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The Australian Society of Rehabilitation Counsellors Ltd. (ASORC)

Submission

to

Department of Social Services

DES reform

(feedback post webinar)

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Emailed to: DESReforms@dss.gov.au

Submitted online

Introduction

The Australian Society of Rehabilitation Counsellors Ltd (ASORC) welcomes and thanks the Department of Social Services for its invitation to provide a submission following the recent webinar.

ASORC provides this submission to the department of Social Services, highlighting the important need for Rehabilitation Counsellors in delivering specialised rehabilitation and expert case management services for people with disability.

For those unfamiliar with ASORC and the profession of Rehabilitation Counselling we take this opportunity to bring the following to your attention.

ASORC is the peak professional body representing Rehabilitation Counsellors throughout Australia and has been doing so since it was established in 1976. ASORC sets the standards for practice, accreditation, continuing professional development and ethics. ASORC is a non-party political, non-sectarian and not for profit organisation. Rehabilitation Counselling is a self-regulated health profession.

Rehabilitation Counsellors (RCs) have tertiary qualifications in Rehabilitation Counselling and work across the biological, psychological and social domains to assist people with disability, health conditions and disadvantage, participate in employment or education, or live independently and access services in the community to achieve their personal, educational and vocational goals. Typically, their Rehabilitation Counselling qualifications are obtained at a post graduate level following an undergraduate degree in psychology or behavioural science.

Rehabilitation Counsellors provide vocational evaluation and counselling, job analysis and modification, job development and placement services, case management, service coordination, injury prevention and management and independent living planning. Their specialised counselling skills provide a deep understanding of the impact of disability, health conditions and disadvantage on people's lives, and especially of the capacity to participate. Consequently, they are highly qualified to provide services that are often not in the repertoire of other allied health professions.

It is important to note that Rehabilitation Counsellors should not be confused with Rehabilitation Consultants. Rehabilitation Counselling is a distinct and respected Allied Health profession which requires tertiary qualifications. Whereas the generic term of Rehabilitation Consultant is often used by WorkCover authorities to describe anyone who delivers RTW and associated services. This confusion in nomenclature can often undermine the superior skills held by a Rehabilitation Counsellor which are not necessarily evidenced in a Rehabilitation Consultant.

Key points

Broadening of mutual obligation requirements

ASORC are encouraged by the proposed flexibility in the new scheme. Whilst some participants are referred for DES services at a time when they are job ready and are ready to participate in a structured program of job seeking supports, others are not yet ready. An ability to engage these clients in job preparation services rather than having them seek an exemption is likely to be highly beneficial.

ASORC are also in favour of the option to provide fees for services in *work assist* and ongoing support from the commencement of services. We recognise that this may not always be required. However, in more complex cases, a high level of support is required by participants at the commencement of these services. Therefore, funding from commencement would improve viability of services and allow for greater support to be provided to participants at the time that the support is most needed.

To address the question raised in the webinar *“is there a way to get a focus on meaningful engagement as a priority rather than specific job seeking requirements?”*

The flexibility that has been proposed in the new program is likely to assist with this. Participants require varied amounts of time and support to reach readiness for job seeking services. When this is focussed on before the participant is ready to commence services it can lead to reduced motivation and disengagement. Experience tells us that if the participant feels they have had some say in the way their program is structured then they are more likely to have 'buy in' to the program and will participate more readily. Meaningful engagement for some participants could be attending job readiness classes, short courses, volunteer work or exercise-based upgrading programs.

Collaboration between NDIS and DES providers

Whilst NDIS funding is available to assist with career goal identification, the funded supports available are poorly understood by many planners, and the funding provided is often insufficient to support participants all the way through to job placement. Greater collaboration between NDIS and DES providers is required to fully utilise the funding available through both frameworks to assist participants to reach their employment goals.

In an ideal world, vocational assessment and counselling services would be provided to participants with both NDIS and DES funding. Rehabilitation Counsellors provide vocational assessment and counselling services at present to NDIS participants to assist in identification of employment goals and setting up of job readiness programs. At present there is a gap in communication between NDIS and DES service providers which leads to poor handover of services between providers and limited insight into the success of DES programs following the services delivered under NDIS funding.

Risk

Dignity of risk is essential and should be considered for all participants. The risk averse nature of many professions engaged to work with persons with disabilities can result in limiting their career options, aspirations and earning potential. Whilst it is important that risk of psychological and physical harm is considered in planning and delivery of DES and other disability services, there should also be consideration given to the importance of allowing participants to make informed decisions about potential risks, rather than these options being withheld from them.

Funding models

Current funding models encourage greater supports being provided to those participants deemed most likely to secure employment. Within the DES model, consideration should be given to greater funding for service provision over outcome fees. This is to encourage providers to offer services equitably to all participants who wish to engage in the greater flexibility in delivery of services and reduced focus on compliance and mutual obligations. This applies particularly during the early weeks of a services. Taking away the mutual obligations is more likely to encourage change in this area by encouraging providers to take on the more challenging participants not just the ones easily placed. The current funding model limits the level of services that can be provided to clients with the highest needs for example, clients with acquired brain injury.

Recommendations

ASORC welcomes the opportunity to collaborate further with DSS in the development of the new DES model.