**New Disability Employment Services from 2018**

**Discussion Points and Response to Government**

**Introduction**

The Autism Association of WA welcomes the Government initiative to reform the Disability Employment program to make it more individualised and based on need, and we hope that the Department finds our feedback helpful.

The Autism Association of WA is the only autism specialist DES provider in Australia. The Autism Association of WA provides a whole of life range of supports including early intervention, clinical and therapy, school age services, accommodation support, community support and Employment Support Services. The DES program is an extremely important and highly valued service of the Autism Association having assisted over 500 job seekers over the past ten years.

Autism is unique in its support needs, and needs a spectrum of supports to assist the spectrum of barriers and strengths that individuals with Autism possess. Because of the broad range of barriers, especially relating to communication, social skills and the narrow range of interest’s job seekers with Autism find it very difficult to self-initiate job search, attend interviews and to deal with unstructured routines once they are in a job. They often need extensive post placement support and workplace modifications in the area of communication aids and task analysis. We feel that the current performance framework and assessment process does not support the optimum employment outcomes for people with Autism, who overall currently have a very low participation rate in the work force. Job seekers with Autism often do not display the extent of their disability in Job Capacity Assessments and thus get assessed at a higher work capacity than they are capable of. This means that we, as the provider, are unable to place the job seeker in a position at their capacity and thus do not realise an outcome for that person. We believe that individuals should be assessed at either 0-7 hours or 8 hours plus. How many hours a person works beyond 8 hours is just as much dependent on job availability and labour market conditions, as it is on a person’s assessed capacity.

Although we support the majority of the proposals in the discussion paper, we note that it has lost a substantial focus on the individualised approach outlined in the original discussion paper in November 2015. Notably, the career planning aspect of the service, individualised funding based on need, and an overhaul of the performance framework and the assessment process.

The theme to our response is that it needs to be acknowledged that people with a permanent disability need just a much support pre-employment as they do post-employment. They have more barriers to looking for work than mainstream, the have more barriers to accessing employment than mainstream, and they have more barriers to retaining employment than mainstream. As much as the Government wants accountability and value for money, providers need to be resourced adequately in order to support people with disability into employment or education. The current discussion paper alludes to an environment whereby providers are going to be under even more pressure to remain financially viable, while being subject to regular performance reviews and having to achieve a larger number of outcomes.

Given the way that revenue is tied to performance, there is absolutely no need for a performance framework or a star ratings system to encourage a provider to achieve its outcomes. It is disappointing to a degree that the Department is dis-trustful of the provider sector and that it feels that it needs to apply an approach that based on negative reinforcement as opposed to one of collaboration, mutual obligation and a policy framework that supports and encourages providers, people with disability and employers to all engage with a common goal.

Back to the discussion paper, we especially support the panel approach, increasing competition, the abolition of ESA and market share, and some of the funding options e.g. ongoing support claims. However, as described in our discussion question responses, we are hoping the department will give consideration to our perspective on a number of other issues.

If the employment participation rate for people with disability is to be improved there not only needs to be a concerted effort on the part of the DES providers, but there also needs to be a funding model that supports the optimisation of employment outcomes, and a less restrictive performance model that allows providers to work with job seekers at an individual level in a flexible way.

There needs to be some policy development around incentives for employers to engage with DES and employees with disability. In Germany, all public and private employers are required to set aside 6% of their positions for people with a severe disability or pay compensation, in Spain it is 2%, France 6%, and Ireland 3%. Similar laws exist in Luxembourg, Netherlands, Austria, and the United Kingdom.

It is unfortunate that the current performance model is not addressed in the latest discussion paper given that the previous discussion paper (DSS 2015) highlighted many weaknesses and unintended consequences of the model and the star ratings, as did the research conducted by the University of Newcastle in their paper “Beyond the Stars: a new performance management approach for disability services” (NDS, Nevile and Long, May 2016) one quote being “For almost twenty years, the government of Western Australia has introduced reforms in employment services with the intention of delivering flexible, individualised services and more choice for service users. These laudable government intentions will continue to remain unrealised if the government remains committed to a system of performance management that does not recognise, nor necessarily reward, the type of quality service provision that leads to improved employment outcomes.” To add to the performance framework debate I include another quote from the study: “that there is a group of 2 star providers whose outcome scores are significantly higher than 3, 4, or 5 star providers”

Please find below our responses to some of the discussion questions:

**Discussion Point 1: More Choice for Participants**

1. What, if any, restrictions should there be (for example, region or distance) on participants choosing to attend a provider?
2. How often should participants be allowed to voluntarily transfer or switch providers?

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

**Response Point 1: More Choice for Participants**

1. There should not be any restrictions on region or distance so that jobseekers can access a provider where they want. The reason may be that the provider is in a higher employment rate area than their local provider. Currently, if a job seeker lives in an area with high unemployment, they are still restricted to providers operating in that area, whereas if they could move outside their ESA they may choose a provider in an area that has better employment prospects.
2. Due to disruptive and administrative components, participants should be restricted to 2 moves per year

The basis for Centrelink referrals for those who do not choose a provider should be prioritised to:

* Specialisation, and
* Location

**Discussion Point 2: Provider/Participant Contacts**

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

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

**Response Point 2: Provider/Participant Contacts**

Face to face requirements should remain for some job seekers and maybe not for others. Jobseekers with higher support needs, and complex barriers to employment often need face to face intervention and mentoring. A good system would be whereby some of the contact is face to face and some is not. Given that the objective is to get people into work, and that most of the incentives are for this outcome, there is probably not any need for any prescribed contact frequencies, durations or types while in the job search phase. As described in the discussion paper participants and providers could agree on the most appropriate timing and form of contact to suit the individual needs of the participant. This could be outlined in an individual’s support plan.

**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?
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?

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?

**Response Point 3: Job Plans**

Making job plans more comprehensive, or complex, will not, in our view improve employment outcomes. It will just increase compliance activities that reduce the capacity for consultants to work with the job seeker to best meet their needs. The job plan should be a very simple document that specifies any mutual obligation requirements, and possibly list the barriers to finding and keeping a job. Providers need to develop rapport with job seekers, and develop support plans that best facilitate job seeking activities and on the job support for that individual. The support plan for a person with a physical disability will look very different to one for a person with Autism, or an intellectual disability.

**Discussion Point 4: Better Information for Participants**

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

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

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)?

**Response Point 4: No response**

**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?

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

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

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

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

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

**Response Point 5: Participant Controlled Funding**

Participant control of funding would serve no practical purpose and would not enhance job seekers prospects for employment. The provider needs adequate funds to support jobseekers to address their barriers and challenges, access employment opportunities, and maintain employment. As demonstrated by the mental health project, participants tended not to use the funding allocated to them. Providers already support participants to purchase goods or services that may enhance their employment prospects (eg licences, equipment)

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

1. How often should the Panel be open to entry by new providers?
2. How often should panellists be reviewed and what criteria should they be reviewed against?
3. What should the basic criteria be for joining the Panel?
4. How much time do providers need before entering into a market to set up their operations?
5. In order to supply DES in a specific ESA what should the requirements be for:
	1. a minimum caseload?
	2. ESA coverage?

**Response Point 6: Entering the DES Market**

The panel may be open to new providers 18 monthly. Providers may not need to be reviewed, because under the new fee structure, if they are not performing, they may not be viable anyway.

If there is a review process consideration needs to be given to the fact that job seekers have a spectrum of needs and barriers, and not only does one approach not fit everyone, the time it takes for a job seeker to secure employment will also vary. Any performance framework needs to allow for flexibility of approach, and individual differences. The department may give consideration to an ongoing review process to ensure compliance, and adherence to the National disability standards. The annual accreditation audit currently conducted may be able to incorporate some aspects of compliance and performance measurement.

The criteria for joining the panel should include accreditation with the National standards and the capacity to provide values based individualised services.

There is no need for minimum caseloads, because providers are responsible for their own financial viability. Providers may offer DES as their only business, or it may be offered as part of a suite of services.

The concept of ESA services no purpose, especially in Perth whereby the coverage is small and it serves no purpose to split the small area of the Perth Metropolitan area into three ESA.

**Discussion Point 7: A Single DES Contract**

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

**Response Point 7: Single DES Contract**

This proposal is supported. Many providers already provide both services form the one site and thus have developed the capacity. It would also be an opportunity for providers who currently only have a single contract, ie DMS or ESS, to diversify their operations and develop capacity and experience in both programs.

**Discussion Point 8: Removing Restrictions**

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

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

**Discussion Point 9: ESAs**

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

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

**Discussion Point 10: Preventing Market Failure**

1. What specific circumstances should be recognised as market failure warranting intervention?
2. If market share is continued in some areas, how should the level of market share be determined?

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

**Response Point 10: no response**

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

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

**Response Point 11: Service Fee and Outcome Fee Ratio**

For job seekers with Autism (and other’s), the employment assistance phase can be equal to, or even more important than the post placement phase. They often need extensive coaching, and mentoring to address the common barriers that job seekers have around communication and social skills. They find it difficult to self-initiate job search, and challenging to attend interviews.This can take months, however once strategies are in place and the job seeker gains confidence, long term employment is achievable with minimal support. To make a point, the service fees are just as important as the outcome and ongoing support fees.

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

1. What should constitute an employment outcome under DES in a modern Australian economy?
2. How should the DES funding model incorporate the growing number of short term jobs available in the economy?
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?
4. How should job seekers be supported in the period between the 26-week outcome and the 52-week outcome?

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

**Response Point 12: 4 week and 52 week outcome payments**

1. Any paid job of 8 hrs per week or more regardless of assessed capacity because a job of less hours of assessed capacity is just as valid, relevant and valued. If a person is assessed at 23 hrs but has a job opportunity of 15hrs, he/she may still want the support to access this job however the provider is not provided the incentive to do this. The provider is actually punished if a job is less than assessed capacity.
2. Post placement, employment outcomes should be paid monthly from 4 weeks on. Thus every 4 weeks the person completes, the provider receives 1/12 of the total payable outcomes over a year. This improves cash flow, and also gives the provider the financial capacity to provide continuous support as required. This also prevents providers being financially punished if a job seeker genuinely losses their job close to achieving a 13 or 26 week outcome. This would also provide capacity to support job seekers in short term employment.
3. Another strategy is go back to the previous framework whereby, after a job loss, providers retained post-placement or ongoing support for up to three months in order to assist the person to find alternative employment.

Often job seekers support requirements do not change from week one to week 52. Job seekers with autism have a permanent disability, as do people with Intellectual disability, physical etc. The disability is permanent and some support will be required long term. Support needs are no different between 4 and 26 weeks, and 26 and 52 weeks.

**Discussion Point 13: Service Fees**

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

**Response Point 13: Service Fees**

Our biggest concern with the risk adjusted funding model is the accuracy and validity of the assessments that will ascertain person’s employability. Effectively, a risk-adjusted approach means that a persons’ employability is being forecast based on a number of factors, however a person’s employability can be impacted on a broad range of factors, and it wont be the same for each job seeker. The accuracy of these risk-adjusted assessments is crucial to the financial viability, and star ratings of a provider which is working with “harder to place” job seekers. Under this system, there needs to be a review system if and when a service provider identifies that a person is harder to place than previously assessed.

For job seekers with Autism, the employment assistance phase can be equal to, or even more important than the post placement phase. They often need extensive coaching, and mentoring to address the common barriers that job seekers have around communication and social skills. This can take months, however once strategies are in place and the job seeker gains confidence, long term employment is achievable with minimal support. To make a point, the service fees are just as important as the outcome and ongoing support fees.

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

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

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

Regulation: increased

The time required for des providers to claim fees may increase due to the introduction of the 52-week payment and payments for short-term placements.

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

Some aspects of the new fee structure will seriously impact on the financial viability of DES providers. With any fee structure, consideration needs to be given to the fact that job seekers have a spectrum of needs and barriers, and not only does one approach not fit everyone, the time it takes for a job seeker to secure employment will also vary.

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

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

How could the level of disadvantage and work capacity be assessedfor secondary school students?

Work in the NDIS has shown that support to school leavers in years 10, 11, and 12 greatly enhances their chance of success in further study or post school employment.

**Response Point 15: Eligibility for ESL**

The notion of level of advantage and work capacity should not apply to school leavers. They should default to the highest funding level in order to input the highest level of support and leverage their chance of success in employment as soon as possible after leaving school.

**Discussion Point 16: Improving the Gateway**

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

**Response point 16 – No Response**

**Discussion Point 17: Assessments Review**

1. What other aspects of ESAts/JCAs should be examined in the review?
2. Should there be:
	1. greater separation of ESAts and provider’s own assessments, with ESAts focused on eligibility, work capacity and appropriate referral within DES and not extending to suggested interventions?

OR

* 1. should ESAts be developed and extended to provide more and better information on which providers could base their assistance, with less need to perform their own assessments?

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

**Response Point 17: Assessments and Review**

We would like to see the EsATS and JCA conducted with job seekers with Autism Spectrum Disoder to be done by people who have experience in, and understand the unique presentation of individual’s with Autism. The Autism Association of WA is well placed and resourced to provide this service.

**Discussion Point 18: Ongoing Support**

1. Should the fee-for-service funding model specify minimum contacts and hours of support?
2. What minimum servicing requirements should there be for each level of support?

How should payments be determined for each level of support?

**Response Point 18 - No response**

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

1. How can we better define when someone’s employment is considered to be at risk due to their disability?
2. How can we increase employer awareness of JiJ?
3. Does the current fee structure reflect the services being provided and outcomes being achieved?
4. What is a more appropriate name for Job-in-Jeopardy?
5. If a JiJ participant chooses not to disclose their disability to an employer, how should providers assist them in the workforce?

Should the JiJ service be integrated with Ongoing Support?

**Response Point 19: JiJ**

JiJ support is a very important service of DES to assist people with disability who may need intervention to retain their current employment. Often by the time a person in a JiJ situation is picked up it is too late and they are already unemployed. We think a two pronged approach is necessary whereby this service is promoted both by Government and the service providers in their local area. Regardless, every new job placement is technically a JIJ until the job is embedded and the post placement support is reduced.

The JIJ fee structure should include a placement fee, for the time needed to talk to the employer and employee and assess the areas that need intervention, and then ongoing support fees, and a 26 week outcome fee if the person’s employment is maintained and the job is saved.

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

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

**Response: Point 20: Transition Issues**

This will be hard to ascertain. One of the weaknesses of the current framework is that it only measures hard numbers of job placements and outcomes, and not the quality, and depth of the support provided to each individual. The quality of support provided to individuals will vary from provider to provider, whether it is in the range of supports provided, or the size of consultant caseloads. The Autism Association can assist a job seeker with a range of supports outside of the DES, including therapy and clinical, whereby other providers may just herd job seekers through on an appointment basis. Once again, the current framework does not encourage quality, values based services, however, some providers still do, while others do not.

*You are invited to contribute to this discussion by visiting our website* <https://engage.dss.gov.au/>*.*

*Alternatively, hard copy submissions can be sent to:*

Disability Employment Services Reform 2018

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