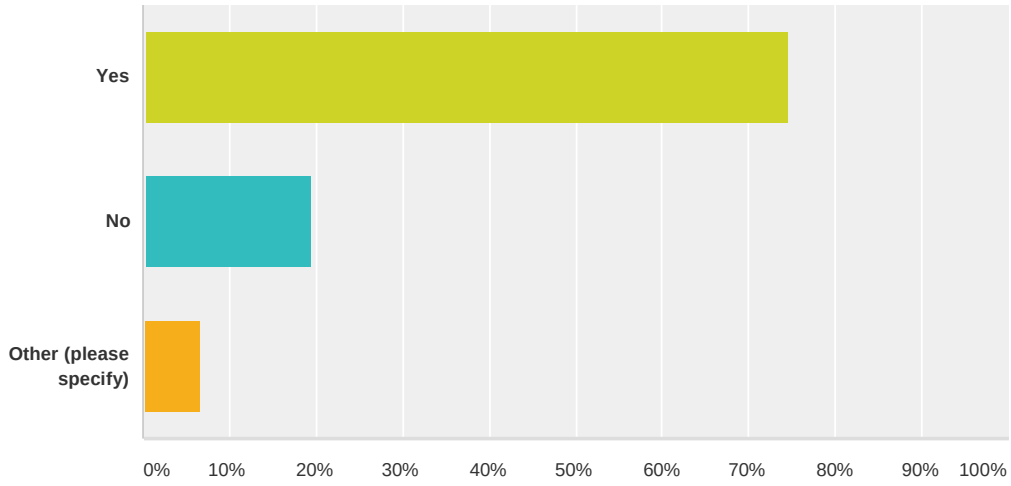


Answer Choices	Responses	
Every jobseeker undertakes an internal assessment	**70.51%**	55
Most jobseekers undertake an internal assessment	**8.97%**	7
Some jobseekers undertake an internal assessment	**3.85%**	3
Jobseekers undertake an internal on a case-by-case basis	**11.54%**	9
Other (please specify)	**5.13%**	4
Total		**78**

#	Other (please specify)
1	Informal assessments
2	An assessment we developed very simple to ascertain barriers and solutions
3	we do not undertake an internal assessment
4	Case Managers assess readiness for employment and gaps in job seeking skills first by active listening and open questioning, then a form is completed reflecting findings.

Q3 Do case managers undertake informal, unstructured assessments of DES participants?

Answered: 78 Skipped: 0



Answer Choices	Responses
Yes	**74.36%**
No	**19.23%**
Other (please specify)	**6.41%**
Total	**78**

#	Other (please specify)
1	Both
2	Case Managers undertake an assessment of each participant upon commencement into the Programme.
3	I am unsure
4	all case managers complete internal questionnaire on commencement
5	We are always tailoring our assessment of each individual client; it's part of how we do what we do. We build rapport, win trust, learn about what motivates the client using a relational style. We learn as we go, with the client (and their employers-sometimes multiple) what works best. It is an ongoing journey

Q4 To what extent does your assessment process enhance the way you provide service assistance to the participant?

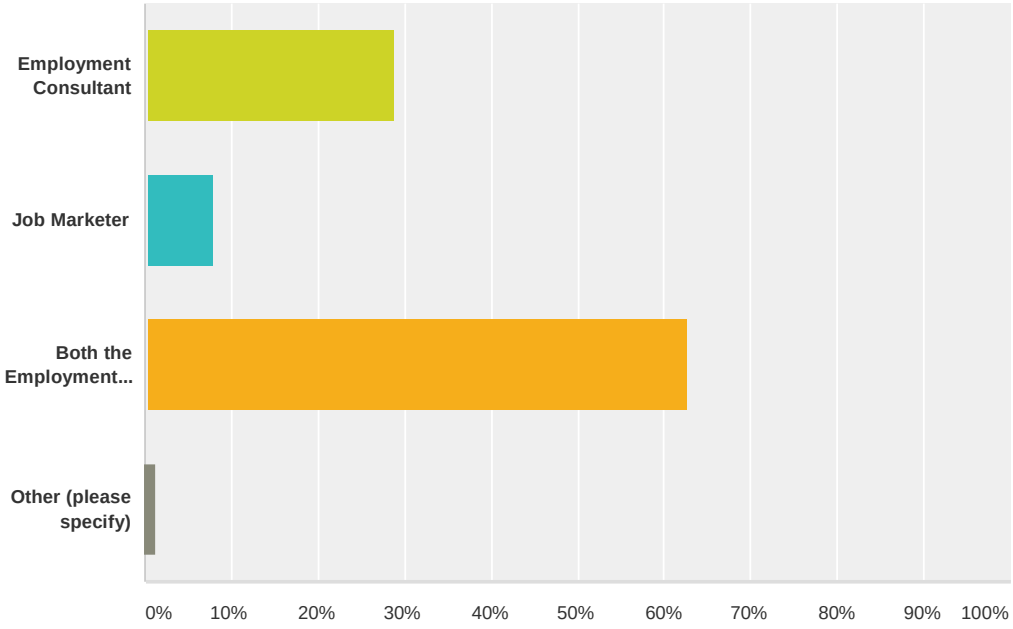
Answered: 78 Skipped: 0

	Never	Rarely	Neutral	Often	Always	Total	Weighted Average
(no label)	**0.00%** 0	**3.85%** 3	**5.13%** 4	**44.87%** 35	**46.15%** 36	78	7.33

#	Other (please specify)
1	The success of the assessment relies on the participant being open to having a conversation around vocational direction and any adjustments they may require to sustain employment.
2	Information gathered from internal assessment we are then able to put together a plan with our job seeker to address barriers.
3	gets to know the needs of the individual

Q5 In your organisation who places people into jobs?

Answered: 77 Skipped: 1

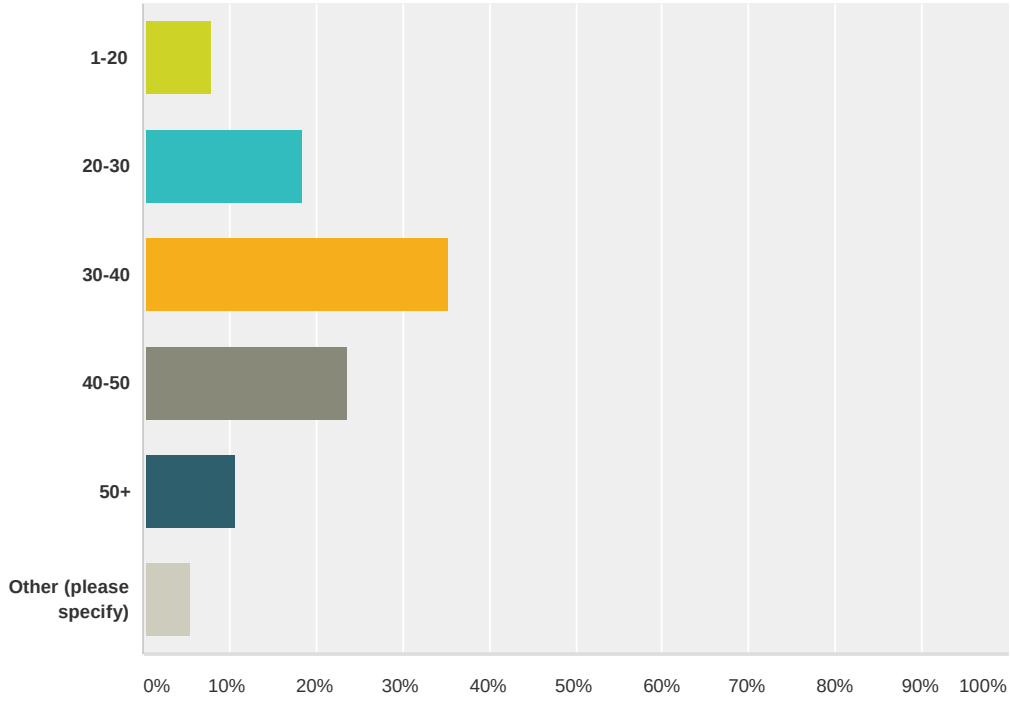


Answer Choices	Responses	
Employment Consultant	**28.57%**	22
Job Marketer	**7.79%**	6
Both the Employment Consultant and Job Marketer	**62.34%**	48
Other (please specify)	**1.30%**	1
Total		**77**

#	Other (please specify)
1	All staff

Q6 Which range best represents an individual caseload in your organisation?

Answered: 77 Skipped: 1

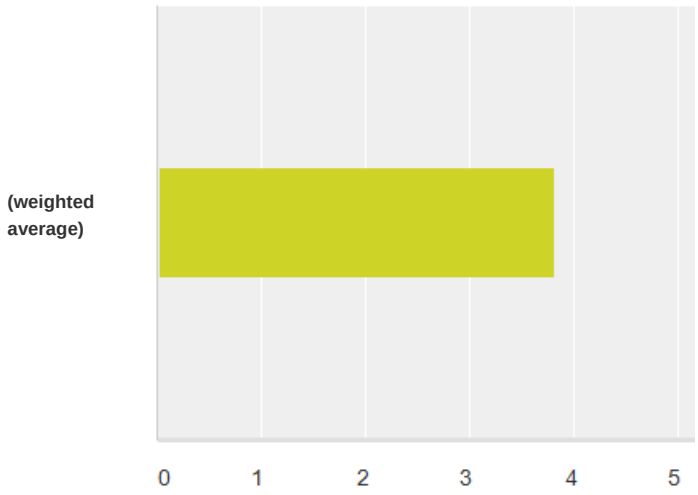


Answer Choices	Responses
1-20	**7.79%**
20-30	**18.18%**
30-40	**35.06%**
40-50	**23.38%**
50+	**10.39%**
Other (please specify)	**5.19%**
Total	**77**

#	Other (please specify)
1	65-100
2	Caseload sizes vary for the DMS & ESS Programmes, DMS approx 80, ESS approx 40. This also varies with small sites servicing small numbers across multiple contracts.
3	Case managers ~ 50, Job marketers ~30
4	EC 45 -50, job marketer 15-20

Q7 To what extent do you agree with the following statement: Lower caseloads lead to better employment outcomes?

Answered: 77 Skipped: 1

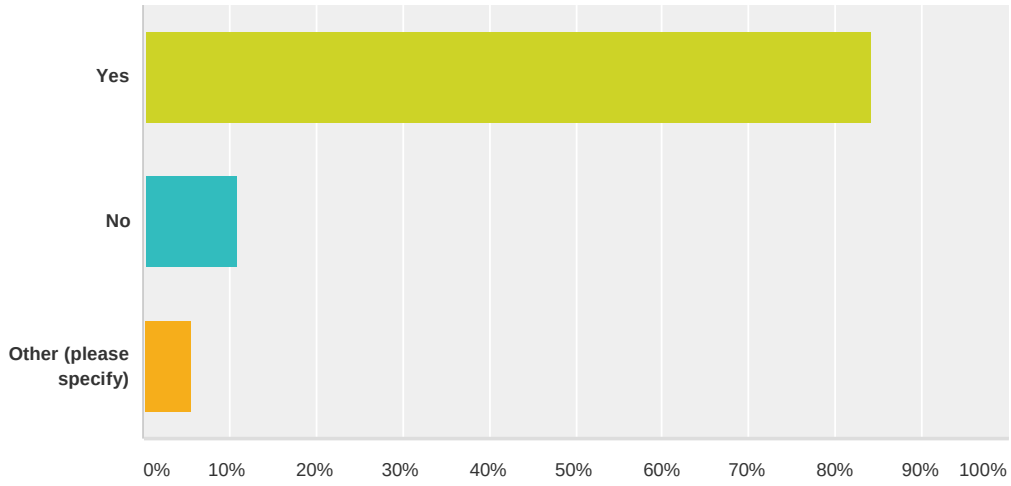


	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Total	Weighted Average
(no label)	**5.19%** 4	**12.99%** 10	**18.18%** 14	**23.38%** 18	**40.26%** 31	77	3.81

#	Other (please specify)
1	Depends on the structure of your operational staff. Where once upon a time we had one staff member per 35 clients. They were responsible for assessment, addressing barriers, job acquisition, pops. Now we have a range of staff sharing the responsibilities with one staff member managing a caseload that us double what it
2	Also dependent on the model of service delivery
3	There is a point at which this relationship is non liner - we believe the sweet spot is somewhere around 18 to 25 under the current framework
4	really depends on the client cohort and the significance of the disability
5	Too many variables to give opinion
6	there is a correlation due to funding that as case loads rise then placements and outcomes fall

Q8 Does your organisation individually evaluate the satisfaction of DES participants?

Answered: 75 Skipped: 3

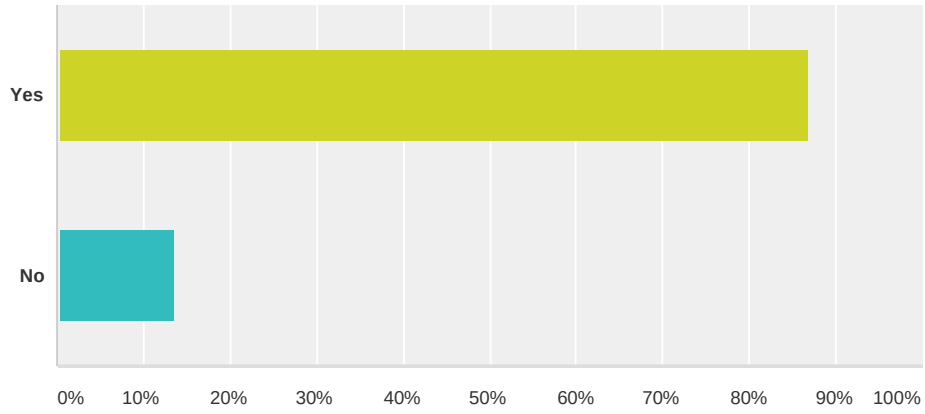


Answer Choices	Responses
Yes	**84.00%**
No	**10.67%**
Other (please specify)	**5.33%**
Total	**75**

#	Other (please specify)
1	We undertake extensive survey and host focus groups regarding satisfaction we directly interview around 15% of our caseload (and their support networks) each year 200+
2	BSI Audit randomly chooses DES participants to interview re satisfaction levels.
3	not for all participants, they are all encouraged to provide feedback however we also conduct customer calls for each EC (approx 2 random)
4	Our Quality Auditors do that each year

Q9 Are these lessons then applied to practice? Please expand on your answer with a comment.

Answered: 75 Skipped: 3



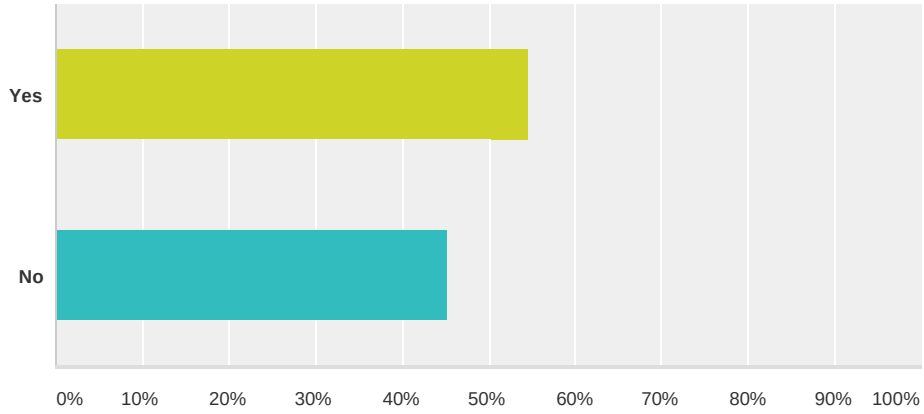
Answer Choices	Responses	
Yes	**86.67%**	6
No	**13.33%**	1
Total		**75**

#	Please comment
1	DES Participant Satisfaction Surveys are undertaken on an annual basis, on top of our normal feedback mechanisms, feedback is utilised to improve internal processes.
2	The feedback we get back from our clients are then reviewed with the way we do them. If changes need to be made for the better then we make the change ASAP
3	We regularly review feedback and adjust policy or practice where there are benefits
4	The organisation conducts regular surveys and the results of the surveys and feedback provided are discussed at the team meetings. Then the procedures created to address the issues brought up and to ensure high quality level in delivery of service
5	Surveys, feedback forms for Continuous Improvement
6	Unsure as only new to the role/company
7	All feedback is acted upon
8	Our organisations believes in a strong professional development philosophy and enhancing the clients experience and outcomes
9	Absolutely - why survey and do nothing about the feedback - we have opened additional offices, we have amended service delivery models, provided targeted training, initiated pre-vocational workshops (and lots More ...) all as a result of feedback that we have received...this forms a part of our commitment to continuous improvement
10	We endeavour to tailor the needs of program support / training for what is in demand.
11	Not Sure, some
12	Unsure
13	currently there is no formal process
14	We do apply feedback to better improve our service delivery however we have identified that we need to increase the frequency of our consultation meetings to continuously improve and evaluate our service delivery model.
15	As part of our continuous improvement we look at comments complaints suggestions and often implement change to everyday practices as a result
16	Sometimes. I feel the some orgs do this just for appearances.

17	Changes to internal policies & procedures
18	Improvement made where necessary via continuous improvement process
19	We are always continuously improving our assistance based on feedback from our clients
20	Where practical
21	[name of org] runs consultative committee that includes clients, staff and management to identify best practices and then gets applied to the workplace
22	If it is within the guidelines but we rarely have a complaint.
23	Listen and respond to comments and where possible, these are implemented.
24	Negative feedback is addressed, processes may be enhanced or changed due to feedback.
25	All clients followed up upon exit with telephone or Online Survey by dedicated customer service Officer. Individual Feedback and overall feedback taken into account and given to local managers and used in Regional managers meetings for process reviews. Feedback also used for performance reviews for Employment consultants.
26	Snr management review feedback and identify key trends and corrective actions, this could involve Service delivery changes or identify training needs.
27	Training provided base on participants feedback
28	Any dissatisfaction is addressed with staff training and review
29	Opportunities for continuous improvement are logged and incorporated into policy & procedure if appropriate. All associated actions are reviewed by service managers until completed
30	Feedback is important, the most important thing though is learning from this and seeing what was done well and if you could have learnt anything and done better
31	Where possible. Regular IPAD surveys are conducted which are then used to inform future direction. We also complete an independent survey each year on a sample of participants.
32	The feedback from the auditors and that, which is volunteered by clients using our own process is always considered and improvements made where necessary. Feedback is consistently positive however and complaints are all but non-existent.
33	Where possible we will implement as part of our service delivery model
34	we review processes, procedures and our service delivery model based on feedback
35	We have an ISO 9000 quality management system and any ideas for improvement, constructive feedback or complaint is documented and acted upon
36	Survey feedback allows us to evaluate our service delivery. Meeting gaps in our service delivery that may be noted by job seekers. We have now have on staff Allied Health Professional.
37	To a degree, if we have room to move in regards to contractual requirements or staff changes.
38	When our organization is able to gain feedback from participants, we change our procedures if required to assist participant understanding and satisfaction.
39	The comments - both positive and constructive negative are incorporated into a continuous improvement discussion at team meetings.
40	Considered

Q10 Does your organisation undertake marketing campaigns to attract participants?

Answered: 75 Skipped: 3

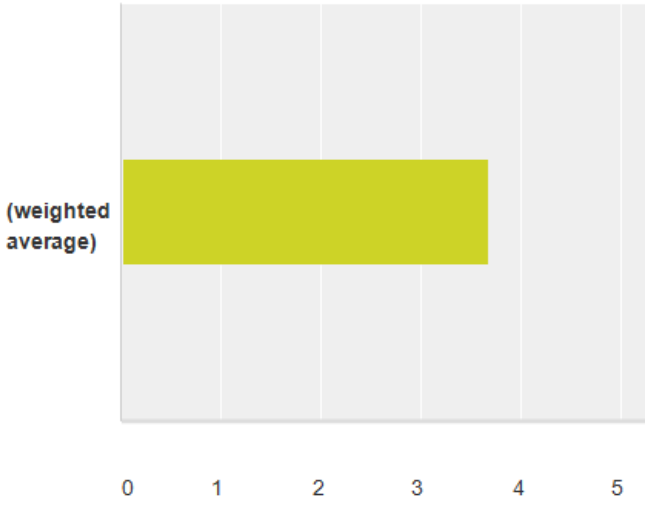


Answer Choices	Responses
Yes	**54.67%**
No	**45.33%**
Total	**75**

#	Comment
1	Marketer meets with various stakeholders throughout our region to sell our service
2	A range of media/print and tv/open days
3	Informal such as word of mouth recommendations, signage,
4	We have 3 full time staff who are essentially BDMs for candidates...these staff have an extremely rich network of referral agencies, treating professionals, education institutions, Hospitals, rehab centres and state based service organisations. The BDM team spend hours every week assisting individuals with disability to navigate the often complex DHS process. 80% of the work that we undertake here is unfunded - however it makes good business sense & it value adds to our consumers and the communities in which we operate.
5	Community Event's market stalls
6	use social media, employer referral programs and DR campaigns as well as internal staff reward structures
7	We have less formal strategies .. through partnership orgs eg mental health clinics where we address staff meetings and client groups
8	Campaign no, but we do work with schools and Career Events etc
9	Job Expos, community events etc,
10	Could do more of though
11	Various community events.
12	Not to attract DES customers. This service relies entirely on direct reg
13	Shop Centre Information Stalls
14	We are very proactive in this area, weekly Newspaper ad's targeting JS's and employers, including published good news stories.
15	Not to a great degree
16	TV, Radio and Social Media

Q11 How important are marketing campaigns in attracting participants?

Answered: 75 Skipped: 3

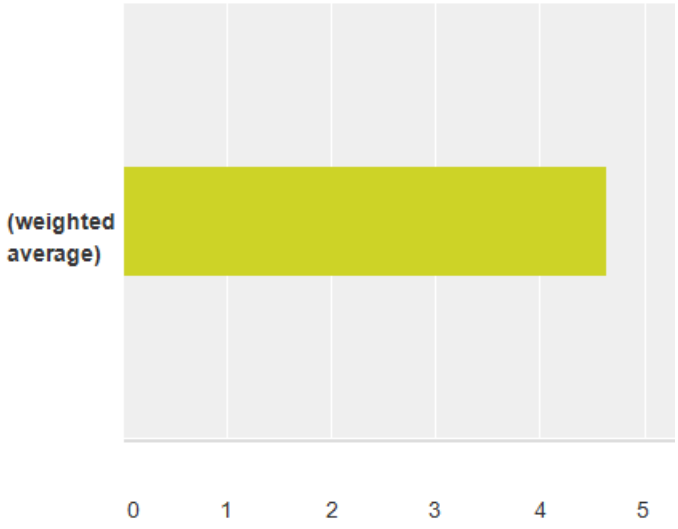


	Not important at all	Somewhat important	Neutral	Important	Very important	Total	Weighted Average
(no label)	2.67% 2	5.33% 4	34.67% 26	37.33% 28	20.00% 15	75	3.67

#	Comment
1	A lot of clients that have or are about to leave school most times don't know of services out there to assist them
2	Main source of referrals is Centrelink
3	Without direct registrations some sites would not be viable relying on ESAT referrals
4	Over 85% of our commencements in any one year will be direct referrals. This is as a result of the marketing that we undertake directed towards participants
5	little success
6	I think the work you do with participants and the reputation you get within the local community is more important than marketing campaigns.
7	Very important as it allows our service to interact with job seekers / workers in the local area regarding potential direct registrations.
8	If we waited for DHS to refer, the majority of people with Disability would continue to stream to Jobactive (there's something wrong in that picture)
9	People need to know what service we provide as a provider in our region
10	Word of mouth from other participants appears to work for us
11	All our participants are Direct Registrations

Q12 How important is person-centred practice to positive participant experience?

Answered: 75 Skipped: 3



	Not important at all	Somewhat important	Neutral	Important	Very important	Total	Weighted Average
(no label)	0.00% 0	4.00% 3	0.00% 0	24.00% 18	72.00% 54	75	4.64

#	Comment
1	It is largely THE key determinant of success...policy and funding has dragged us away from an individualised approach in recent years (3+) as we have declared massive finacial losses and had to look at ways to find efficiency. Most providers will spend 70%-80% of their finding on staff - this is the biggest cost - when times are tough you have to cut costs....so staff numbers go down/caseloads go up and the key element of individualisation suffers...Quality of job match Quantity of placements and general satisfaction comes under threat.
2	This is essential, however the current DES model is not flexible enough to be able to effectively deliver this approach. the performance framework needs to change in order for providers to practice this approach in a flexible manner without the implications of getting clients into a job as quickly as possible to remain competitive and in business
3	Person centred approach can lead to unrealistic expectations.
4	vital to work with persons strengths
5	Critical, each participant receives a person-centred / tailored program which is delivered by our service which includes accesing internal Allied Health support
6	Our approach is entirely person Centred and has been for the 20 plus years we've been in existence (even today where DHS Policy is now completely antithetical for people with Disabilities (with participation requirements))
7	More so now than ever with the NDIS
8	Participants need to be treated as people and barriers addressed as such
9	Each person has different needs and expectations

Q13 What would you identify as the major changes required in your organisation to achieve person-centred practice?

Answered: 75 Skipped: 3

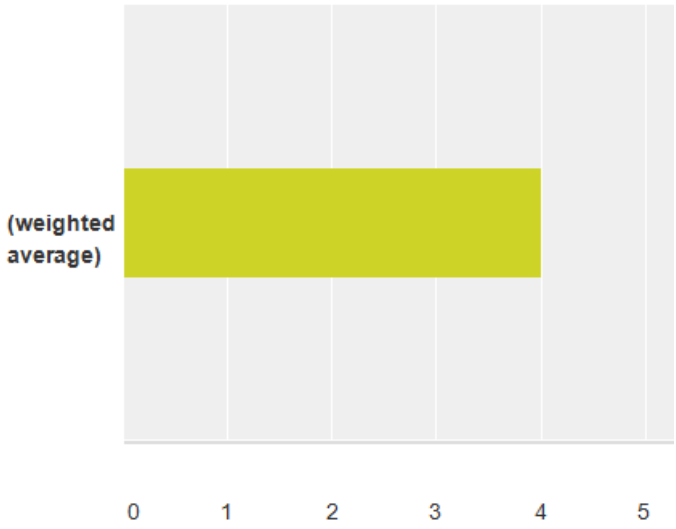
#	Responses
1	Our Participants are our number one focus, we already utilised a person-centre approach, to achieve the best outcomes for our Participants.
2	Continue with 1:1 appts as required, tailored job searching, individualised approach
3	Our Organisation apply changes often to provide better services to our participants.
4	Full staff engagement with the process
5	Lower case load numbers
6	I'm not really sure. Maybe smaller case loads where more one-on-one time can be spent
7	very little
8	As a small organisation we are currently delivering highly personalized service
9	Lower caseloads
10	Lower caseloads More flexibility in measuring success
11	The changes do not have to be within our organisation. The changes are required at departmental contract management level where the Assistance to Participants outlined in the deed and guidelines are able to be practiced by providers and not restricted by individual contract management/ NPA's subjective opinions.. See DES Deed sect.91 Assistance for Participants. and relevant guidelines.
12	Better education/monitoring of staff around processes Better system to reduce administrative burden for EC's
13	Already provide this Individually tailored service
14	Unsure
15	Employing a marketer
16	-
17	Additional training and support for staff, lower caseloads
18	Nil I believe our organisation does this
19	More resources at the coalface to better service clients
20	We need increased funding so that we can be appropriately resourced to ensure that we can offer the care and quality of service. People within our organisation who genuinely want to achieve great placements for PWD are under so much pressure to perform (because agency viability is still a concern) they slip into a transaction space. The sector needs scope to innovate and evolve rather than this sustained pressure and increasing demands from the contract.
21	Appropriate referrals from DHS to ensure that the program can provide the appropriate support to the right candidate instead of wasting government time and resources on sending them back to be referred to a more suitable service
22	We believe we adopt a person centred approach through our service delivery model
23	Smaller caseloads and if have open office to have Disability separate from Jobactive and more personal space for DES Clients.
24	Being a Community Service Provider as well as a DES Provider we have a strong person centred practice, however this is in contradiction to the performance mechanism and sees us being at risk due to the emphasis on placements and not on getting the most sustainable outcome for a client with severe mental health issues
25	More staff training
26	How best to deliver person centred services to participants that are activity tested, particularly non compliant participants.
27	The DES program essentially needs to change to allow for this. The current DES policies have person centredness overtones but in practice it does not work. Essentially the model is moving from service provision type delivery to one of customer satisfaction, the new model must allow for this

28	No major changes - however we are certainly evaluating our Allied Health Services and how they could better impact sustainable employment and provide better support to both the employer and participant.
29	We try to provide PCP within our work ..the only restriction is often contractual eg KPIs that drive "quick" outcomes rather than paced to suit the person
30	we must maintain an individual approach with a customer focus
31	That all offices treat participants as individuals and not money making items
32	Focus needs to be person focused, not Income focused.
33	Education, smaller caseloads
34	already person centric
35	More focus on our participants and less on performance.
36	Less contractual administration
37	To ensure we do not just provide a service and client fits into it instead the clients are asked what type of services would assist them and how they would like the service to operate
38	Organisation is already very person centred. This can often be to the detriment of our contract performance which is not person centred.
39	nothing iewfrom my point of v
40	We use person-centred approach during our servicing.
41	person-centred practice is already applied by MAX. We work with clients not as a number but as a person and employee (coming to look for work is actually working)
42	None
43	To not try and fit all customers into a model or timeline.
44	The removal of having to undertake Centrelink compliance measures, and being forced to work with participants that do not want to be here and/or behaviour in a threatening way towards staff.
45	Lower caseloads, increased DES funding and more emphasis on getting clients job ready that in outcomes. Stop 3 omhtly Star ratings
46	Less paperwork
47	We are an organisation that has always adopted a person centered approach to assisting vulnerable and disadvantaged members of the communities in which we work.
48	Lower caseloads
49	Person Centred Approach documents created. These were influenced by the NDIS and after informal consultation with an NDCO officer.
50	Changes to compulsary measures to allow the practice to take place. Allowing clients total choice and control for individual needs rather than a menu choice. Would require a large change in staff mindset and practice to move away from years of integrated policies enforced by Dept employment which are the opposite of Person - centred approach.
51	To become more people focused instead of having to concentrate on enforcing compliance.
52	Complete cultural change
53	Limited changes needed, training
54	Less compliance and department projects
55	Flexibility to encourage health management, volunteering etc to address barriers without impacting on Star Ratings
56	Policies and procedures already exist it is just about ensuring they are consistently applied.
57	obtain more feedback from clients
58	Through better tailoring of the service that already exists. Staff do tend to go with a "one size fits all" approach at times, despite the fact other supports exist and could be utilised.
59	None we already do it as confirmed in audit reports
60	Lower case loads and better IT systems

61	individualised approach placement consultants work with a small case load 5-8 participants to find the correct long lasting job for each participant. every participant has different needs
62	Less compliance and more flexibility.
63	Current contract dissuades person centred practices as there is little or no recognition in the stars for the quality of a job role and multiple "easy" placements will always outperform fewer high quality placements in terms of star rating performance
64	Client's having increased access to internal Allied Health Support via:- - Exercise Physiologist - Rehabilitation Counselor - Physiotherapist - Psychologist
65	Nothing
66	smaller case loads
67	Calibre of staff involved
68	Actual training. More organisation and clear communication.
69	We have been doing this for over 20 years - why do DEA keep thinking this is a new idea! Since the Disability Service Standards were enacted we have been required to do this if not we were already doing as per our own values...
70	Services provided
71	Financial to be able to deliver individualised support depending on needs.
72	none. we are, have been, and always will operate a person centred practice, that's the National Disability Standards
73	Generally - Less of a focus on the "bottom line" so that providers are able to meet the complicated needs of participants. Within organization - concentrating on one focal area of assistance where you excel instead of being responsible for every facet. For example; some people excel at assisting people to overcome their barriers to be work ready, so that should be their focus; others excel at employment placements and/or support, so that should be their focus.
74	Customer Service and Customer Journey culture
75	BE able to respond to better to participant suggestions and feedback

Q14 To what extent do DES participants require additional supports/services beyond job preparation/finding/retention?

Answered: 72 Skipped: 6



	Never	Rarely	Neutral	Often	Always	Total	Weighted Average
(no label)	**1.39%** 1	**4.17%** 3	**6.94%** 5	**68.06%** 49	**19.44%** 14	72	4.00

Q15 What additional supports does your organisation provide DES participants?

Answered: 72 Skipped: 6

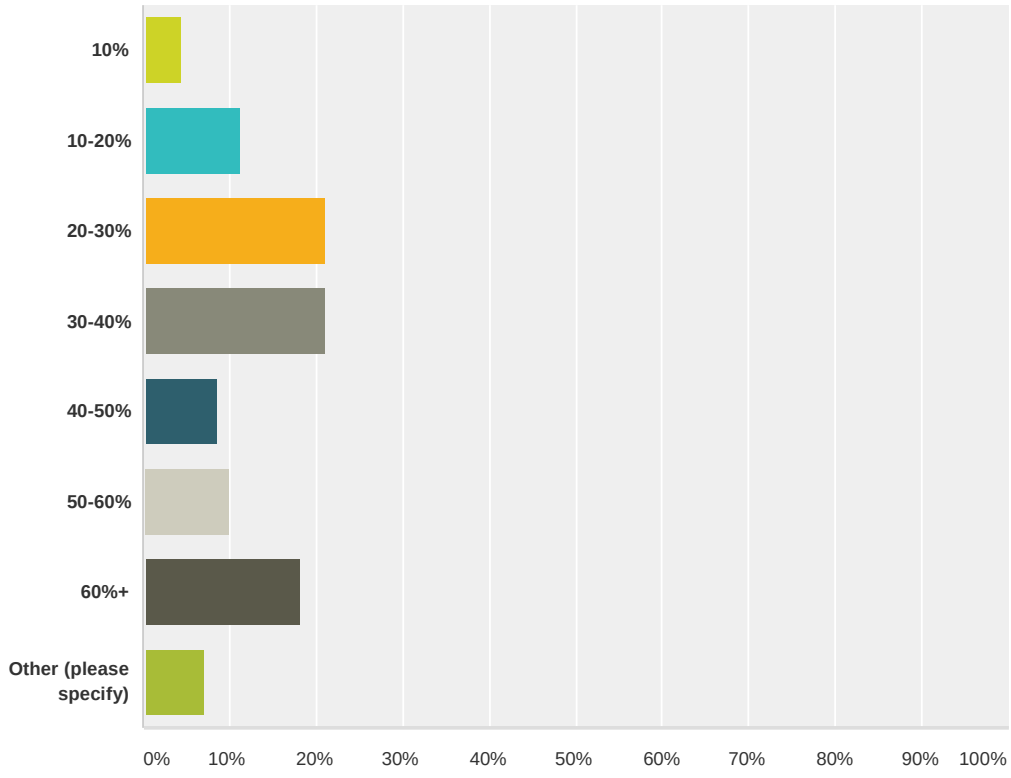
#	Responses
1	We support Participants on an ongoing basis, however rarely utilise ongoing support due to the compliance restrictions. We provide support through funding, training and workplace assistance.
2	AH support such as gym based program, hydrotherapy, education, physical assessment, ergonomic assessment.
3	* Referral to Health Services * Wage Subsidies * Education * Financial assistance * Short term accommodation * Travelling * Taking to Job Interviews *Attending Centrelink appointments with them if requires *Referral to leisure centres * Dental Assistance * optometries Assistance
4	Housing, transport
5	Post Placement Support Allied Health Assistance
6	Finding training courses for those that want to gain some more knowledge. Finding other services to assist the Client (Drug & Alcohol, Housing support, Financial crisis, Connecting with a GP or Psychologist ect.)
7	Referrals to External medical professionals, Education providers, Community organisations and programs to address various barriers - such as financial, cultural or socioeconomic
8	.
9	Employment Support Consultants are all registered allied health professionals such as physiotherapists, occupational therapists and speech pathologists. Detailed assessments and reporting tools have been developed. These assessment tools provide and identify: • A holistic framework to capture all the information regarding vocational and social barriers preventing these individuals from remaining in employment or finding new employment. • Specific assistance in terms of services, support, treatment or equipment required by participants to enable them to maintain or gain meaningful employment. Participants are encouraged to involve their support network, including friends and family, medical/health support network in assisting them in the transition to work or remaining in work. Employment Assistance All job seekers undergo a comprehensive vocational assessment administered by Job Employment Support Consultants to identify the individual's barriers which affect their capacity to engage in open employment. The assessments include psychological, social, cognitive, physical and vocational components to identify the participant's vocational interests, transferable skills and abilities, which assist in identifying suitable employment. Detailed written reports are prepared with specific recommendations/strategies/actions for overcoming the identified barriers, mutually agreed on and documented. Support to seek employment is provided by the Employment Development Consultant. Post Placement and Ongoing Support caseloads are managed by Employment Support Consultants. Job In Jeopardy We engage with a client base overwhelmingly via direct registration as Job in Jeopardy (JIJ). Over 90% of the employment service participants are direct registration JIJ with the vast majority moving to ongoing support post 26 weeks Organisational capabilities have been built through the delivery of the ESS, day programs, peer support services, volunteer programs, respite services, immunotherapy nursing support, Connect (intake service) and training and education services. This enables a wide range of options for participants and to maximise the effective use of skilled staff. The majority of participants remain as ongoing support participants and are supported to maintain their employment in accordance with the DES Deed and relevant guidelines
10	Motivation Mentoring Debriefing
11	Post placement and Ongoing support ,on the job support for both JS and employer, mediation, minimum fortnightly contacts to monitor progress and address issues impacting on maintaining employment
12	Mock Interviews Vocational Assessments Personal Support Services Assessment
13	one on one personal support
14	Allied Health such as: General Physical Assessments Physiotherapy Gym programs Hydrotherapy programs Personal Support Services Assessment Vocational Counselling Counselling and further referral if required We also complete resume building, cover letter establishment, job search tools such as our own job seeker website, job clubs and direct marketing
15	General Physical Assessment Gym Program Hydrotherapy Program Personal Support Service Assessment Vocational Counselling
16	Allied health services
17	We provide a considerable amount of support to connect with other services - however don't provide other services in house

18	Ongoing support
19	Access to internal Allied health support- Work Conditioning programs, Physio assistance, Hydro therapy, Access to Vocational Counseling from a rehabilitation Counselor
20	Access to psychologist services for counselling, adjustment to work, learning to cope with stress etc
21	Mentoring PC, Health Officer Services and weekly contact by PC.
22	Imbedded Pschy services, on the job mentoring, one to one job preparation rather than groups. Attending training as mentors
23	Referral services, mental health support
24	Allied Health Psychology / Counselling Housing Alcohol / Drug Transport assistance Mentoring / Co-worker education Liaison with the employer
25	Allied health professionals, financial support to access vocational and non-vocational interventions
26	Access to non vocation support eg warm referrals to welfare programs, family support services eg relationship breakdown or parenting support . Transport assistance . Counselling services. Referral to emergency relief
27	on Job training and support access to accredited training ie white card and whs
28	On site support with employment Travel assistance Training
29	Mainly on the job support, face to face.
30	PPS, OGS
31	Pysch, financial, health, counselling
32	Onsite employment support Fitness/Motivation Training
33	Onsite job training and mentoring
34	Adaptive technology assessments and training Orientation and mobility assessments and training Workplace modifications beyond Job Access
35	Access to internal Psychologist Access to drug and alcohol counsellor
36	referral
37	Counselling, work conditioning programs, career and vocational counselling, workplace support, mentoring, social casework, specialised PPS.
38	Health Services External referrals to community organisations
39	extra wage incentive, financial assistance for clothing counselling etc
40	- Health services support - Social supports - Financial support - Housing support
41	Post placement support, ongoing support, advocacy, assistance with Centrelink, liaising with carers and families.
42	holistic approach, assistance maintaining health links, onsite support, work clothing, licences, tools & equipment, counselling/mentoring, assistance with transport, liaising with employers, educating employers about disabilities
43	education of services available, referral to appropriate services. confidence building. Understanding JCA requirements and understanding terminology in JCA . Assisting GP's to understand Centrelink requirements and DSP Understanding
44	financial counselling, emergency relief, domestic violence services, homelessness services, mental health counselling, family support services, youth services.
45	Counselling, community linkages, Social Linkages, Financial assistance, Drug and Alcohol rehabilitation, Occupational Therapy, Travel assistance, Travel training, formal and informal training, educational assistance, Housing, purchasing tools/equipment, Purchasing safety clothing, Police checks, Blue Cards, Onsite Psychologist, mentoring , Client Committees, training and purchasing Licences, Tutoring, Health Aids and personal hygiene
46	On-site Allied Health service
47	workplace modifications training
48	On the job assistance. work trainers and placement officers are always onsite with their client.
49	none
50	Financial Support - Bills, Housing, Medical & Medication, Councelling
51	Travel training, face to face placement support , counselling and physical assessments

52	Assistance to source and access allied health Crises intervention (Housing, court, personal crises etc)
53	Assistance to source and access allied health Crises intervention (Housing, court, personal crises etc)
54	allied health, physical assessments, pre employment training, on the job training, financial assistance by the way of clothing, travel etc.
55	Clinical/therapy/accommodation, counselling, transport,
56	Internal counselling Organising Workplace Modifications through jobaccess.
57	On site support
58	we specialise in physical disability some participants require physio or OT assessments
59	Job preparation encompasses so many things. This could be counselling, drug and alcohol counselling, accommodation issues, financial and budgeting issues and life skills, as just a few examples. There are too many to be able to list.
60	Referrals to professionals in various fields. Co-located psychological support
61	Access to internal Allied Health:- - Exercise Programs - Personal Assessments - Physiotherapy - Hydrotherapy - Psychological Counselling - Vocational Assessments
62	Assistance with navigating State Housing regulations/Centrelink Benefits and earnings; Motivating; Housing assistance; Health interventions; psycho-social supports; referral for counseling, financial & welfare assistance; Psychological support; drug and alcohol rehabilitation support; an IPS approach..... You name it! its about assuring that the base levels of Maslows Hierarchy of Needs is in place and remains there to support employment
63	Counselling services physical and psychological
64	allied health support, post placement support in workplace/phone/ at office, workplace mods, workplace training
65	nil
66	mental health, physical health, self-management (e.g. getting enough sleep, eating healthy) alcohol and drug use, housing, driver training
67	Housing, Drug addiction, Counselling, Budgeting Child Care, Transportation
68	Following up and supporting with referral to support/health services to enable to participant to move forward, at time of referral a majority are not able to participant in the work place due to ongoing issues not being supported.
69	accommodation, medical intervention, benefits, budgeting
70	Assistance with training costs, work-related costs including clothing, PPE and petrol, and sometimes minor financial assistance for medical or licence costs.
71	we facilitate in engaging the best people/organisations in the community to assist
72	Access Centre with library resources

Q16 On average, what percentage (time/resources/expenditure) of additional supports would be required to assist an individual into employment?

Answered: 72 Skipped: 6

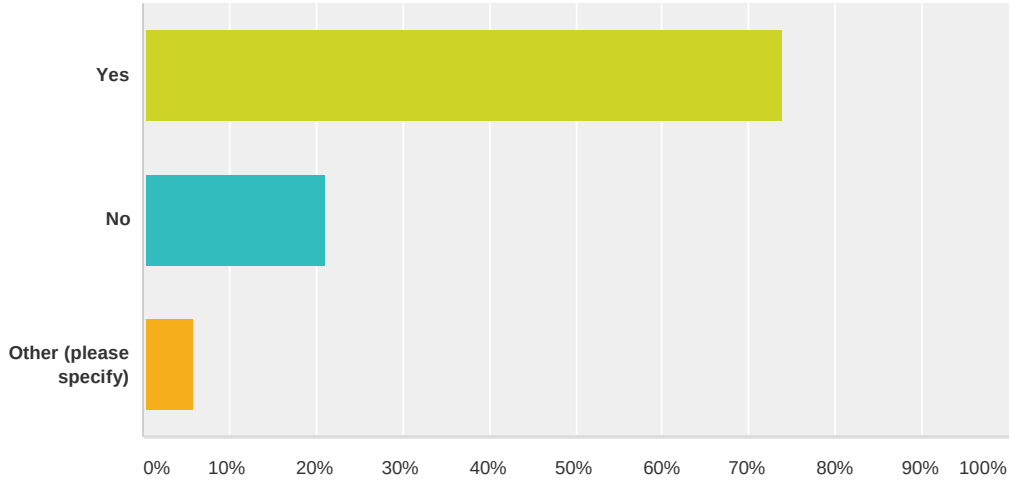


Answer Choices	Responses
10%	4.17%
10-20%	11.11%
20-30%	20.83%
30-40%	20.83%
40-50%	8.33%
50-60%	9.72%
60%+	18.06%
Other (please specify)	6.94%
Total	**72**

#	Other (please specify)
1	Case by case pending health conditions and disability type
2	All depends on client needs some 20-30 others 30-40
3	Totally individualised..
4	Difficult to answer as for some it is many hours over a long period others require one instance of additional assistance
5	It is irresponsible to provide an average score as it is highly individual

Q17 Do you understand how Individualised Funding models work?

Answered: 72 Skipped: 6

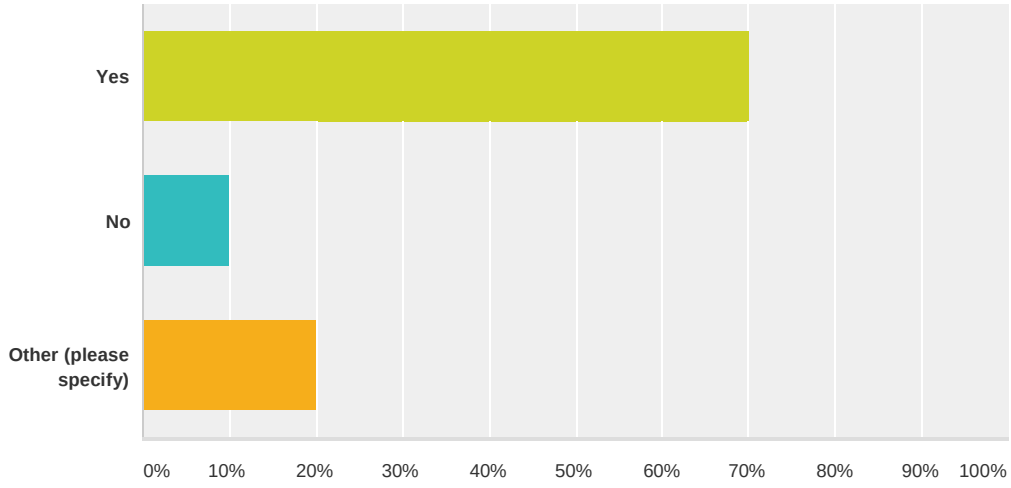


Answer Choices	Responses
Yes	**73.61%**
No	**20.83%**
Other (please specify)	**5.56%**
Total	**72**

#	Other (please specify)
1	To a certain extent
2	Starting to understand more due to the NDIS rollout
3	I have some idea and it fills me with fear unless the funding and number of clients is sufficient to facilitate our sustainability as a service provider
4	Basic understanding

Q18 Do you support the principle of person-centred, choice, control, and individualised funding in disability employment services?

Answered: 72 Skipped: 6



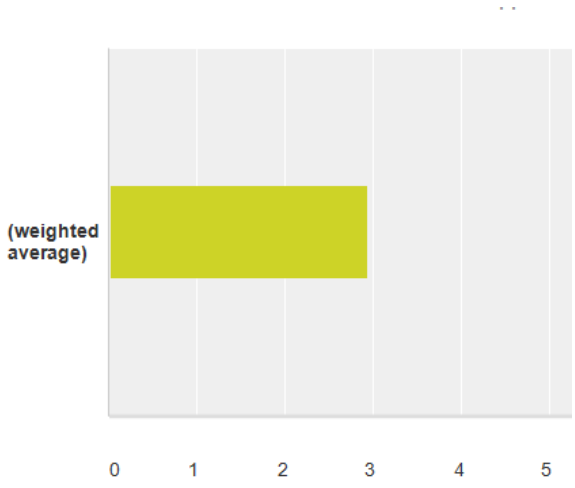
Answer Choices	Responses
Yes	**70.83%**
No	**9.72%**
Other (please specify)	**19.44%**
Total	**72**

#	Other (please specify)
1	unsure
2	A big question because it depends...to genuinely offer that (person centred, choice control) it costs a significant amount more. It actually takes the concept of the Investment approach and puts it into practice. I don't believe the Government is ready to do this in DES. And a key reason (speculation) being- that they don't respect/trust the current providers to deliver value....And in some instances they are probably right to be cautious...BUT they let many of the profit motive Rather than purpose motive providers in.. (I do like and support the concept of choice and control aspirationally)
3	Within reason
4	It depends how the approach will be constructed - there are potential pitfalls that could emerge with a poorly designed model
5	Somewhat
6	Most deffinatetly
7	If participant truley understand where they best need support then yes. As a general rule, I feel that with the majority of DES ESS participants being long term unemployed that they do not understand what they need to support with.
8	Many participants may require higher support however not allocate enough money to employment support.Expectations and reality may not match regarding support hours and funding.
9	I do and I dont, having individualised funding could result in items being requested which will not in fact assist the participant into employment
10	The priciple is sound but i need to see the model before i could support it or not
11	Yes, in theory but a person's choice for their employment pathway should be based around a realistic chance of obtaining and maintaining employment. Some job seekers have unrealistic goals based upon the current labour market conditions and this will be a challenge in an environment where they have increased choice / control.

12	In principle Yes, in practise I have some reservations
13	not sure what you are talking about
14	yes to all but dubious about the individualised funding all I see is a lot of red-tape burden with adminstering it as per NDIS experience

Q19 How much funding should/could be controlled by the participant?

Answered: 72 Skipped: 6



	None	Some	Neutral	Most	All	N/A	Total	Weighted Average
(no label)	9.72% 7	30.56% 22	26.39% 19	22.22% 16	9.72% 7	1.39% 1	72	2.92

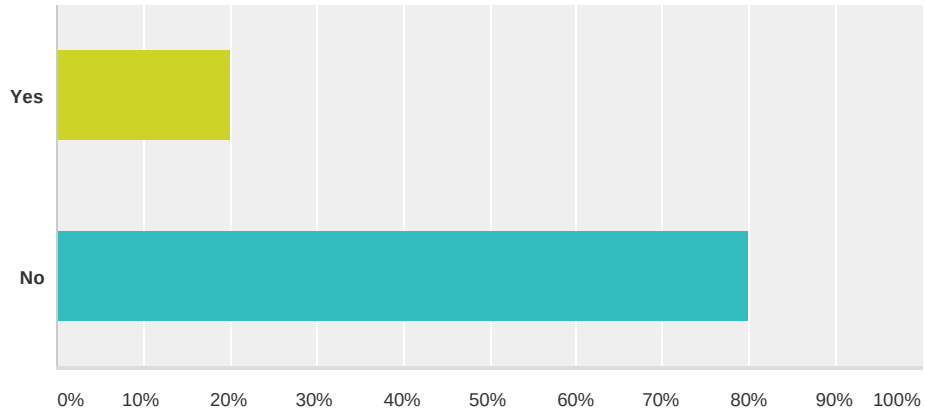
#	Comment
1	DES Participants controlling funding can have both positive and negative aspects. I have concerns that some of Participants could be easily influenced and lead to provide funding to providers that is not in there best interests, i.e. paying for courses that they are unable to complete.
2	Depends on the client & also the family dynamics
3	The funding should be controlled by other bodies such as career planners to ensure meaningful career path for the participant that will lead to long term paid employment and to avoid the situation of "serial students" when the participant undertake various courses but never gets into a job
4	I believe most clients on a low income will make poor choices in relation to employment pathways and accessing appropriate support. Their choices will be based on wants and not the structure of the labour market and the assistance that they could access.
5	Most - but a staged approach with wrap around supports to ensure that people are able to make informed decisions and are not at risk of being victims of over promise and under delivery etc
6	Some funding should be controlled by the participant but the other should be capped so it is not used and abused / taken for granted
7	Participants should have more control over their funding, however there needs to be guidelines as to what they can spend their funding on and clearly defined pathways to employment.
8	With guidelines like Those in NDIS that stipulate range of supports that can be purchased
9	I love the idea in concept, my opinion may change after experiencing the NDIS over time, I'm sure there will some required tweaking.
10	As above
11	JS lack insight into what money should be spent on.
12	Depends on abilities in managing funds and their genuineness in finding employment.
13	I would break it down into 30% for the Job Seeker and 70% for the Service Provider.
14	I still think this is hard to visualize given the current level of baggage associated with DES clients with mutual obligation, who are rarely as motivated towards employment as Volunteer JS. Also having been in Employment and Training since 2000 I have seen many people who see employment services (particularly in the cohort mentioned above) as shopping centers ie. their motives are not always pure when it comes to securing employment.

15	Some wants by participants are not realistic

16	Due to the complexity of the individual needs, most participants I currently work with have very little budgeting and planning skills, who will monitor expenditure of the participant on suitable options or will MO not be a requirement to be met?
17	much thought needs to go in to the participant managing their own funding. It could mean that the participant continuity goes from one provider to another. we must also guard against providers giving incentives to the participant ie, free movie tickets, free mobile phones...
18	Funding should be decided/agreed upon as a team; between the Participant, Case Manager, Advocate (if applicable), and other service providers (if applicable)
19	Depends upon disability type and the participant having a basic understanding of appropriate assistance to become more job ready and increase their employability.

Q20 Do Star Ratings best reflect how well your organisation supports people with disability to find and retain employment?

Answered: 71 Skipped: 7



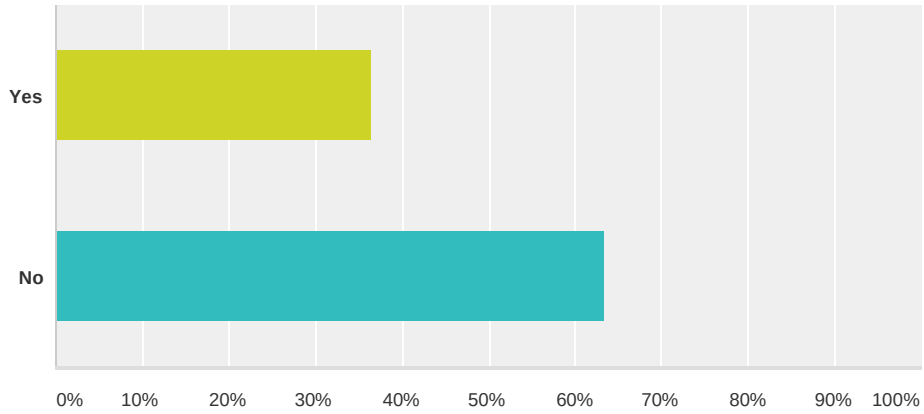
Answer Choices	Responses
Yes	19.72%
No	80.28%
Total	71

#	Other (please specify)
1	I don't believe they do. Those organisations that put more time & effort into caring & assisting the client to find services to enable them to find & keep employment are punished in the STAR Ratings
2	The star ratings give some idea of organisation performance but not very accurate in reflecting barriers of the participants and the level of support they require
3	Star rating and need for performance do not allow for the time that higher need participants require or those whose needs fluctuate
4	Flawed mechanism - don't get me started !!! We are a Strong performer 4 Star - but they are not a true measure of performance. The regression process is a bit of a joke & and to hear Minister Prentice say that the sector welcomes Star ratings just highlights how disconnected from reality DSS and the ministers are.
5	It is a measure that compares services nationally and really the most level playing field. It has limitations being quantitative not qualitative.
6	The current Star Ratings is not a good indication as it does not measure quality outcomes and servicing. It is very limiting and Providers can work with the 'easy to place clients' and park the harder clients who may need more time to get into employment. the star ratings does not consider the individual participant that gains employment and the challenges to employment they face.
7	No recognition given to the massive amount of work that must be carried out prior to even considering an employment placement for most DES participants
8	Star Ratings do not necessarily reflect the difficulty of the client base.
9	My organisation has poor star ratings but the highest rating in 52 week indicator. The current system does not reward long term sustainable employment.
10	Star ratings do not reflect on support provided to a participant particularly if they have many barriers to employment to overcome first. Does not align great to the NSDS standards that DES providers must adhere to.
11	As we are identified as a Program of Support, the support mechanisms in place are often overlooked.
12	We have sites that are 40% above the National Average in all major Star Categories but are 3 Stars where other sites are below that mark and are at 5 Stars.
13	Depends how you look at it...star ratings are a pure measure of job placements but that is all they measure....the numerator denominator framework works against providers and participants

14	it is just raw data we need to find a way of getting the participants journey into the star ratings. I acknowledge that the Gov need star ratings however there has to be a better way of obtaining this data
15	I don't know if star ratings best reflect how well we support people to find and maintain employment but I believe there has to be a measure and a goal to work towards.
16	They are a reasonable guide. However they are drivers of exclusion and therefore have been flawed since the KPI's of DES were introduced and linked with purchasing and business share allocation
17	But I believe all measures need to be based around employment outcomes
18	But its the devil we know...we need a system of some sort to identify performance
19	Regression of stars are ridiculous. This does not reflect current performance or practices. Stars do not reflect the real picture to ESA areas in comparison to National

Q21 Do Star Ratings demonstrate what organisations place the most people with disability into sustainable employment?

Answered: 71 Skipped: 7



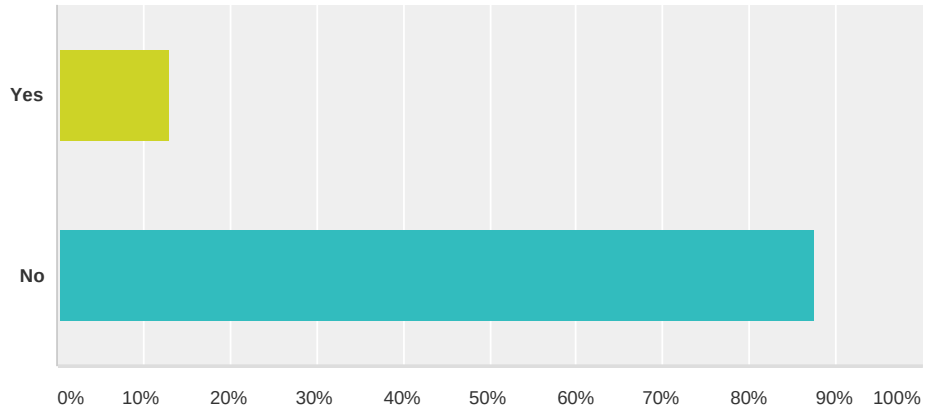
Answer Choices	Responses
Yes	**36.62%**
No	**63.38%**
Total	**71**

#	Other (please specify)
1	Star Ratings show who is able to place a Participant into employment for a 6 month period. The 52 week sustainability indicator only has a 10% impact on star ratings, whereas a 26 Week Full Outcome has 40%. A number of providers have taken to 'buying' 26 Week Outcomes, we are a provider who has both jobactive and DES contracts and on completion of the 26 Weeks of employment the Participants are referred back to jobactive due to recent employment history. The current model does not recognise sustainable employment, only performance for a small number of providers who come to dominate the market. Providers who want the best outcome for their Participants are left behind. In one situation an employer contacted us as they were told by another provider that they were unable to retain a Participant after the 26 period, and the Participant is required to be replaced after 26 Weeks, even though they were perfect for the employers organisation and the employer really wanted to keep them on. This practice is becoming rampant within the industry as providers aim to improve star ratings, rather than an acting in the best interests of the Participant.
2	demonstrate which organisations can best manipulate data and caseload numbers
3	Not very accurate
4	It depends on your definitions of sustainable. For us we are tracking at average tenure of 4 years in private sector and 6 in public....this is very different to 13 wk and 26wk outcomes and I would suggest even 52 weeks. So Not I don't think it measures this well
5	But this does not provide a clear understanding of the support provided and participant satisfaction.
6	Particularly 52 week milestones it sets us apart from Job Active!!!
7	I dont disagree with a 'Star Rating' system, performance should always be measured, but there needs to be a better measurement in place that takes into account the diversity of the participants that providers work with
8	Star ratings can be manipulated and are not showing long term employment success rates vs only 13 week outcomes that are usually "bought" with the wage subsidy. It has been shown that there is a greater number of participants dropping out of work after 13 weeks of employment that 5 years age due to the competitiveness of the market and the pressure of Star Ratings.
9	Providers generally are most concerned with 26 weeks of employment not ongoing and sustainable as the star ratings reward 26 week outcomes higher than 52 week indicator.
10	Many providers manipulate the Stars through Education Outcomes or buy completely ignoring OGS despite being an ESS provider.

11	bit undecided with this one the star ratings show the organisations that are good at obtaining employment however this does not show if these are the best outcomes for participants
12	In a simple sense they do, but the regression is always difficult to understand and I am not sure this really reflects the difficulty of a caseload.
13	They may do this, however its hit and miss because they may also indicate sharp practices and a DES that has a policy of exclusion (that is it will exclude JS who they assess as less likely to achieve outcomes)
14	There is no linkage to hours or pay or quality of position in the ratings except for perhaps meeting a benchmark of hours - however, the benchmark doesn't necessarily reflect any choice

Q22 Do Star Ratings highlight best practices in assisting people with disability into sustainable employment?

Answered: 71 Skipped: 7



Answer Choices	Responses
Yes	12.68%
No	87.32%
Total	71

Q23 Please highlight best practices that could and should be recognised?

Answered: 54 Skipped: 24

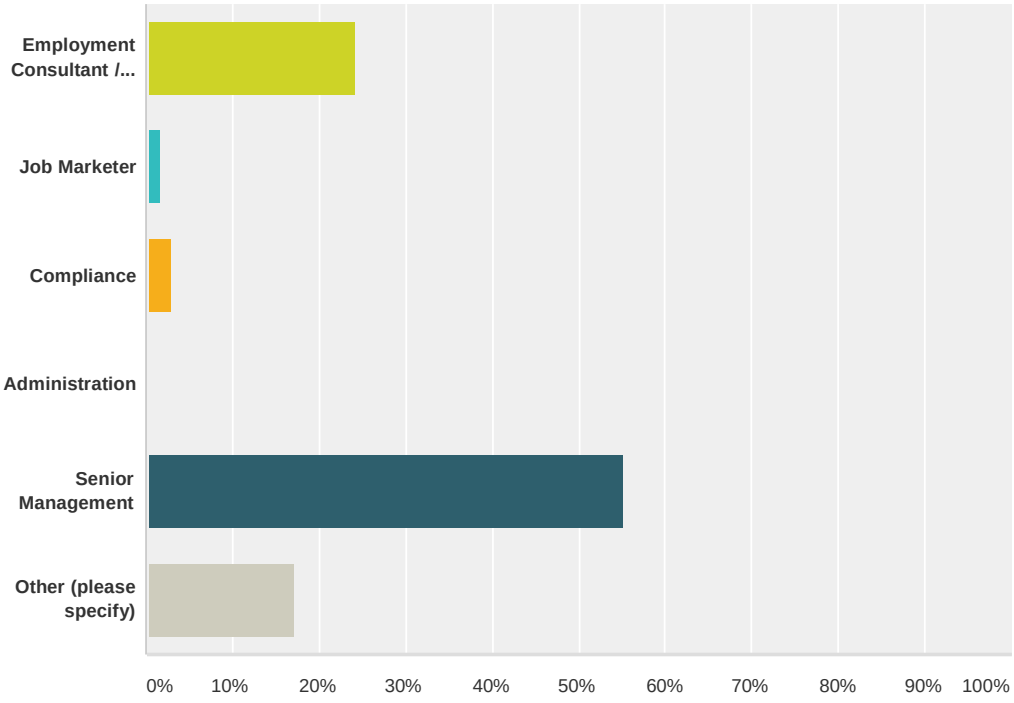
#	Responses
1	Long-term employment for Participants, not churning through placements. Expenditure on Participants that supports them into employment, we get a lot of transfers, because other providers refuse to spend any money on DES Participants. Again, actual employment outcomes that benefit the Participant on an on-going basis - 26 weeks of fully funded employment isn't the best option for a Participant, as a lot of employers keep the Participant on as it's not costing them anything, as a result the Participant has recent employment, but no new skills.
2	Individulised service
3	Individual customer focus
4	Individualized programs and approach to the participants, ethical practices in placing in employment prioritizing long term sustainable employment outcomes
5	Engaging challenging participants
6	Evaluation of Disability Employment Services 2010-2013 Final Report. “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”
7	Additional efforts and support that has gone into job saves expecially when dealing with extreme circumstances due to JS mental health conditions or similar
8	Assistance provided, support provided and one on one time spent with employment consultants and allied health staff.
9	There is really strong employer engagement going on in the sector - I have invited DSS to many employer networking events that we host - they have not come to one. There is great work going on to support School students undertake VET qualification and transition work. There are wonderful training initiatives that we and others are offering to employers around supporting people with disabilities in the work place, disability awareness training Or even helping Government deliver on their DAIP plans. It is easier though for DSS to point the finger at providers and say that providers don't engage with employers and are under-performing.
10	Education and casual work should be highlight as a achievement for most DES Clients as they can maintain and be sustainable for them, and most disability clients are unable to do their benchmark hours. When the change of 15-23hrs benchmark happen most client who had that benchmark at 15hrs were placed at 23hrs. Centrelink assess client 23hrs in 2yrs intervention, however 15hrs, Provider has to find 23hrs benchmark not the 15hrs the assessment start at. 50% of clients at 30hrs benchmark is usually too high for DES to start employment. Other practices that should happen the providers have no groups and most DES client do not handle the group session easily due to there health barriers. KPI are very high in [name of state] specially the low social and economical etc regionals. eg [name of outlets]. Providers with Open offices for all clients(DES & Jobactive) in not practical for Des clients, due to [identifying information] health barriers and privacy and clients are embarrassed they have to ask to private room or space so they are no heard to the public.
11	Attention to care for job seeker Jobseeker satisfaction in job placement
12	Participant tailored program support Participant satisfaction with the service provider of choice Possble accreditation of services where the compliance aspects of the program is clearly highlighted and available for the participants to see so they know that the organisation is legit and complying with the standards.
13	work being undertaken to assist in addressing barriers such as mental helath - we have made the choice to retain those clients with severe health issues who are typically transferred from provider to provider without anyone assiting them. We have been successful in effecting change within their behaviours & issues to gain sustainable training & employment outcomes however this is a lengthy process and has a detremental effect on performance rankings. These clients are typically identified as being too hard to deal with as performance is too heavily weighted on placements and therefore no condusive to those clients that are long term unemployed with significant barriers
14	Outcomes based on participation in the community - including voluntary work.
15	Decision making and choice - consultation about the type of work and what is a good job match.
16	Quality of job eg career pathway, pay rate etc. Client Satisfaction with placement Ongoing support that assists with retention Pathway outcomes that are sustainable in cohorts eg Mental health
17	the work associated with developing goals and pre employment matching that ensures successfull long term results

18	Person centred. Whatever it takes. Strong Client focused Management.
19	No sharp practices Person-centred Tailored for each participant
20	Long term change to living environment & social security reliance. Community engagement and promotion of people with a disability
21	Onsite participant support and employer contact.
22	Longer term sustainable employment more than 12 months and certainly more than 6 months Achieving life skills goals beyond employment outcomes
23	Addressing participants barriers to employment. Development of skills to increase employability. Long term employment
24	xxxx
25	Ongoing support, amount of time spent getting participant ready for work and trained. Hours of employment increasing over time.
26	Additional services offered that assist job seekers with barriers e.g. social groups, physical health programs. Celebrating achievement of employment with the job seeker.
27	Employer engagement, interaction, training and ongoing support provided
28	assisting clients to access DSP when appropriate
29	allow job seekers to set their individual goals and not be influenced by what a case manager needs to achieve. restricted use of the current punitive system. ensure privacy (re sensitive discussions about the support we can offer) is offered to every DES participant.
30	Individual tailored supports, Low caseloads, Job matching to client choice, Career progression support, long term employment, quality onsite support, financial investment in job seekers and not just employers, high retention rates, diversity of service offered, quality customer service.
31	Higher reward of 52 weeks of employment and beyond. Higher reward for ESS level 2 outcomes.
32	With the removal of goals in Job Plans it should be best practice for providers to continue to discuss participants goals and aims as this aligns well to the NSDS standards.
33	For clients who are termed as "medical clients" should be given a % of percentile ranking.
34	speed to placement career path matching
35	Career Transition, increase in capacity, holistic approach
36	Improving a participants life through employment but also through community access, empowerment and life quality
37	Individual success stories. People with multiple barriers to employment who enter and remain employed. Complex disability participants
38	Utilisation of existing programs, such as NWEP, Workplace modifications, Support Wage System and Ongoing Support.
39	Non-vocational supports, the quality and quantity of on the job support, jobs shouldn't be measured by how many hrs and how much is pay, this should be determined by the needs and capacity of the individual, values based practices vs corporate/financial based practices
40	the small and large wins. We have people attend but only to keep parts of their benefits, by having someone who attends and not wanting to work to turn them around to seeking work or obtaining work is major.
41	Instead of just looking at numerator/denominator and other statistical information Best Practice also should be inclusive of participant feedback.
42	with the current system the participants that require the most assistance are left at the bottom of the pile. because of the star ratings DES providers put pressure on staff to place and staff will always pick the easiest participants to place this is driven by the performance framework. there is not any recognition for working with a participant for 18 or 24 months to obtain employment you obtain the same outcomes by picking the easiest participants to place
43	Relationship building. I think a lot of the work done in DES is the building of the relationship between the consultant and the participant. This builds trust between them but also accountability for both, which is very important. I would hate to see this lost in a new system that is fragmented and doesn't build that level of trust and accountability.
44	Long term job retention and career progression need to be recognized. Too may providers are delivering a revolving door service and skewing the star ratings and governemnt funding by re-placing clients in a new period of service after their first has ended for one reason or another

45	The best practice should be based upon job seeker feedback once they have completed their program with our service. This would empower the service to provide the highest possible level of support if they knew the majority of their results / feedback would be provided by their clients.
46	Diversity of employment types, marketing clients soon after registration, supporting clients to try multiple jobs until the match is right rather than expecting people with disabilities to take and stay in one job for the sake of achieving outcomes, overcoming barriers to employment, supporting to achieve independence in employment, progressing in hours and pay level, maintaining individual satisfaction with provider service, job placements, percentage of employment over time, (preferably with an upward trend), maintaining lower caseloads (20-29 max), honesty and transparency with the funding body, Inclusion of all that want a go, alignment with the objectives of the program
47	flexible hours in supporting people with disabilities not 9 to 5pm 5 days a week
48	Participant engagement strategies and satisfaction. Employer engagement strategies and satisfaction. Quality of placements via participant and employer feedback.
49	who knows when you find out let me know
50	tenure, match to choice, achievement of award pay, career development, apprenticeships
51	Participant engagement. Outcomes that aren't just about employment or education. Some DES clients it's a major achievement to now be a part of socialization, activities. It's not always about gaining a job and retaining this employment
52	Movement of people towards changes in their life with a tiered approach for movements towards employment, being unemployed for years or generational takes a change to the mind set, skills updating and use of NWEP/workplace modifications and Wage Subsidies,
53	Providers should be recognized for strengthening a Participant in any way, not just in terms of employment. I realize that is our primary function/goal, but some Participants are just not there yet and providers assist them in so many other ways. Also, for compulsory participants (with mutual obligations), they are referred to providers with a benchmark of what their FUTURE work capacity may be, not what their CURRENT capacity is. By only paying outcomes on this basis, the Department is setting a lot of people up for failure because that capacity in 2 years may not be currently within the persons' ability.
54	Ongoing Support Community Based Servicing Career Progression

Q24 What is your position in your organisation?

Answered: 71 Skipped: 7

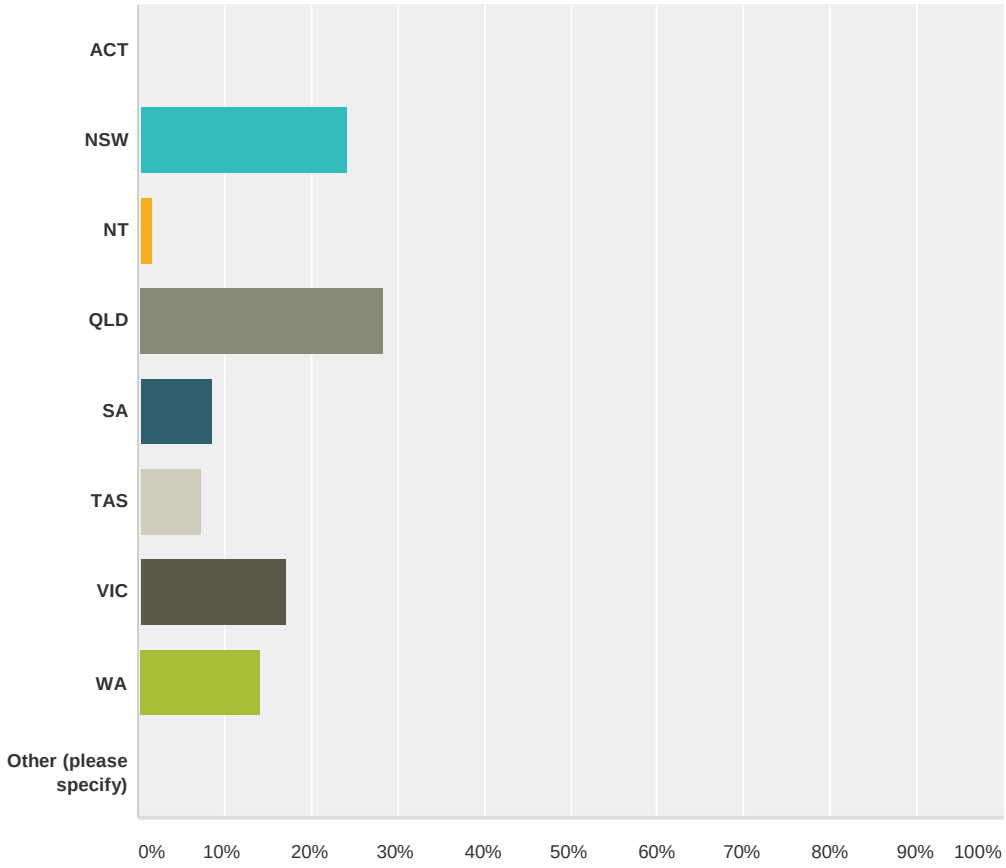


Answer Choices	Responses
Employment Consultant / Case Manager	23.94%
Job Marketer	1.41%
Compliance	2.82%
Administration	0.00%
Senior Management	54.93%
Other (please specify)	16.90%
Total	71

#	Other (please specify)
1	Exercise physiologist providing AH support to job seekers
2	Business Manager
3	Manager
4	Operational Management
5	Program manager
6	Schools consultant
7	Team Leader
8	Business/Site Manager
9	L&OD
10	Manager
11	Account Manager
12	Employment Consultant/Case Manager, Job Marketer, and Compliance Officer - we are required to do the lot

Q25 Where are you located?

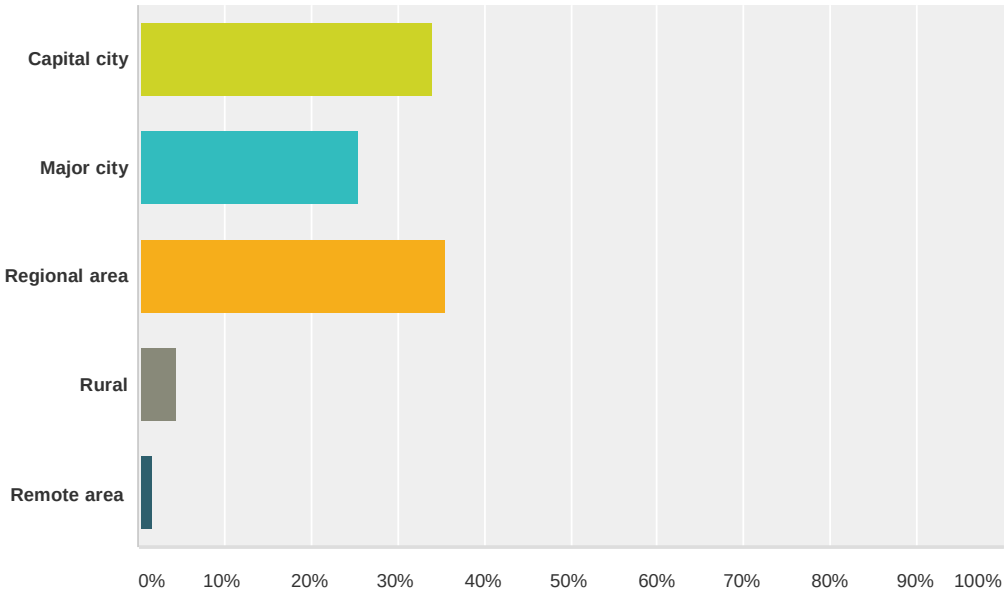
Answered: 71 Skipped: 7



Answer Choices	Responses	
ACT	**0.00%**	0
NSW	**23.94%**	17
NT	**1.41%**	1
QLD	**28.17%**	20
SA	**8.45%**	6
TAS	**7.04%**	5
VIC	**16.90%**	12
WA	**14.08%**	10
Other (please specify)	**0.00%**	0
Total		**71**

Q26 How would you describe your region?

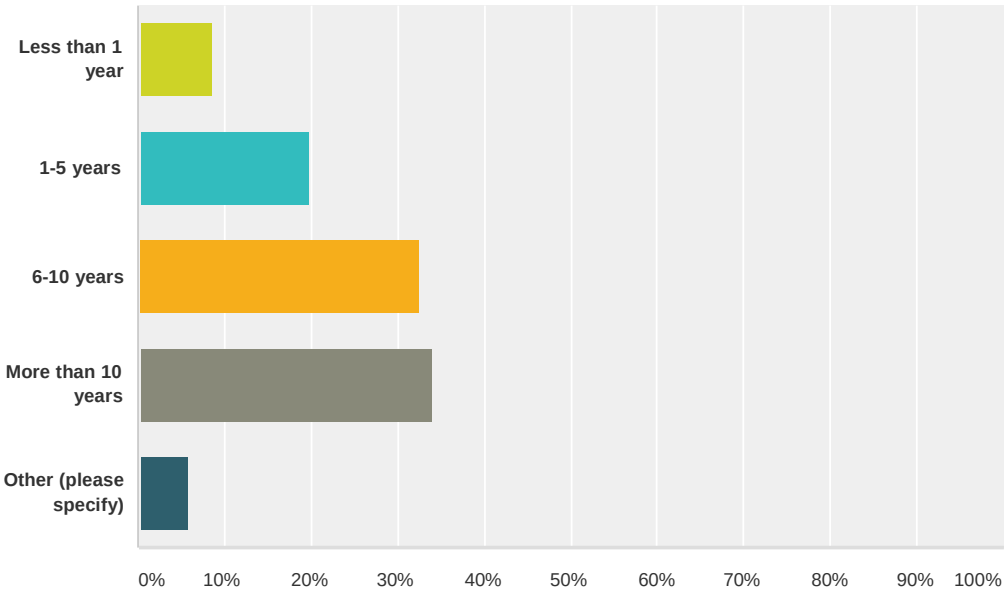
Answered: 71 Skipped: 7



Answer Choices	Responses
Capital city	33.80%
Major city	25.35%
Regional area	35.21%
Rural	4.23%
Remote area	1.41%
Total	71

Q27 How long have you worked in the DES sector?

Answered: 71 Skipped: 7



Answer Choices	Responses
Less than 1 year	8.45%
1-5 years	19.72%
6-10 years	32.39%
More than 10 years	33.80%
Other (please specify)	5.63%
Total	71

#	Other (please specify)
1	20
2	23 Years, from back in the FACS days..
3	2 years DES - 13.5 years JSA (job active)
4	21 years