***Discussion Point 1 – More choice for participants***

1. **What, if any, restrictions should there be (for example, region or distance) on participants choosing to attend a provider?**

There should be no restrictions on participants choosing a provider. There will still be a requirement for participants to meet their obligations and it would be their responsibility to be able to attend appointments. You may have a situation where the parent or partner of a jobseeker works and travels daily across a number of ESAs. It may suit the client to attend a provider and find work in an ESA that is not the ESA where they live or even an adjoining ESA. Choice and control means just that. There should not be restrictions.

1. **How often should participants be allowed to voluntarily transfer or switch providers?**

I believe there should be some limit in this area only to stop unwilling participants from using the system to avoid participating. The number should be sufficient to allow people reasonable choice. I would suggest three times in the first year and twice in the second year.

1. **What should be the basis of referral by Centrelink for participants who do not choose a provider?**

There should be very few occasions when a participant would not choose a provider. If they are provided with information on all providers then in most occasions they would make a choice. If a choice is not made, then I would suggest either a random or rotational selection of providers. Surely if they are given a list of providers, they would be able to choose one. If they are not happy, they can choose to change to another provider.

***Discussion Point 2 – Provider/participants contacts***

1. **Should face-to-face requirements remain as part of the DES service delivery?**

In todays changing world, there may be other ways. It could be at the discretion of the provider. Maybe after a client had attended the first 6 meetings face to face, then other options may be agreed upon eg facetime or skype etc.

1. **How often should participants and providers be required to meet, either face-to-face or by other means?**

This could be open to negotiation with a set number initially and then when the reliability of the client is established, less frequent face to face meetings. Surely the aim is to find work. If they are genuine and doing everything possible to find a job, what is the importance of having a face to face meeting. It is also in the best interest of the provider for the participant to find work.

***Discussion Point 3 – Job plans***

1. **Should Job Plans have minimum requirements beyond what is necessary for mutual obligation requirements? Or should this be determined between each participant and their provider?**

I believe job plans should only have the minimum mutual obligation requirements. Choice and control to the participant would give them the ability to negotiate with the provider to develop a plan that would suit their needs. The new program should be based on a regulatory model and not a compliance model.

1. **How can we ensure that participants are actively involved in the development of their Job Plans, or will the ability of participants to change providers if unsatisfied be sufficient?**

With the focus financially being more on outcomes, it is even more important for providers to find jobs to remain viable financially. Providers will be more focused on engaging participants and carrying out activities that would improve their employment opportunities. Being involved in the job plans is part of engaging and therefore part of improving their employment opportunities. This is the aim of the job plan. The requirements currently to have certain things included to allow for monitoring is counter productive. The focus should be on getting a job, not what is in a job plan. Having a section for goals might encourage clients to be enthusiastic and involved in developing their plan.

1. **How should providers be held accountable to ensure activities in the Job Plan are undertaken and supports are delivered? Will the ability of participants to change providers if unsatisfied be sufficient?**

The ability to change providers will be a very powerful tool in ensuring providers do all in their power to assist participants. The effective removal of a guaranteed supply of clients will drive providers to offer the best service possible to clients. Surely the focus should not be on what is in a job plan and whether the activities are undertaken but on preparing the participant for work and helping them get and retain employment.

***Discussion Point 4 – Information for participants***

1. **What information should be available to participants, providers and employers?**

In today’s world, with everything available immediately on the net, it will be the most proactive providers who will survive. Government providers be it Jobactive or DES are not and never will be the first choice of most employers in finding new staff. I believe there should be basic information as a minimum and then leave it up to providers to decide how much additional and in what format the information is provided. It would then be up to providers to promote their service. Effective providers will get more clients and more employers and the rest will gradually disappear.

1. **Should there be mechanisms to ensure no false or misleading claims are made against DES providers?**

There are laws in place to cover illegal activity. I feel other degrading activity by providers against other providers should be followed up by DSS. It appears that the current process is to put in place stringent rules to stop sharp practices instead of taking action against the particular providers who do the wrong thing. The change to the school student rules and perceived enclave employment is a perfect example.

1. **Should the Department facilitate access to information on accessible and user friendly platforms, or should this be purely market led (with providers offering such information on platforms of their own choosing)?**

It is generally recognised that Government is good at a number of things but service delivery is not one of these. Government is criticised even when they do the right thing whereas private enterprise is not. The insulation debacle is a good example. Government was criticised but the shonky installers, who caused all the problems, were not. Let the market lead the process. It is a safer road to take.

***Discussion Point 5 – Participant controlled funding***

1. **There is considerable literature and experience in participant controlled funding in personal care. Is there any evidence of the effectiveness of participant control of third party funding in employment services?**

I believe that trials of Participant Controlled Funding has not provided greater outcome. If that option is not a better option, then stick with the current system.

1. **In such a model, how much funding, if any, should be quarantined for job seekers to use through an account, how should this funding be made available to participants, and how could there be simple clarity as to what costs are to be met from participant controlled funds versus provider controlled funds?**

No funds should be quarantined.

This has been a strong push by Government since the transfer of Disability Employment from Facs to DEWR many years ago. DES is different to Jobactive and always will be. DES clients need ongoing support. Many providers use nearly all of their funding to provide this ongoing support and if that is what the client needs then it should be that the provider has the resources to provide this support. Quarantining funding for training courses, for example, for a person with a significant intellectual disability is not appropriate. Choice and control is just as important to providers as it is to participants. Good providers will do the right thing and the participant will be the winner.

1. **What principles should guide the appropriate expenditure of any individualised funding?**

I think the principles should be around:

* Being related to finding employment
* Being related to their defined job interests
* Being a reasonable expense
* Being available locally

1. **What restrictions should apply to the use of the funds by participants?**

The previous principles would automatically set the restrictions

1. **How can participants who are unwilling or unable to use individualised funding be supported during the decision making process?**

This support would come from their current natural support systems be it Family, friends or some or all of their disability providers.

1. **What restrictions should apply to the expenditure of the funds on services from a participant’s provider or an associated organisation?**

The answers to 3 and 5 above if implemented effectively, would cover this point.

**Discussion Paper – Chapter 4: Driving greater competition and contestability in the delivery of DES**

***Discussion Point 6: Entering the DES market***

1. **How often should the Panel be open to entry by new providers?**

From my reading of the paper, the process appears to be.

* Current providers will be the only providers for the first year of the new term. (exceptions to make sure there is suitable coverage in all areas)
* Existing providers from other ESAs would be able to expand into new ESAs in the second year
* In the third year, new providers would be able to enter the market through the panel process

If this is the process then I feel anyone should be able to apply to become a panel member at any time and if they meet the criteria, they should be able to enter at any time. This would then be a true market where as with all businesses; you survive on your performance.

1. **How often should panellists be reviewed and what criteria should they be reviewed against?**

I feel panellists should be reviewed when:

* Their performance is below what is regarded as an acceptable level
* They undertake any illegal activity
* There are complaints from participants or employers that warrant investigation

1. **What should the basic criteria be for joining the Panel?**

Applicants should have quality assurance as per current providers or a commitment to have certification within a period of time as well as other demonstrated experience or knowledge in the field. They should also be able to demonstrate financial viability.

1. **How much time do providers need before entering into a market to set up their operations?**

This could be part of the application process. If new providers were admitted on application, part of the process would be for them to nominate how long after approval before they could start offering a service. It may vary due to local circumstances so it would be best to allow the applicant to set their own timeframes.

1. **In order to supply DES in a specific ESA what should the requirements be for:  
   a) a minimum caseload?  
   b) ESA coverage?**

It is up to the provider to decide that there is sufficient demand for them to enter and therefore I see no reason to have minimum case numbers. If participants are to choose their provider, how could minimum numbers be guaranteed. With regards to ESA coverage, if the ESA boundaries stay as they are, then every provider should cover all of the ESA as is currently the requirement. Allowing any provider to have partial coverage of an ESA leaves it open to creaming. If ESA areas are to be increased, then it would seem reasonable that partial coverage could be allowed but in all cases minimum coverage would need to be at least the old ESA areas. I firmly believe that ESA areas should remain as they are as you have providers who have excellent knowledge and perform well in their current ESAs and to force them to cover significantly increased areas would not be in the best interests of the participants they service.

***Discussion Point 7: A single DES contract***

1. **Would all providers have the capacity to deliver DES-DMS, DES-ESS and Ongoing Support under the proposed simplified contract arrangements?**

I believe all providers would have the capacity DMS and ESS under the simplified contract. If you look at the current providers, there are only about 15 providers who deliver DMS only and I am sure they would be prepared to take on both DMS and ESS.

***Discussion Point 8: Removing market share restrictions***

1. **What mechanisms should be adopted to ensure universal coverage in an ESA while maintaining a competitive marketplace?**

The same as currently applies in that a provider is required to service all of an ESA in an appropriate manner. If they do not do this, they would be in breach of their contract and removed from the panel.

1. **How should provider diversity be maintained to ensure participants have adequate choice of provider?**

It is a market. You will only have a service provided there is sufficient demand. If a provider puts in an offer for an ESA it is up to them to make it work. You will not have an extensive range in all ESAs. Keeping the ESAs to their current boundaries would be more conducive to having a range of providers than extending current boundaries.

***Discussion Point 9: ESAs***

1. **Should there be ESAs, if so, how many ESAs should there be?**

I believe there should be ESAs as it allows for DSS to make sure that providers offer an appropriate service to the areas they cover. Removing ESAs would open the door to creaming.

1. **Should the number of ESAs be reduced if market share is removed?**

I firmly believe that the number of ESAs should not be reduced. With a panel system, there is an opportunity for more providers for participants to choose from. If you reduce the number of ESAs it is more likely that the bigger providers will dominate and in the long run this will mean less choice for participants.

***Discussion Point 10: Preventing market failure***

1. **What specific circumstances should be recognised as market failure warranting intervention?**

If the ESAs remain the same, I see this would result in less likelihood of market failure and if there was, it would be more likely to be quickly identified. If the number of ESAs are reduced and hence increased in size, there could be market failure in parts of an ESA that would be difficult to pinpoint.

1. **If market share is continued in some areas, how should the level of market share be determined?**

I don’t believe market share should be continued

1. **What interventions should be used to address market failure and ensure service availability?**

No comment

**Discussion Paper – Chapter 5: Aligning incentives to support better outcomes**

***Discussion Point 11: Ratio between service fees and outcome fees***

1. **What should the ratio between service fees and outcome fees be and why?**

This is not easy to answer. It would need to be sufficient to not encourage creaming or parking but still have sufficient loading on outcomes to ensure providers work with every client in the aim of finding employment. Current data may be misleading as I know from the actions of other providers in our ESA that clients who may appear difficult to place or have a number of barriers are encouraged to go to other providers. This may skew the figures on outcome time and rates as some providers still work with all clients to try and obtain outcomes. This makes them appear as a lower ranked performer in the STARs. You do not want to lose providers who work with all clients as it is these providers who place the most “in need” clients.

***Discussion Point 12: 4-week and 52-week Outcome Payments***

1. **What should constitute an employment outcome under DES in a modern Australian economy?**

An outcome should be 4, 13 ,26 and 52 weeks of work. The current system of only allowing small breaks in employment is not a fair system as it disadvantages clients with more complex barriers. If the system is changed to pay less for service fees and more for outcomes, breaks in employment become less crucial from a funding bodies perspective. Accumulation of weeks of work should be cumulative from any job as it would encourage providers to continue to work with clients in a particular job even if they had an extended break due to health conditions etc..

The current system encourages providers to look for a new employer when the breaks in employment are over the limits as it allows the provider to at least get another placement fee as they track towards an outcome.

1. **How should the DES funding model incorporate the growing number of short term jobs available in the economy?**

The answer to the previous question also answers this question. Allow all employment to track towards an outcome with breaks in employment no longer being counted.

1. **Should the new model replace the job placement fee with a 4-week outcome payment, and how many 4-week outcome payments should be available for each job seeker?**

If breaks in employment do not recommence the tracking towards an outcome, then replacing the 1 week placement fee with a 4 week placement fee is appropriate. I would think the current 4 allowed placement fees per client could then be reduced to 3.

1. **How should job seekers be supported in the period between the 26-week outcome and the 52-week outcome?**

There needs to be some payment for support for this period. Ongoing support is what clients of ESS particularly require. By definition, they need ongoing support to be in the program. I believe many jobs are either not obtained or do not continue due to the lack of appropriate support be it initially or on an ongoing basis.

1. **What level of payment should be attached to the 52-week outcome while keeping total DES expenditure within the current funding envelope?**

Ongoing support is the underpinning success ingredient for DES. Payment of outcome fees and sufficient support fees to 52 weeks need to be one of the first givens in the new program.

***Discussion Point 13: Service Fees***

1. **How should service fees work in the context of a funding model with risk-adjusted outcome fees?**

Making Ongoing support a focus of the program would increase outcomes. If this were to occur, then the current ratio should remain. As a compromise, I believe the change in the mix should be no more than 50/50.

***Discussion Point 14: Pro-rata service and outcome fees***

1. **How should pro-rata service and outcome fees be calculated?**

This is a difficult question as there are so many variables in play. It may be that a provider has expended a lot of time and effort and placed a client and provided full support. It may then be that after 4 weeks of work, the client elects to go to another provider. On a straight split basis, the new provider would receive 30% of the 13 week fee and 15% of the 26 week fee. This would not be a fair split. Maybe the Dept has some information on how much support on average a client received from placement to 13 weeks and from placement to 26 weeks. If this support reduces over time, and you expect it would, then the fees could be paid on a sliding scale that matches the average support decline.

1. **How should pro-rata fees apply in the event that a provider ceases to be a member of the Panel?**

The same rate of payment would apply as suggested in the previous question.

***Discussion Point 15: Determining Eligibility and Employment Outcomes for ESLs***

1. **Who should be able to qualify under revised assessment criteria for ESL?**

Any student who is eligible for DSP or is receiving additional assistance from the school would benefit from a program.

1. **How could the level of disadvantage and work capacity be assessed for secondary school students?**

ESL eligible for DSP would be 8+. Others could be assessed on a recommendation from the Special Education unit or teacher from their school. Another option would be to set up a work capacity assessment (special reduced assessment) to be carried out by ESAT assessors.

**Discussion Paper – Chapter 6: Improved Gateway and Assessment Process**

***Discussion Point 16: Improving the Gateway***

1. **How can gateway arrangements be improved to enable a better connection to employment services for people with disability?**

I see direct registrations as being a way of taking pressure off DSS to recommend providers. It will be up to providers to attract clients so direct registrations should increase. The choice of this gateway is the best option for clients

***Discussion Point 17: Assessments Review***

1. **What other aspects of ESAts/JCAs should be examined in the review?**

Consider a shortened ESAT for ESL to assess their work capacity only.

1. **Should there be:   
   a) greater separation of ESAts and provider’s own assessments, with ESAts focused on eligibility, work capacity and appropriate referral within DES and not extending to suggested interventions?   
   OR  
   b) should ESAts be developed and extended to provide more and better information on which providers could base their assistance, with less need to perform their own assessments?**

Building a relationship with a person in the long run is the best way to ascertain their support needs. For this reason, option a) is best as it allows providers to work more on identifying and addressing barriers.

1. **How should the revised assessment process fit with other options for DES reforms outlined in this Discussion Paper?**

No comments on this question

***Discussion Point 18: Ongoing Support***

1. **Should the fee-for-service funding model specify minimum contacts and hours of support?**

I agree with minimum contact and hours of support but there needs to be more latitude in how it is measured. Certain episodes of support over a period of 3 or 6 months are more appropriate for the changing client base.

1. **What minimum servicing requirements should there be for each level of support?**

Cannot comment at this stage. More information on the overall program would be needed

1. **How should payments be determined for each level of support?**

As per question 2

**I have made some general comments concerning ongoing support as follows:**

*Ongoing Support Assessments*

*Our organisation has six ongoing support assessors. We cover all of South-East Queensland and the adjacent rural and regional areas. We have been undertaking Supported Wage Assessments since 1994 and Ongoing Support assessments since their inception.*

*The differentiating factor from ESS to other disability programs is Ongoing Support. The process of having independent Assessors is ideal as it ensures the client is receiving the support claimed and reports are received from four different sources. Most information is gleaned from the file notes as it shows the amount and variations in support of the 12 month period.*

*I believe the ongoing reduction in the client numbers in ongoing support is NOT a result of their support needs but from the providers perception of the way ongoing support is included in the STAR ratings of organisations. Many providers advise that they exit clients as independent but continue to support clients unofficially as by doing the ongoing support in this fashion, they believe they are not penalised in the STARs if the client loses their job.*

*Overall the ongoing support assessment process is very effective. It draws information from four different sources and gives a good overall indication of the past and future needs of the client.*

*There are a number of areas where improvements can be made. Having to check the system for allocations on a daily basis is time consuming. It is necessary as the contract states that assessments must be accepted within one day. This is an unreasonable timetable and could be extended to 3 days without any detrimental effect on the overall process. Issuing an automatically generated email to advise of the allocation would be an effective and sensible improvement.*

*Allowing some assessments to be carried out by phone instead of face to face would also be an improvement. Currently the meetings with the Client, Employer and Provider must be face to face. Only with prior approval from DSS can a phone interview be conducted. Some relaxation to this rule (say 90% must be face to face) would be an improvement. There are situations where clients work out of normal hours and in some cases, it may take 3 different visits to be able to meet with the client, employer and provider. Other alternatives such as requesting the client to attend the office are an unreasonable imposition on the client.*

*I appreciate that varying assessors from year to year helps with the independence but this is often an imposition on the employer. In a number of cases, a worksite induction must be undertaken before an assessor can go onto a work site. This applies more often for Supported Wage assessments but still can be an issue for an OSA. Having the same assessment organisation in these cases reduces the need for the induction in subsequent assessments.*

*Regularly employers do not understand why the assessment has to take place and why the support cannot just be negotiated between themselves, the provider and the worker. One employer was not at all happy that an assessor had changed the level of support that he had agreed with the provider.*

*Participants will often state that they do not need support (usually those who need the most support) and/or that their provider has not given them any support – yet it will be obvious from the file notes that say the provider secured the job for them, bought them clothing/PPE and/or negotiates with the employer on their behalf.*

***Discussion Point 19: Job-in-Jeopardy***

1. **How can we better define when someone’s employment is considered to be at risk due to their disability?**

An approach from the employer or worker with Disability should be all that is needed. (Some proof of a disability would also be needed)

1. **How can we increase employer awareness of JiJ?**

Change the name would be a good start. If the program is successful in keeping people in work and is financially viable for the provider, then providers will market their services to employers. Currently, employers are reluctant to state that a person’s job is in jeopardy as they feel they will face legal action from employees if they eventually lose their jobs. They feel it has been identified and the employer could then be targeted as not doing enough to help the employee overcome their issues.

1. **Does the current fee structure reflect the services being provided and outcomes being achieved?**

Have only had a couple of JiJs and they were very different so cannot comment with any confidence.

1. **What is a more appropriate name for Job-in-Jeopardy?**

Maybe something like a **Job Enhancement Program**

1. **If a JiJ participant chooses not to disclose their disability to an employer, how should providers assist them in the workforce?**

Assistance can still be provided off site. It will need a change in rules to allow a JiJ to be activated by either the worker or employer and not be reliant on paperwork to be completed by the employer.

1. **Should the JiJ service be integrated with Ongoing Support?**

Not sure how this could be achieved. JiJ by its nature is generally a short term (6 to 12 months) intervention to correct the issue or puts strategies in place to redeploy the worker. This is different to people who may need ongoing support.

**Discussion Paper – Chapter 8: Building Employer Demand**

1. **What in your experience would be the sort of projects funding could be provided for?**

Locally, we have held employer dinners where we have hosted a function where employers were invited. Presentations were given by local well known employers giving examples of the success they have had through employing people with Disability. We also had presentations from past clients telling about their success in employment. Clients looking for work were dispersed amongst the groups to allow employers to meet potential workers and talk to them about their skills and experience. This changed the attitudes of many previously hesitant employers.

1. **Should all employers be able to apply, or just target small and medium employers?**

Small and medium employers are the target for most providers. This is more so in rural and regional areas. Success depends on speaking to the people who are at the coalface and in middle management. This is where the focus should be.

1. **Should employers be expected to partner with DES providers to undertake their initiative?**

It would help in building relationships

1. **Should the Department mandate specific expected outcomes for the initiatives?**

Many initiatives either exceed or fail expectations. Do trials in small areas and proceed with the successful initiatives on a larger scale.

1. **Should the funding only be offered to employers who co-fund the initiative?**

If you want a business to participate in something that they currently see as not important, charging them for the privilege does not seem to be a proactive way to succeed.

1. **What communication methods work most effectively to reach employers?**

Initially, a national advertising campaign would assist followed by providers following up with employers.

1. **What information or resources motivate employers to consider employing people with disability?**

Only one. Is it good for their business? This then breaks down into an increase in customers or a more productive workforce or financial incentives. Some may look at it as doing the right thing but this would be the minority in the small business field.

1. **Do government-generated communications resonate with employers?**

Barely

1. **Would further resources and information about disability assist employers in becoming more disability-confident?**

A little provided it is combined with a personal approach from providers.

1. **Do positive stories activate change?**

Yes but only over time.

1. **Should CEOs or Human Resources be targeted in communications?**

The flaw in this approach is that the focus still seems to be on large employers whereas the most success comes from small business.

1. **Who should set the challenge for employers to self-impose disability employment targets?**

I do not believe targets work. Employers employ staff for one reason only, to make a profit out of the work they do. Our challenge is to convince employers that people with Disability may increase the profit they make compared to others.

**Discussion Paper – Chapter 9: Transitioning to a new model**

***Discussion Point 20: Transition Issues***

1. **How can we ensure that DES providers continue to provide quality services to participants towards the end of the current contracts?**

If the techniques used in the past have worked, continue with them. If they have not worked, try something new.