

The National Disability Coordination Officer (NDCO) Program is funded through the Australian Government Department of Education and Training. There are presently 31 NDCO regions geographically located around Australia according to population density. Each region is situated within a host organisation. The program began in January 2008 and is funded through to 30 June, 2017. The goals of the NDCO Programme are to:

- Improve transitions to help people with disability move from school or the community into post-school education and training and subsequent employment
- Increase participation by people with disability in higher education, vocational education and training and subsequent employment
- Establish better links between schools, higher education and vocational education and training providers and providers of disability programs and assistance

The NDCO Program works closely with a range of key stakeholders operating within or utilising disability employment services framework including jobseekers and workers with disability, employers, schools, consumer groups as well as government and community organisations. This places NDCOs in a unique position to gather a range of perspectives about the provision and future development of Disability Employment Services (DES).

Discussion Points

Discussion Point 1: More Choice for Participants

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

There should be no geographical restriction for participants. This allows participants to pick the best provider in the nation for them and their individual circumstances. Accessibility can be facilitated through the use of modern collaborative and communication technologies. Both the provider and the participant should agree to the servicing model (i.e. remote/electronic or the participants self-funds physical attendance). Likewise, a provider can't accept a client without providing the mutually agreed service delivery method, whether face to face, video conferencing, or other proprietary technology. To facilitate quality on the job support each region must have local coverage of appropriately skilled contractors or providers which can be engaged as required.

In order to attract the brightest and best, DES needs to meet the expectation that by 2020 42% of the global workforce will be mobile and flexible. Electronic communication fundamentally will save cost, time and drive efficiency. At present some client sessions are operated from desks in an open office where privacy cannot be maintained, yet this is a noted concern for participants of current DES providers. Allowing the panel of providers to move between Employment Services Areas (ESAs) will create healthy competition between providers and drive improved advocacy and internal support for participants referred to these services.

Choice and control will be supported by this releasing of contractual areas and reduce possible silos of poor regional or centralised services.

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

Whilst a participant should have the ability to change providers if not happy with the service provision, a minimum duration of service should be enacted to encourage careful choices and to promote some continuation of service.

Should a transfer take place, a formalised full records transfer process must be implemented to ensure providers are able to cooperate to provide service continuity to the client and to ensure any progress made is not lost. Client notes and all records and documents must be transferred. Early investment in expanding web-ESS to include a cloud environment for the client and all their details including file notes is encouraged. At present, when a participant transfers they frequently arrive at their new provider with limited to no information. This means that each time a DES client transfers between providers, essential progress and data is lost including any employment search, and often including up to date job searching documents (resumes, cover letters, etc).

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

When a choice is not made, closest physical proximity to the participant's home is an appropriate allocation method taking into account the availability of specialist providers (such as mental health or perhaps tertiary graduates). If the participant is dissatisfied with the referral, it will encourage the participant to take a more active role and transfer to a provider that will cater for their individual circumstances. Participants who would like to make a choice should do so, with the help of a family member or advocate where required. Ensuring the Government makes no discernible choice beyond proximity and specialty allows local providers the opportunity to demonstrate competency with some guarantee of market traction, and participant choice and control will drive local competitiveness and regional performance.

Tertiary graduates would welcome the knowledge that specialist staff are employed to engage and work with an understanding of their job application requirements. Allowing borderless specialists further serves the graduate - who will be used to using communicative and collaborative technologies both regionally and nationally, and may be applying all over the country for work.

DSS/DHS Staff should engage in regular familiarity sessions with local providers and review national providers' progress for those who are borderless. These could be through regular networking meetings. Specialised providers should be promoted to participants with specialised needs to ensure support services, professional intake and servicing is maintained for the client. Referring participants to an incorrectly skilled service provider just because it's local creates a situation where specialised disability staff and services are inadequate and lead to complaints and further barriers to Education and Employment.

Discussion Point 2: Provider / Participant Contacts

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

Participants on New Start or other activity tested allowances must initially attend face to face. It is urgent that we get individuals in DES on New Start rehabilitated and/or into work quickly to shorten unemployment gaps and decrease the likelihood of prolonged unemployability¹. Initial conversations will set the scene of expectations from both parties leading to ownership and feeling comfortable to take responsibility during the job searching process.

For voluntary participants this should be by negotiation however face to face would be encouraged for the first meeting as this is when employment consultants have found their motivation is high. Continued follow up will be determined depending on needs to get the best result and be unregulated.

¹ Shore, T. H., PhD., & Tashchian, A., PhD. (2013). Perceptions of unemployed workers: Unemployment duration, volunteerism, and age. *Journal of Applied Business Research*, 29(4), 983-990.

Participants with changes in medical status or mobility can go online and interact with an Employment Consultant by video conferencing and meet their obligations using modern technology where appropriate. Regional participants and those with mobility challenges can then be enabled to spend more time looking for work in a more efficient manner.

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

With appropriate DES staff levels it would be ideal to have intensity and frequency - at least once a week either by video conferencing, phone, or face to face. Rehabilitating from temporary medical conditions and re-entering the workforce is a daily struggle and requires frequent effort and motivation to ensure forward progression. DES should be the most intensive and skilled support available in the Employment Services marketplace. Discussions should surround rehabilitation plans and goals, tasks and objectives. For those with permanent conditions the contact can be around constructing and submitting applications, approaching employers, training and upskilling and providing much needed encouragement, support and resources.

DES providers spend a great deal of time preparing participants for work including building motivation and confidence as looking for work can be an isolating experience. In the post-school tertiary education environment there is emphasis to ensure a student has a good support team around them recognising that an important aspect to being successful is having good people around you. In DES the consultant often has limited time each fortnight with the participant. Previous strategies of forced compliance and a penalty based approach to behavioural change regarding seeking employment have been ineffective. For a person centric approach part of the service fee could be spent funding PD to family and friends² to implement a team and to increase their expectations and support for the participant while they face unemployment and its negative psychological impacts³. Total frequency of meetings should be by negotiation, with a minimum number of meetings per month between participant and provider and no maximum amount required. A mix of face to face and electronic meetings can occur, and collaboration should continue continuously.

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?

There is no evidence that either Employment Pathway Plans (EPP's) or Job Plans have led to stronger employment outcomes throughout the DES contract.

A Plan to find work needs to be exceptionally simple, uplifting and positive - including tangible set goals with achievable milestones. Excessive administration involved in building, compiling and enforcing a compliant job plan is eliminated from getting the participant a job.

Further, job plans and compliance discussions must be separate entities. A move away from compliance based⁴ behavioural change⁵ to increase the level of allied health and psychological support for those who

² Pernice-Duca, F. (2010). FAMILY NETWORK SUPPORT AND MENTAL HEALTH RECOVERY. *Journal of Marital and Family Therapy*, 36(1), 13-27.

³ Daly, M., & Delaney, L. (2013). The scarring effect of unemployment throughout adulthood on psychological distress at age 50: Estimates controlling for early adulthood distress and childhood psychological factors. *Social Science & Medicine*, 80, 19.

⁴ Frey, B. S. (1993). Does monitoring increase work effort? the rivalry with trust and loyalty. *Economic Inquiry*, 31(4), 663.

⁵ Chavez, C. I. (2000). *Experimental exploration on the effects of collaboration and exchange as determinants of target commitment* (Order No. 3039612).

need it, facing the difficulties of unemployment would be healthier. A Job Plan should not include non-negotiable items - as this invalidates the document's ethos: 'This is Your Plan'.

Additionally, while the focus is on employment, many DES consultant's report participants have ongoing, chronic, treatable health conditions which are being untreated or unmanaged. For those in DES with temporary medical conditions, a demonstrated GP management plan which is current and in effect would be beneficial with the onus on the participant and general practitioner to provide this to remain eligible for DES.

Participants should be encouraged to seek work experience, community engagement (via volunteering) or attending further education accredited courses to ensure isolation is not increased and removal from the employment sector is not damaging to their resume. Attendance and participation on vocational rehabilitation, work experience and provider led activities should incur no out of pocket expense for the participant.

2. 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?

Active involvement and psychological investment in a document is gained by promoting even collaboration⁶. For activity tested participants, representing the majority of the DES caseload, job plans are mandatory and therefore do not represent collaboration. For voluntary participants, they still must have a job plan in order to participate and there are non-negotiable items in voluntary plans, including face to face contact schedules. The structure of the plan is rigid and cannot be modified.

The contract writers must ensure that there is clear separation between providers and compliance to foster the collaborative nature needed to drive employment outcomes.

Part a) DSS manages a generic compliance document regarding obligations under social security law to make reasonable attempts to get a job. Any minimum or mandatory search requirements should not be policed by a provider. Recent attempts at ensuring providers monitor and manage DES participants job search requirements have not led to an increase in outcome rates.

Part b) Mutually agreed upon goals and milestones are set. A participant can then select from assistance categories and create a list of assistances they would like from a provider to reach their goals. At present the provider creates these 'in consultation' with the participant, however the participant should have the responsibility of itemising the help needed - with the assistance of an advocate if needed. A provider can then review and negotiate with the participant, and then follow the assistances requested over 6 months.

Job Plans for young job seekers should include optional parent or guardian inclusion in planning tools to support a whole of life approach to career planning and goal setting.

3. 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 participant should choose the assistances they would like as above. The provider should be rated by the participant on whether the provider has provided the agreed upon resources and assistance to a satisfactory level. Ratings may be influenced by activity tested participants who feel they are involved with a DES by coercion, however it is possible that a collaborative plan alongside a service appropriate client base will mitigate this⁷.

⁶ Caspi, A., & Blau, I. (2011). Collaboration and psychological ownership: How does the tension between the two influence perceived learning? *Social Psychology of Education : An International Journal*, 14(2), 283-298.

⁷ Brown, T. (2007). Coercion versus choice: Citizen evaluations of public service quality across methods of consumption. *Public Administration Review*, 67(3), 559-572.

Collaborative goal setting and control over assistance provided gives ownership to the participant allowing a more active involvement in their success for meaningful employment. This creates a 'Let's go do it' mentality, where participant and provider are partners focusing on the same goals.

Job plans and collaborative documents must be positive, participant driven, and provider supported.

Discussion Point 4: Better Information for Participants

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

The provider's role and DES staff expertise need to be recognised by participants and employers as professionals. Successful staff are required to have extensive knowledge including industry requirements and trends, job matching, human resource management, local community services and supports, disability awareness, marketing and sales, advanced negotiation skills and disability specific knowledge. We need to raise the proficiency and profile of the skills and capacity of the front line staff in order to increase positive interactions with the public. In line with this professionalism, inbuilt PD for DES staff should be made mandatory to comply with contracts to assist to retain knowledgeable and skilled staff.

Participants need access to an extremely basic flowchart of how DES works, including the phases of assistance and what it means for them. Participants need to know how to easily express that they don't feel safe, or that their rights aren't being met. Participants should authorise each phase change, including post placement support and ongoing support to drive involvement in the process and provide third party validation of provider actions.

At present the compliance and complaints discussion is combined into the rear of Job Plans. Recommendation is to have a one page document with the goal to explain 'Why am I here and how do I get the best out of this', and reduce the amount of paper handed to participants when they arrive at a DES.

Employers do not have time to go through a lot of information but they need to know that there are DES providers in their region who have a ready supply of capable, willing workers who are good for their business.

2. Should there be mechanisms to ensure no false or misleading claims are made against DES Providers?

It's essential to work towards the purpose of DES: To assist people with disability to secure sustainable employment.

To achieve this a new iteration of DES must create a policy environment where customer service thrives, staff are retained and knowledge isn't lost, and the client base referred to the service is appropriate. It is arguable that the DES cohort has grown in line with the scope creep of Newstart allowance participants entering DES over the last 6 years, many long term unemployed (LTU) or very long term unemployed (VLTU) with years of experience dealing with employment services iterations.

LTU and VLTU Newstart recipient participants should be provided a specialist rehabilitation based service separate to DES. Participants who are long term consumers of employment services report hopelessness, a frustration with staff churn, a lack of progress and medical services provided that do not meet expectations. This is compounded into complex presentations in the employment services offices. Staff report that LTU and VLTU participants are often presenting with unmanaged and untreated temporary and treatable medical conditions of an ongoing nature.

A specialist intervention service, which incorporates adequately funded sessions with trained health professionals is a sound investment in our most vulnerable Australians. This will result in improved DES staff retention due to lower burnout caused by irrelevant presentations in the client base of short term medical conditions, social/emotional/wellbeing challenges which are untreated. Dealing with complex

medical and social challenges must be the job of a trained medical professional. Consultants frequently report having made referrals that remain unactioned by this client group. The consultant's job must be to find and keep work for a client with disability and this can only be controlled by appropriate referrals to DES. There needs to be a stronger emphasis in encouraging health management for individuals who are classifying into DES with short term or treatable medical conditions. The emphasis should include education on health management and preventable disease which causes disability, in house medical management at DHS, and encouragement/motivation to get better.

To facilitate this, there needs to be transparency of data between Centrelink, eligibility assessors, medical professionals, DES and if applicable education providers to enable streamlining of service provision. Front line DES staff report a strong 'Centrelink Said' trend on both sides when discussing compliance challenges - with no clear way to find out if this is the case. Notes need to be transparent across services. Ideally, as advocated in this submission, providers need to be separated from compliance actions including the monitoring of compliance to foster goodwill. Participants should have instant and easy access to their file and notes at any time. Participants should also be permitted to leave notes in their own records and upload documents. This promotes a natural upward force for everybody to do the right thing.

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

The Government should provide accessible information on user friendly platforms. This will ensure smaller providers who may wish to specialise are not forced to engage in expensive ICT investments - however, they should still meet requirements of any Australian business. We need to promote new and small entrants into the market to bring in the best, brightest, and most responsive players into a field that is slowly being dominated by very large organisations. Smaller and entrant organisations will not have the financial resources to develop and deliver information on multiple platforms until they are better established.

The ESS-Web platform should be expanded to include a cloud based storage and notes system for participants, which can be interfaced with proprietary provider systems if required. This allows a start-up provider access to an instant client management system, enforces document and note transfers, centralises the participant information entirely, and streamlines experiences as they exercise their ability to move between providers locally and nationally.

Discussion Point 5: Participant Controlled Funding

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

There is limited evidence that it is successful for driving employment outcomes with further research needed to be undertaken, however it is likely to have a positive impact⁸. A combination of service fees and outcome payments with individual participant controlled funding should lead to good practice models. This would ensure participant choice and control, whilst maintaining service capacity and viability especially in thin markets. There is an indication that funding via service fees and outcome payments is unsuccessful in driving employment for people with disability, with providers of DES overall national performance in a continual decline while the expenditure on DES remains level.

2. 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 a simple clarity as to what costs are to be met from participant controlled funds versus provider controlled funds?

⁸ Easterly, G. M. (2011). *Exploring self-determination and employment options for individuals with disabilities*

With suggestions provided in discussion point 3, active involvement in job plans, a participant would be able to request assistance directly and be specific about what the provider should purchase on their behalf. People with disability should have the ultimate say in how funds are allocated to them to find employment are spent, within reason. A monetary value should be allocated as a percentage withheld from future service fees, and should be set aside upfront for participant purchasing in line with the request for provider financial transparency, discussion point 11, (1). A provider will then be able to clearly reject the request if it doesn't match the built funding bank without creating ill-will on either side of the table. Participants should be able to hold the funding for additional on the job support provision if required.

Should individual funding be determined based on assessed need, as per NDIS plans and what is reasonable, necessary, and accessed in a similar way?

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

Individual choice and an alignment with the participant's goals. The expenditure must directly link to obtaining sustainable employment, agreed by both parties from participant controlled funds. The risk, responsibility and reward in most cases should sit with the participant to drive collaborative ownership in their search for employment, with the provider an expert guide in the process.

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

A list of non-permitted items instead of a list of permitted items. Non-permitted items or categories should have no assessed relevance to obtaining employment. The participant should be able to note how the funding leads to employment in the request for release. The request should stipulate employment opportunities in the labour market that match the expenditure, or, match a demand anywhere in Australia if the participant is willing to move.

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

Strong relationships with advocacy groups. Those who are unwilling will be required to obtain employment without utilising their expenditure, however, may wish to utilise it once they have obtained employment. A service user should be able to sign over the decision making to the provider or a nominee, if they wish.

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

The provider should not be permitted to spend the funds on a proposed item without the service user's permission, or permission from a nominee. Should the provider wish to spend the money on in-house services, a competitive alternative quote should be sourced. Requirement for providers to be completely transparent about both the services they offer and the associated costs as well as other available options beyond their service offering. There should be a limit set on the amount that is able to be spent in house with an exception made where it is clearly demonstrated that the service is not available anywhere else.

Discussion Point 6: Entering the DES Market

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

Six monthly. This allows enough time for providers to decide if this is a market they wish to operate in, and to determine viability. This will encourage a fast paced marketplace of motivated and passionate entrants - and those who don't succeed or aren't interested can exit easily.

2. How often should penalties be reviewed and what criteria should they be reviewed against?

[Not answered]

3. What should basic criteria be for joining the Panel?

This should be deregulated within reason. At present there is a trend towards large and very established organisations being awarded DES contracts⁹. This stifles innovation and drives top heavy organisations. Some organisations have international operations, with limited fiscal transparency.

Entrants must be certified under the National Standards for Disability Services (NSDS) or have the capacity to do so within 12 months. Founding members should be able to pass background checks and criminal history checks. Primary staff members should have at least three years of experience working with disadvantaged groups. Incorporated business structure that is financially viable (can fund its own liabilities if it has any). If there are no liabilities, a new structure should be permitted to enter the market pending background checks on directors. The cost of running the service without a physical location and the associated infrastructure will be low. Combined with cloud based services, an individual with limited funding would be able to enter the market and succeed. In essence, we need to allow the best and brightest the capability of running their own operation and engage one-on-one with people with disability to help them find and keep work.

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

By negotiation.

5. In order to supply DES in a specific ESA what should the requirements be for: a) A minimum caseload?

The turnover and rotation of DES staff is alarming and is often related to workloads and stress. Individuals who enter this sector do so with an energy to improve the lives of participants through the benefits they themselves receive from economic participation and the learnings they have had in life and the general need to give back. These workers need to be fostered and supported to do their job in a competitive environment. Unrealistic caseloads has seen disengagement from the sector, burnout and disillusionment with the system. What is expected from them to do the role well in a constricted contract is immense with limited technology and resources.

Maximum caseloads will likely be set by participant led forces - providers who do not provide a high quality individualised service will not receive business. Staffing levels will be set by participants voting with their feet, in effect forcing the market to respond to participants wants and needs with regard to individual support level and rewarding providers that find the right balance. There should be no minimum allowing a provider or sole operator who wish to service a small group and to provide more intensive on the job support and one on one support as a part of their service delivery model.

Suggestion to create a funding body for ISEC (Increased Support for Employment Consultants) which should include all consultants receiving specialist, world class training in working with people with disability and working with socially disadvantaged groups. This new iteration of DES must be seen as the flagship of Employment Services and a silver service for people with disability.

b) ESA coverage?

A provider must demonstrate that it is able to cover the whole of an ESA including rural and remote areas if they are tendering as a local (shop front) provider.

⁹ Nevile, A. (2013). The curse of accountability: Assessing relationships in the delivery of employment services. *The Economic and Labour Relations Review* : ELRR,24(1), 64-79.

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 agreements?

Many providers are offering both services currently. Supports required for a participant in either current program (DMS/ESS) vary in a wide spectrum and should be flexible to the needs of the participant without the need for program streaming. One contract and one performance metric with variables that scale depending on client complexity in line with the payment weightings is more efficient than administering two contracts, and allows providers and participants to engage together in a single flexible service.

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?

A minimum number of providers agreeing to provide local face to face service, should it be required. Providers who tender for regions must demonstrate how they will cover the whole region including rural areas.

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

Borderless providers combined with opening the market up to smaller and less established entrants is the way to drive innovation and a breadth of choice for participants. Participants should not need to choose between a few big players - and should not be restricted to dealing with providers in their local physical location, should both participant and provider agree to a remote servicing model. Allowing providers to engage as local shop front providers and/or remote servicing providers allows competitiveness nationally and allows specialists to work in areas they may not be able to set up a physical location in due to organisation size.

Discussion Point 9: ESA's

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

Participation in ESAs should be optional for providers. A national approach to utilise technology and allow the brightest and best consultants to work with whomever they wish across the nation will push strong competition across borders and into areas where a provider may not wish to set up a physical location. Of course, providers can still open shop fronts and compete locally, but results and company direction will sift through providers who are skilled at remote servicing and those who are not prepared to work across borders. Participants should have the technology and capability to meet the stipulated requirements of the provider. If the engagement from the client doesn't happen, the provider can reject the client and send them back for referral to a local shop front.

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

[Not Answered]

Discussion Point 10: Preventing Market Failure

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

The number of participants requesting transfers out to another provider. Sustainable outcome measures and indications of job churning.

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

By provider capacity if providers wish to tender for regions instead of or in addition to becoming a national provider. The provider may wish to determine how many participants they are able to service in each region, which would lead to a calculation of market share.

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

Research demonstrates that a collaborative approach between Government and contractors leads to stronger results¹⁰. In early instances, there should be collaborative capacity building opportunities for providers that appear to be struggling with the contract.

In rural, remote and smaller regional areas it is essential that the following occur to prevent or mitigate against market failure; cross-pollination of JobActive and DES – staffing, training, colocation etc.; focus on staff retention through appropriate training; greater flexibility in outcomes/ what constitutes an outcome, for example outcomes could/should include community capability and skills building. Determination of market share and interventions depend upon jobs available and population demographics, but should include/acknowledge/recognize and reward collaborations, access to funding and alternatives outcomes.

Discussion Point 11: Ration between service fees and outcome fees

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

Service fees should be priced to allow initial viability of a small businesses and should be in line with the level of intensive support each individual needs. The ratio should be geared towards outcomes in line with research, with a balancing element¹¹.

Research demonstrates that outcome based funding leads providers away from soft skill development and towards placing clients into any available job¹². To counter effects of providers focusing only on getting a participant any job, outcomes based funding needs to be directed at soft skill and employability development to develop the participant's workforce capacity.

A participant initiated payment should be included in the payment structure: A financial incentive should be awarded to providers for finding the participant a job that they wanted, awarded at placement.

In line with a true open market, the participant should control this payment to a provider as a tip for good service.

In order for providers to utilise government funding, providers should need to provide expenditure breakdowns in simple terms for participants to view when they are choosing a provider.

This should include a percentage breakdown on:

- Staff wages & costs
- Expenditure on participants
- Expenditure on administration & corporate costs, infrastructure & IT.

This simple step will encourage participant & service driven expenditure, and ensure that the public is across the outgoings of \$800,000,000 annually to benefit those with disability. An alternative possibility to control this at a policy level is to set a fixed cost control on allocated management costs for providers.

¹⁰ Nevile, A. (2013). The curse of accountability: Assessing relationships in the delivery of employment services. *The Economic and Labour Relations Review : ELRR*,24(1), 64-79.

¹¹ Gates, L. B., Klein, S. W., Akabas, S. H., Myers, R., Schawager, M., & Kaelin-Kee, J. (2005). Outcomes-based funding for vocational services and employment of people with mental health conditions. *Psychiatric Services*, 56(11), 1429-35.

¹² Gewurtz, R. E., Cott, C., Rush, B., & Kirsh, B. (2015). How does outcome-based funding affect service delivery? an analysis of consequences within employment services for people living with serious mental illness.

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

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

Employment outcomes need to remain robust to ensure the participant is reaching their employment goals. Outcomes do need to match Australia's economy, meaning working hours could fluctuate depending on employer need and demand. While many participants will most certainly be capable of working more than 30 hours per week, the economy dictates that full time jobs are in less supply at present. It's important to note that for many participants, just working is a great start - and providers should not be discouraged from placing participants into jobs that do not meet current outcome specifications. One model for ensuring the participant progresses forward is setting an expectation that working hours would improve over time - at 3 months (8 hours per week avg.) at 6 months (15 hours per week avg.) driven by client aspirations for voluntary clients, and a capacity assessment for activity tested clients.

Additionally outcomes could take into consideration scaffolded support required. For example many people with disability are not ready for work and would be better placed in work readiness/pre-vocational programs such as 'Get the Edge'. These programs could be appropriately linked to a 4 week outcome. The minimum study level of Cert III should not be applied to DES. Many people need pathways and need to train for longer.

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

A pro-rata payment for each week of ongoing employment confirmed by the participant and/or employer up to a maximum of 52 weeks, after a 4 week outcome has been met. As above, requirements for hours worked should increase over time in line with raising expectations and aspirations for participants rights to participate in the workforce. This drives ongoing quality post placement support. This would require rethinking how employment is measured - as outcome rates are currently blocked into 3 month gateways. The measurement and recording of this should be digital with a client reviewing and accepting any statements relating to their work prior to payment.

3. 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?

A 4 week outcome would be appropriate to ensure that the jobseeker is assisted to induct, settle in and last more than a week in a role before a provider is paid. 4 week outcomes should be generously capped as the economy is shifting toward temporary, short term and casual work and multiple placements may be required to build sustainable employment. This allows providers to engage with employers and build income for doing so, whilst ensuring that the income is directly relating to at least one month's paid work for participants.

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

Participants should receive the same support as they would receive for the first 6 months, with an additional loading on an increase or maintenance of working hours. Post 6 months of employment, most staff members are just through their probation period and maintaining employment for more than a year in any job adds value to a resume, demonstrating to future employers that the individual is reliable and dependable. DES providers should invest their efforts in solidifying the employee's relationship with the employer, ensuring modifications are completed and in place, employer education regarding disability is ongoing as required, and that the participant has a clear career plan and an ongoing employment strategy.

Funding for providers in this space should be generous in line with the first 6 months, in order to assist to build a genuine, solid employment outcome for the participant. To drive longer term outcomes, the income could be balanced towards a 52 week outcome.

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

[Not answered]

Discussion Point 13: Service Fees

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

An incentive for DES providers to collaborate on outcomes should be in place. If one provider does not have a suitable candidate instead of putting someone in to get the claim this vacancy should be floated to other providers to provide a more suitable applicant. This will increase respect and credibility with employers as providers go the extra mile to get what is best for them, and demonstrate that the providers are working towards the same aim: a superior service for employers, and for people with disability. A local provider competition based approach has not worked over the last 6 years. Systemic enablers should be created to have competing providers be seen as a collaborative service by employers.

Discussion Point 14: Pro-rata service and outcome fees

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

[Not Answered]

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

[Not Answered]

Discussion Point 15: Determining Eligibility and Employment Outcomes for ESLs

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

Youth

Any student with a diagnosed disability.

For school students, career planning can begin as early as year 7. Students should be assisted by DES if required to find their first job - from year 10 onwards. This needs to be a simple and non-intrusive process. Getting a first job in high school is a strong predictor of future employment, and should be strongly supported as preventative intervention¹³.

Tertiary

At present, a University student with disability is not permitted to register with a Disability Employment Service until they have completed their full time study. In order to promote smoother transitions, it's imperative that we allow University students with disability to be referred to and commence in a DES provider prior to leaving University in line with the time frames companies use to recruit graduates. This is also relevant to the Vocation Education and Training sector.

¹³ Predictors of Post-High School Employment among Young Adults with Disabilities.

Rabren, Karen; Dunn, Caroline; Chambers, Dalee. Career Development for Exceptional Individuals 25.1 (2002): 25-40.

Practically speaking, graduate positions are advertised early to mid-year and applications close prior to a student with disability are allowed to access a DES for support to apply.

With an earlier registration, students would be able to build confidence in their ability to participate in the workforce, understand workplace modifications, discuss disclosure, and build plans of support with the DES provider alongside receiving assistance to apply for graduate positions.

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

An 8 hour work capacity is appropriate given the available time to attend work for full time students. No further assessment should be undertaken, as the student has been assessed already by the school for individualised supports. The school will be able to advise the provider on adjustments needed for success in the school environment, which may be important in seeking a working environment.

Young people with disability require early intervention whilst still at school. DES should support these young people to access and participate in job tasters, provide a more consolidated approach to work experience and provide support to obtain and retain part time jobs whilst still at school.

Families just want to see their child receive quality assistance to find work, particularly their first job. Teachers report that the process of registration can be complex for families, and placement results vary depending on the provider and staff member. A recent survey of teachers in one NDCO region demonstrated that a primary concern is frontline staff turnover from DES providers, leading to inconsistent service delivery in schools for the students. Secondary concerns related to the consultant's lack of knowledge surrounding disabilities and the work related impacts this may have is compounded by staff retention.

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?

Online self-connect and refer services, linked via MyGov and My Health Record, connected to the participant cloud and ESS system with the ability to upload eligibility evidence for assessment. The ability to accept and read what is currently given in paper form in advance of the first appointment will allow a purposeful conversation not based around signatures and policy. The ability to read customer reviews about each provider and to review a provider's statement of service delivery and ethos in the portal.

Discussion Point 17: Assessment Reviews

1. What other aspects of ESAs /JCA's should be examined in the review?

Assessments should require regular annual review, with data collected on short term or temporary conditions progression through the client lifetime collated to contribute to the analysis of the link between long term unemployment and eligibility for DES. The aim of assessment should be to appropriately refer and to inform continual improvement strategies. Individuals with temporary or short term health conditions should be encouraged to actively engage in treatment to mitigate further deterioration. These referrals could be made as a part of the assessment process for a more holistic approach to health management. It is important to clarify that permanent conditions and those on a DSP should not require revalidation.

2. Should there be:

- a) **Greater separation of ESAs and providers own assessment, with ESAs focused on eligibility, work capacity and appropriate referral within DES and not extending to suggest interventions?**

[Not Answered]

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?**

Yes - provided there is investment in a thorough assessment and the information is disability specific and tailored to the individual.

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

[Not Answered]

Discussion Point 18: Ongoing Support

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

No. The payments should be based on actual duration of assistance paid hourly, with a cap to keep it within funding possibilities. For those with episodic conditions very flexible yet ongoing support is required. There needs to be a re-engagement gateway for clients to re-enter OGS within a period of time from provider exit - where the client can voluntarily re enable ongoing support at the level they were previously assessed at should their circumstances change.

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

[Not Answered]

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

Actual time spent with the participant and employer including travel to and from the workplace. The current ~\$1000/month for a minimum of 4 contacts of an unspecified duration does not represent good value for money. This should be broken down to an hourly on the job or in support increment, payable pro rata up to the cap.

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?**

If a person with disability is at risk of losing their employment, or is experiencing a decrease in hours due to the impact of their disability. This does not include cases where the reduction in hours is purely driven by lack of work available.

- 2. How can we increase employer awareness of JiJ?**

Webinars directed at HR professionals and senior HR professionals. Industry Information days and presentations to peak bodies and professional registration bodies.

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

The JiJ program is in very low use nationally arguably because of the time and skill needed versus the financial return. The current payment and performance structure for JiJ hasn't driven providers to engage with employers to deliver this service. To be done correctly it involves employment of specialists to

develop a return to duties/modification of duties program, time spent in travel and on the job support, ongoing meetings and liaisons with multiple parties, and much more. Often it involves complex liaisons with HR professionals outside of a new employment consultant's skill level.

To drive uptake, the payment structure should be in line with a standard outcome payment structure and performance metrics should be included in calculations of provider performance. Intervention in instances of disability and chronic disease has significant impacts on the prevention of job loss¹⁴ and a revised JiJ iteration has the potential to assist people with disability to avoid a search for work which at present is not favourable, especially for those over 45¹⁵. It is a further route to positively engage with small, medium and large employers to demonstrate the levels of support and modification available for people with disability.

4. What is more appropriate name for Job-in-Jeopardy?

Jobs In Jeopardy has a connotation that the employer is about to, or intends to, dismiss the employee. 'ESP' Employee Support Program or something with a more positive framing would assist with employer and employee engagement.

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

By providing support that the employee states will allow them to maintain their employment or increase their productivity. This could include developing strategies to manage their disability in the workplace, guidance to access modifications and support, guidance about how to approach their employer and self-advocate, and appropriate referrals to support and allied health professionals.

Discussion Point 20: Transitions Issues

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

A final payment to the departing provider after satisfactorily facilitating a positive handover with the new provider.

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¹⁴ Allaire, S. H., Niu, J., & LaValley, M. P. (2005). Employment and satisfaction outcomes from a job retention intervention delivered to persons with chronic diseases. *Rehabilitation Counseling Bulletin*, 48(2), 100-109.

¹⁵ Hutton, M., Bohle, P., Mc Namara, M., & Li, Z. (2014). Effects of disability on job search among older workers. *International Journal of Disability Management Research*, 9, 9.