**DES Consultation – New Disability Employment Support Model – Submission**

Good day

Thank you for allowing our organisation to put forward our thinking based on many years of DES servicing. We want only the best for our stakeholders and strive for sustainable outcomes for our participants. Our input below is briefly outlined, and all suggestions would require refinement. We would be delighted to elaborate on any of our suggestions if needed.

**Mutual Obligation Requirements (MORs) during contingency periods**

**Current Situation –** MORs can be suspended with participants not required to cooperate with or contact their DES provider. Compliance action is non-existent.

* Due to a lack of motivation this can allow for a break in continuity for some DES participants.
* Once MORs are re-instated, in many cases it can take several months to get clients back into that continuity because of the impact of complacency during the contingency period.
* Additionally, those clients who do not traditionally want to participate can take much longer to engage with because of the loss of continuity and engagement, a lack of motivation and the period of transition post contingency allows for a use of the system for those inclined.

**Preferred Situation**

* If reduced MORs could remain in-place during a contingency, then this would allow for DES providers to keep up the momentum with the participant and remain engaged during these periods.
* The reduced MORs could be as little as an agreement to take calls during the period. The trigger for non-compliance could be more lenient as well.
* There will always be exceptions to the rule, but a full suspension of MORs at any time can undo any good that was gained prior to the contingency period.
* This is not just about the difficulties to the provider, it in the end is best for the participant to not have gaps in their servicing. The original model for DES identified the benefits of uninterrupted servicing.

**Tax Break incentives for Employers to hire DES Participants in sustainable employment**

**Current Situation -** Wage Subsidy agreements go a long way to acquiring long term employment for DES participants but can be misused by the employer and the provider. Bad employers do surface from time to time. They can have no intention of employment running past the wage subsidy duration. Providers can misinterpret rules around the type of wage subsidy and its overall administration is deep in red tape.

**Proposed Situation**

* Wage Subsidies could be still in use for setup costs, training of staff and pay part of a participant’s wage for a brief period (payable at say 3 months). The fee available could be more modest than those currently available (around $200 per week or $2600 over 3 months).
* A Tax Break Incentive available to the employer each year as an overall reduction to their payroll tax bill would be a true incentive to hire DES participants (those commenced with a DES provider).
* On a rolling scale the employer would receive x amount of tax relief per DES participant hired (after the first 3 months of employment as a % of the workforce) up to a maximum tax break amount.
* The incentive remains if the DES participants remain in the agreed number of hours per week/fortnight/month/year.
* Money talks to employers, their bottom line is generally the most crucial factor and a genuine tax break for taking on an employee with a disability should succeed. This model after refinement would work for the smallest or largest employer.
* • Reducing red tape for the department, the employer, and the provider.

**Provider’s performance identified in Service Fee period**

**Current Situation –** Small or big, generalist or specialist – providers are considered equally regarding performance data. For instance, a Mental Health (MH) specialist can only take on MH clients and work with them to place them in a job. This process can take a long time and sometimes a job placement just does not happen. Yet the small provider gets no performance recognition for collaborating with participants to make them more job ready through building their confidence, supplying resilience training, conducting non-vocational interventions, and arranging vocational training. Generalist providers can and do cherry pick clients to put forward for jobs.

**Proposed Situation –** Recognise achievements other than just placement outcomes. Each achievement between the provider and the participant means a goal reached.

For example, through a small weighting of positive performance data:

* recognise engagement and commencement, non-vocational outcomes, improvements in social inclusion activities and character-building training.
* reward innovation that works towards a placement outcome.
* recognise what a smaller organisation with limited funds have achieved whilst competing with larger organisations in the same industry.

**Allied Health Professional (AHP) Funding**

**Current Situation –** larger organisations can take funding from their bottom line to pay for Allied Health professionals to assist in the specific servicing of participants, the identification of their training needs and any rehabilitation requirements. Smaller providers do not have funds available to them to hire AHPs.

**Proposed Situation –** allow a fee for service payment (or similar with minimum red tape) to providers to hire AHPs, thereby enabling smaller organisations to offer a level of service equivalent to larger more affluent organisations.

**Duration of finalised ESAts/JCAs**

**Current Situation** – Regardless of whether a DES client has permanent and ongoing disabilities, unless there is a change of circumstances a client requires a ESAt every two years. So, an ESAt may be required between each DES servicing period of 24 months. An ESAt is difficult to book at any time, the NPA system is overworked and often a wait is required for an ESAt. The current system for booking the ESAt is convoluted and not always successful.

**Possible Situation** – unless a definite positive change of circumstances occurs, then allow the effective duration of an ESAt to run a little longer for clients with long term permanent disabilities. Any freeing up of the assessment process and system would be better than the current model.