



RCAA

Rehabilitation Counselling
Association of Australasia

15 December 2016

Submission in response to the New Disability Employment Services 2018 - DISCUSSION PAPER

Further to our submission in response to the Disability Employment Framework in 2015, we thank you for the opportunity to now respond to the New Disability Employment Services 2018 Discussion Paper.

RCAA is the professional association exclusively representing the interests of tertiary qualified Rehabilitation Counsellors (RCs) in Australasia. As a profession, rehabilitation counselling evolved from post-world war vocational rehabilitation for returned services personnel. Since that time, our major focus has become the provision of vocational and occupational habilitation/rehabilitation for people experiencing illness, injury and disability, including mental illness, such that these conditions affect people's capacity to obtain and maintain gainful employment.

Rehabilitation counselling practice includes interventions to assess and improve psychosocial, physical, emotional, and vocational functioning of individuals who experience vocational disadvantage. Rehabilitation Counsellors have provided professional services within personal injury management and vocational rehabilitation systems for many decades. Indeed, vocational assessment, planning and career counselling; job development and placement; and, workplace disability management, are among the core competencies and expertise of Rehabilitation Counsellors (Matthews, et al., 2010; Matthews et al., 2015). Facilitating and supporting meaningful employment for people with injury and/or disability is our core business.

Employer engagement and appropriate assessment of person-environment congruence, along with the application of other evidence-based practice to ensure appropriate matching of an employee with a workplace and employer, all need to be applied to the process of job development and placement for individuals with disability. RCs are expertly placed to apply this knowledge in practice, to ensure enhanced outcomes in job durability and career development for people with disability. In fact, RC's are the only tertiary qualified allied health professionals expertly trained in vocational assessment and job placement.

RCAA would like to offer some insights and suggestions in response to the requested Discussion Points, namely those that are of most relevance and concern to the work of Rehabilitation Counsellors and the people they serve, namely people with disability, their families, and employers.

Discussion Point 1: More Choice for Participants

RCAA welcomes the planned increase in participant choice and control within DES. This will allow participants to make choices based on their individual needs and goals in relation to employment, and this increased choice may assist client engagement and 'buy-in'.

Participant choice should also be extended to choice in the professionals they consult with as part of these services. Considerable anecdotal evidence suggests that participants would like access to qualified professionals with skills in employability, career development and job placement. People with disability have a right to access appropriate and evidenced-based services and supports, and therefore must be afforded access to professionals with appropriate knowledge and skills in vocational rehabilitation and disability employment. The variable level of training and qualifications of staff working in vocational rehabilitation contexts in Australia has been noted and attributed to poor service and outcomes for people with disability (Buys, Matthews & Randall, 2014). A lack of qualified professionals in this context frequently results in fragmented service, unintended adverse consequences and/or the unwanted and unsustainable status quo outcomes.

Improved participant choice will increase the competition between providers and it is hoped that this process may ensure better practice standards start to emerge in the sector. One of these improved practice standards needs to be the professionalisation of the DES workforce, requiring DES providers to be staffed by qualified allied health professionals with additional training in responding to the needs of jobseekers with disability.

Requiring DES providers to implement the interventions recommended in the ESAt (or provide a good reason why the intervention was not provided) would give providers the choice of employing Allied Health staff, or purchasing these services, which keeps things much more equitable for smaller services. Requiring DES to report on these interventions (possibly within the Job Plan) would allow participants to make choices based on professional guidance and high quality information. It would also assist providers to provide relevant, effective service targeted at the needs of their participants, and ensure that their participants are making progress towards genuine positive changes to the barriers that create additional disadvantage for already vulnerable jobseekers.

Discussion Point 2: Provider/Participant Contacts

Offering flexibility to attend appointments via alternative methods (such as skype) can offer significant benefits to participants with genuine barriers to physical attendance, such as chronic pain and fatigue, parents of young children, and people with significant mobility issues. Flexibility to choose the delivery type for an appointment could be very empowering for these participants, however there would still need to be a minimum face-to-face requirement to ensure that all participants are developing skills and strategies that will be required for employment, such as time management, using public transport, appropriate presentation and personal hygiene.

Discussion Point 3: Job Plans

RCAA is aware of poor practices to date in the preparation of Job Plans. Appropriate, person-centred and timely goal setting and planning is crucial in maximising the employment success of individuals. This planning must be based on the needs, skills and interests of the individual, not pre-determined by the provider and governed by cost-cutting strategies.

The services included in a Job Plan should be reasonably based on the employment related needs identified by the individual, and those identified in the ESAT/JCA and by the DES provider. The process must involve full participant engagement in assessment, goal-setting and preparation of the Job Plan. Further, this must be matched by the accountability of the provider in ensuring adequate and meaningful support and services are provided to the participant. Where these services and supports cannot be offered in-house, then appropriate services must be sought from external service providers.

It is acknowledged the provision of these services can be costly, particularly where these must be outsourced. However, the fact that many recommendations from ESATs/JCAs are ignored, either because of cost or because the provider does not have the professional skills required to deliver the services, is a significant problem and a likely contributor to failures in the sector. Providers must be held accountable to the provision or sourcing of services required to improve participants' employment readiness and potential for success. Consideration of new systems and funding options to ensure this accountability are now critical.

For example, if Vocational Assessment and Vocational Counselling are listed as an intervention on an ESAT/JCA, these interventions should be listed on the job plan, with an expectation they be completed by appropriately qualified professionals. Rehabilitation Counsellors undertake tertiary training in the administering of Vocational Assessments for people with disabilities and other barriers to employment. DES Providers should be required to demonstrate compliance with the recommendations of ESATs/JCAs. Further examples of essential services and support to be provided upon recommendation may include FCEs, pain management or specialist reviews, employer and co-worker education, adjustment to disability counselling, and assistance to source appropriate childcare. Failure to respond to these recommendations and needs does not enable participants to reach their employment potential.

RCAA suggests that participant interventions be electronically attached to the central database and that DES Providers have the ability to set or mark interventions as complete after these have been actioned. Setting interventions to "complete", and keeping these in the Plan would be preferable to closing them off and losing all reference to completed activities. Current Job Plans actually delete completed activities, providing limited opportunity for positive reflection on what has been achieved.

Discussion Point 4: Better Information for Participants

RCAA welcomes the proposed provision of more accessible information for participants, providers and employers. In addition to the information for participants outlined on page 26,

we would also recommend further information be provided on the skills, qualifications and services of the DES providers. Participants should be provided with more accurate and transparent information about the services and interventions available to assist them to enter and maintain employment. This will also assist participants to make informed choices regarding possible actions to be listed on their job plans.

Further information should also be made available to employers, including information regarding Job In Jeopardy providers, and other services to assist in maintaining people at work. The importance of engaging employers in the drive to increase workforce participation of people with disability needs greater recognition. Unfortunately there is still much work to be done in educating employers of the tremendous opportunities and benefits of employing and retaining people with disability.

Broadly, education of the benefits (and the social responsibility) of employing people with disability needs to be significantly expanded and invested in. In individual cases, RCs routinely engage in respectful and informed conversations with employers, responding to their needs as much as the needs of the person with a disability. Through this engagement, RCs educate employers on all aspects of employing a person with disability, including the supports and resources available to them in making reasonable accommodations (if required) and ensuring a positive and sustainable job match. RCs recognise the duality between the person and the employer is critical to success. A person can be “ready” for work and all their needs have been met – but without an employer and role that matches, they won’t be any closer to meaningful and sustainable engagement in work.

Discussion Point 5: Participant Controlled Funding

RCAA welcomes the consideration of participant control of funding in employment services, as has been implemented with varying degrees of success in other schemes in Australia and internationally (Crozier, Muenchberger, Colley & Ehrlich, 2013; Gross, Blue-Banning, Turnbull & Francis, 2015). Increased regulation on provider expenditure will force greater accountability while individualising the services accessed by participants.

Partial or segregated participant control of funding may be a reasonable step forward, and this will require clear boundaries for participants and providers around the types of services participants can choose to spend their funding on. These services should be guided by qualified vocational planning, i.e. activities and services that are deemed necessary for improving vocational opportunity, employability and career development. These activities/services may include a gym pass for exercise physiology program, adjustment to injury counselling provided by a Rehabilitation Counsellor, intensive job support if the participant would benefit from 1-on-1 on the job training, and travel training.

If DES is to embrace real choice and control ideology, participants should be able to have input into decisions about what is important to them, and how they want to prioritise expenditure on their program – whether it is paying for a course, purchasing a trackball, or funding a review with a hand therapist. This should be documented in the Job Plan. As participant related expenditure is already tracked, this will not be an onerous task for

providers.

RCAA recommends the use of external Funding Assessors, which could be added into services provided under the National Panel of Assessors to provide support to participants with regards to decision making about the funding, if the participant is unwilling or unable to make decisions. The use of a Funding Assessor should ensure that the case is assessed objectively without any potential conflict of interest.

Discussion Point 7: A Single DES Contract

While it is understood that the merging of provider access to DMS and ESS contracts may help simplify arrangements, there is potential for the importance of rehabilitation to be lost in these arrangements. With the reduction in DMS services there has already been a reduction in the focus on rehabilitation, and this is concerning. Providers would need to be adequately staffed with professionally qualified allied health professionals, who value the longer-term focus of rehabilitation, recovery and career development.

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

The current 52 week sustainability indicator is only used for performance purposes – which can financially disadvantage providers who put significant effort into good job matching practices, and take client choice into account. Offering a financial incentive will possibly reduce the opportunity for “working the system”, result in more sustainable and appropriate jobs for participants, and offset some of the potential costs, for example costs in engaging professional Allied Health workers to assist participants to address their longer term barriers to work.

Discussion Point 13: Service Fees

Risk adjusted funding could certainly help minimize ‘creaming’ (picking and choosing who and how much to support) – as long as the tools used to determine funding levels create equitable results. Current tools such as the JSCI are problematic for some client groups – e.g. people with newly acquired injuries such as spinal cord injury. The recency of their work history (which the person may be manifestly unable to return to, and require significant amounts of retraining and support to consider alternative types of work) often skews JSCI scores significantly, and results in a highly inappropriate funding level.

The current ‘regression analysis’ also seems to be similarly flawed – so the introduction of a system to measure risk would need to be scrutinised carefully, and have inbuilt opportunities for providers to appeal inappropriate levels in a timely manner.

Discussion Point 15: Determining Eligibility and Employment Outcomes for ESLs

The provision of services and support to eligible school leavers (ESLs), including an

expanded eligibility criteria for this group, is considered vital to enhancing the workforce participation of young people with disability. This requires a longer-term career development perspective, not just 'work-first' or 'place-then-train' approaches. Young people deserve access to professional and individually tailored services when it comes to their vocational education and career planning. Rehabilitation Counsellors are expertly qualified to provide holistic vocational evaluation and needs assessments, vocational planning and counselling, and job development and placement services to people with disability, across the lifespan.

RCAA wishes to suggest the development and delivery of a comprehensive health literacy program for young people with disability or disadvantage, but this could equally apply to all participants with disability. The aim of such a program would be to empower individuals through knowledge and enable them to better assess their own needs. Crucial to the success of such a program would be input from and delivery by qualified and experienced allied health professionals.

Further, RCAA recommends that resources and support be provided to suitable young people with disability to become qualified professionals through engagement in tertiary study. Often the lived experience of disability and/or disadvantage is very relevant and valuable in a diverse range of professions. Such a pilot program could be aimed at providing opportunities for participants to build their career opportunities, earn decent salaries and enjoy increased health status and quality of life. RCs are well placed to encourage participants to consider and thoroughly evaluate occupations that require tertiary study, and if the DES system could provide more support for people to enter and complete their studies, this would greatly influence the desired outcomes – people more engaged in work, earning much better money, and with significant potential to contribute at a very high level. If DES providers could offer support to participants at key points while they are studying – e.g. assistance to support practicum placements; and for employment assistance to commence 6 months prior to graduation, this would lead to many more people with a disability entering and completing tertiary study, with much greater chances of having meaningful jobs upon graduation.

Discussion Point 16: Improving the Gateway

The current gateway is demotivating for participants. The lack of alternative pathways to DES (other than DHS), particularly for voluntary participants with newly acquired disability or injury, can result in people relinquishing their right to assistance.

For this cohort, they are already dealing with a significantly distressing situation of adjusting to their injury, trying to understand the 'disability system', and working through the implications their injury will have on their long-term employability. Going to Centrelink can be traumatising, with people seeing this as a new "low point" when they are already emotionally vulnerable. Despite promoting the assistance and services DES can provide, a significant number of people in this situation will choose not to proceed with seeking assistance to register with a DES provider, if it means attending Centrelink (even once, and even when it is explained that Centrelink is only involved for screening / referral purposes). These people are not captured by the system, and while numbers cannot be accurately

measured, are significant.

These people are then forced to try and deal with their employment related issues on their own – resulting in many lost jobs and unnecessary stress on an already traumatised population. It is likely that these people will eventually re-present to Centrelink, with significant additional issues and barriers including mental health concerns, financial stress and negative experiences within the system.

The lengths of time participants are forced to wait before an available appointment (if one is even available in the ESS diary) also needs to be urgently addressed. For example, many voluntary participants have been unable to make ESA appointments for more than 3 months, as all providers participants could reasonably attend were locked. This is a significant disincentive to help-seeking behavior, and often results in disengagement from the system that is designed to support people with newly acquired injuries and disabilities, and creates far more long-term barriers when people cannot access timely services and assistance.

Discussion Point 17: Assessments Review

Aligning assessor expertise with disability type would certainly have a positive impact on the understanding an assessor can bring, particularly given the inappropriately short time frame an assessor has to make life affecting decisions for a participant. This “streaming” of participants based on assessor qualifications and experience would mean RCs could potentially assess people with any disability type, or they could be seen as a specialist assessor if they bring significant experience with a particular group.

In the case of DES Providers performing their own assessments, these should only be performed by appropriately qualified people (aligned with the qualifications required to perform ESA/JCA). If a DES Provider does not have appropriately qualified staff to perform these assessments, they will need to purchase these services externally.

Discussion Point 18: Ongoing Support

All ongoing support, which is a necessity to ensure sustainable gainful employment, must be determined on an individual basis. This will require assessment and monitoring by qualified professionals to ensure the best possible outcomes for individuals.

The needs of people with disability in the context of employment are highly individual and dependent on the physical, psychological and social strengths and limitations of each individual. These needs must also be balanced with a strong knowledge and understanding of the requirements of the work role, industry and employer that the person will be engaged in, to ensure sustainable and meaningful employment participation is achieved.

A far more individualised, person-centred approach is needed to adequately respond to these needs and enable individuals to reach their employment potential. Indeed, an

individualised, career development approach across the life-span is required, and this approach is fundamental to RC practice.

Discussion Point 19: Job-in-Jeopardy

The name Job in Jeopardy (JiJ) can be off-putting for an employer, particularly when they are asked to sign a form or write a letter that states the person's job is at risk due to disability related issues. The legal ramifications of this alone prevent employers from using or referring workers to the DES system. RCAA would suggest considering a change of name for this program, with possible names including, Employment Retention, JobSaver, JobCare.

In addition, the limitations around repeat use of the JiJ program mean that many people whose jobs may be saved through engagement in this program, cannot access assistance until their employment is terminated and they become a 'jobseeker'.

Allowing participants to re-enter JiJ as needed would afford greater flexibility and meet the true intent of the program – people accessing assistance as they need it, and once the issues have been resolved, exiting the system with an option to recommence if they again need help to retain their employment.

Removing the requirement for participants to complete 6 months of assistance may also result in more flexible use of the program – if people only need a short period of assistance, they receive this and can then exit with an option to come back in the future if needed.

JiJ could effectively be integrated with Ongoing Support – as long as there is an appropriate fee attached to the intake and assessment phase for participants in this situation. Again, the importance of timely and sensitive intervention cannot be underestimated, including an option for DES providers to register these participants directly with appropriate medical evidence (removing the requirement to attend Centrelink to commence a program). The use of Ongoing Support Assessors to approve participation is one option, but should not be the only one, particularly in the context of introducing yet another person to which the already distressed participant has to 'tell their story'.

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