

Response to discussion paper – New Disability Employment Services from 2018

Who is Wellways?

Wellways Australia, incorporating Australian HealthCall Group, is a member-based, not-for-profit organisation that works with individuals and families whose lives are affected by mental illness and psychosocial disability. Wellways was established in 1978 by families who wanted to improve the services and information available to people affected by mental illness. Today Wellways is a leading national mental health and disability support organisation with services located across Queensland, Australian Capital Territory, New South Wales, Victoria and Tasmania. Our services span mental health, disability and community care, and currently reach more than 7,900 people each year.

Why is Wellways responding to this discussion paper?

The families that founded Wellways had a vision that people affected by mental health issues could be understood, accepted and have the opportunity to make a good life in the community. Today, too many are still missing out on the chance for a good life, with people affected by mental illness experiencing high levels of unemployment, poverty, isolation and exclusion.

Wellways has a longstanding commitment to improving employment outcomes for people who experience mental illness. This experience includes: direct delivery of Disability Employment Services through the Individual Placement and Support model and PHaMs employment services; providing accredited and pre-accredited training through our Registered Training Organisation; and participating in research and advocacy.

Reforming Disability Employment Services presents an opportunity to develop a service system which is more responsive to the needs of job seekers with a disability, achieves better employment outcomes, is sustainable and recognises the importance of participants, providers, government, disability and health services working in partnership.

Participant choice and control

Wellways supports the proposed increase in choice and control for participants. As a principle, choice and control should be available to participants in all aspects of their participation in a Disability Employment Service. This includes choice of providers and a more flexible and responsive service system.

- Participants should be able to voluntarily transfer or switch providers as often as they need, including out of ESA areas if required. The system should have mechanisms in place to recognise when a participant has regularly changed providers within a certain period of time. If this is the case, engagement with the participant is necessary to determine why providers have not met their needs and what further supports may be necessary to support engagement with a provider.

- Face to face appointments are important, but the system should have the flexibility to enable participants' choice to receive services through other means. This includes phone and digital support. Providers should be able to show evidence of why alternative means of support/contact are appropriate.
- Where a participant does not have a preference for a provider, Centrelink staff should make a referral based on the participant's needs. This requires Centrelink to have knowledge of the local Disability Employment Service providers and their unique service offer. For example, a Disability Employment Service may have specialist expertise and may also be able to offer a range of other complementary services such as volunteer support, education and training or peer expertise.

The system should maintain quality assurance measures to determine whether providers are working according to the principles of choice and control. This may include experience of service surveys and auditing processes. For example, whether participants feel they have been actively involved in developing their job plan is best judged by the jobseeker. This could be measured through experience of service surveys, or through direct contact from an independent auditor.

Competition and contestability

Wellways supports greater market flexibility to ensure participants have more choice and are able to access quality disability service providers. We agree that it is important to set a minimum criteria based on capability, capacity and risk. All the stated criteria on pages 30 and 31 are relevant here.

- We believe that it is important to take into a flexible approach when deciding who should become a member of the Panel. For example, a provider may be offering specialist and innovative services that are targeted towards particular client groups within specific locations or linked to particular services. In this circumstance, limited ESA coverage or caseload requirements should not prevent a provider from joining the Panel.
- Disability Employment Service providers should be required to show evidence that they have strong partnerships with local services, including health and disability services. Providers who are able to demonstrate that integrated and evidence based services should also be considered favourably. We strongly encourage a commitment to funding evidence based services such as the Individual Placement and Support model.
- Meeting and maintaining minimum performance levels is essential; however this relies on the performance measurement system being robust and transparent. The performance measurement system should recognise providers who support people who are the most disadvantaged in the labour market.
- All providers should have the capacity to deliver DES-DMS, DES-ESS and Ongoing Support. This approach will allow for greater continuity of service and participant choice, should they move between programs or phases.

- We believe the number of ESA's should be reduced if market share restrictions are removed. ESA's still have relevance, allowing for monitoring of performance, analysis of trends and targeted interventions but high numbers of ESA's can lead to inefficiencies. ESA boundaries should not act as a restriction to participant choice of providers.
- We recommend that the panel should be reviewed every two to three years, ensuring some stability in the market. Outside of this period, we believe the panel should be regularly open (yearly) to new providers who are proposing to provide innovative or specialist services. This will ensure the system is flexible enough to encourage new and innovative providers or partnerships to emerge in a timely manner. It also allows for providers to respond to emerging needs in the labour market.

DES funding model

We recognise the need for incentives for providers to improve outcomes, including long term employment outcomes. However, if there is no increase in investment into the Disability Employment Service system, a system weighted too heavily towards outcome fees will result in financial sustainability issues. This is particularly the case for providers who support job seekers that are most disadvantaged in the labour market. We feel the ratio should ensure services have the capacity to provide adequate job seeking support. The performance measurement system can be used to support long term employment outcomes.

- We support a risk adjusted outcome fee model, to address the issue of providers not working with job seekers who are the most disadvantaged. The risk-adjusted outcome fee model may help address sustainability issues, if the methodology used to determine risk is robust enough to appropriately determine levels of disadvantage. We recommend that further consultation is undertaken when the government commissions experienced actuaries to develop the risk-adjusted outcome fee model. We are concerned that previous assessment models to determine funding and benchmarks have not adequately taken into account the disadvantage people who experience mental illness face in the labour market. For example, disability type does not necessarily equate to levels of disadvantage, or other labour market issues such as stigma.
- Both the funding model and performance measurement system should recognise that some job seekers may begin to work less than 8 hours a week and then increase their hours over time. This should not disadvantage the job seeker or provider in anyway.
- We do not agree that funding currently paid for a 26 week outcome should be redirected to fund a new 52 week outcome payment. We believe funding for this payment should be a further investment in the Disability Employment Service system. The data shows that once participants achieve a 26 week outcome they are more likely to move onto a 52 week outcome (70%), whereas the greatest risk is the loss of employment between 13 and 26 weeks (43% drop off rate). Providers should focus on long term outcomes but should also be encouraged to support self-determination and independence in the work place. The performance measurement system should be weighted towards long term placements. Recognition of a 52 week outcome should not be dependent on the participant being currently registered with the provider. Mechanisms should be explored which recognise long term employment outcomes beyond the period of support provided.

Gateway and eligibility to DES

Improving the gateway to services is fundamental. Assessment and eligibility processes need to be responsive and timely to ensure people who are motivated quickly engaged in job seeking support. Research shows that motivation to work is one of the most important considerations in gaining employment. Job seekers should not be disadvantaged by a work capacity assessment where they are motivated to work. Although the assessment process necessarily involves identifying disadvantage and barriers to work, it must also consider a job seeker's motivations, strengths and abilities.

Ongoing support and job in jeopardy

We believe reform to both the ongoing support and job in jeopardy programs are necessary. Whilst post placement support is important, we believe that providers should be encouraged to ensure placements are sustainable and that natural supports have been developed around the person. We feel that despite good intentions, providers can foster an over reliance on their service and do not focus on developing the skills and resources of the employer and employee to sustain an ongoing placement without their involvement. Ongoing support may improve employment tenure in some circumstances but tenure rates are still poor and providers are not encouraged to develop natural supports within the workplace and community.

In recognition that some individuals may require ongoing support at times, the system should allow the participant to reconnect with providers in a flexible and timely way. The need for these instances of support should be determined independently by an assessor and funded accordingly.

Improving employer awareness and incentives

Wellways agrees that employers are a critical element of the DES program. Stigma can significantly impact on an employer's willingness to employ a job seeker with a disability. Research shows that the most effective means to reduce stigma is through direct contact with someone with a lived experience of disability. Any initiatives which aim to increase employers understanding of the benefits of employing someone with a disability should include and led by people with a disability.

A lived experience disability employment workforce

An effective disability employment service system requires a skilled and motivated workforce. This workforce could be further enhanced through the deliberate inclusion of lived experience or peer expertise. This expertise has not been commonly utilised within the Disability Employment workforce to date. Research shows that peer support has positive impacts on a person's sense of self, health and wellbeing, confidence and their engagement in community. It is this type of reform which we believe will result in significant improvements in employment outcomes. We hope the proposed reforms to the Disability Employment Service system begin to recognise and support the use of lived experience expertise.

Individual placement and support

Research shows that the Individual Placement and Support (IPS) model continues to be the most effective model to support people who experience mental illness into competitive employment. This model has been evaluated in 23 randomised controlled trials across North America, Europe, Asia and Australia (Bond et al., 2012).

Reforms to the Disability Employment Service system should direct funding towards evidence based interventions such as IPS. In considering providers to join the Panel, those who can demonstrate integrated partnerships with clinical and primary health services in fidelity with the IPS model should be supported to deliver this service in their local area. Research also indicates that the IPS model can be further strengthened to achieve long term outcomes through the inclusion of peer support and engagement with families (Murphy, Mullen & Spagnolo, 2005; Dartmouth College, 2014).

References:

Bond, Gart R; Drake, Robert; Becker, Deobrah R (2008) An update on randomized controlled trials of evidence-based supported employment, *Psychiatric Rehabilitation Journal*, Vol 31(4), 280-290

Corrigan, P. and Gelb, B. (2006). Three Programs That Use Mass Approaches to Challenging the Stigma of Mental Illness. *Psychiatric Services*, 57(3), pp393-398

Dartmouth College (2014), Current projects: Family Advocacy for IPS project

Higgins, K (2015) Making Individual Placement and Support (IPS) more effective in Australia. *New Paradigm, Psychiatric Disability Services of Victoria (VICSERV)*, Summer 2015, pp 20-23

Murphy A, Mullen M & Spagnolo A (2005) 'Enhancing Individual Placement and Support: promoting job tenure by integrating natural supports and supported education'. *American Journal of Psychiatric Rehabilitation*, vol 8, no 1, pp 37-61.

Repper, J., & Carter, T., (2011) A review of the literature on peer support in mental health services. *Journal of Mental Health*, (20)4, pp. 392-411.

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