Disability Employment Services in Australia: A Brief Primer

Catherine Byrnes and Sharon Lawn

This review aims to highlight how the chronic condition self-management support (CCSMS) field might inform and enhance the skills of the disability employment services (DES) workforce, particularly in its interactions with clients with complex disability needs. The approach we have taken involves a consideration of current education and training, recruitment of staff into DES and issues of concern arising from these processes. The main findings of our review are that the current DES workforce may not have the required skills to fully meet the needs of the populations they serve given the growing burden of chronic conditions, generally. We conclude by calling for greater consideration of CCSMS education and training as core required skills for the DES workforce, so that they might integrate their practice more collaboratively alongside other support providers.

Keywords: disability, employment, training, competencies, chronic condition management

Employment is widely recognised as an important rehabilitation step for anyone with a disability. In Australia, the Disability Employment Services (DES) sector and its providers offer a job seeking, placing and supporting service for people who experience long-term health conditions, including chronic conditions and disabilities. The DES sector is federally funded by The Department of Education, Employment and Workplace Relations (DEEWR) as a separate service from mainstream Job Services Australia (JSA) (formerly known as Job Network), to assist participants in receipt of the Disability Support Pension (DSP), and other government pensions associated with their disability or ill-health. DES functions as part of the wider 'Welfare to Work' initiative and sits alongside the mainstream JSA employment services (DEEWR, 2012a; DEEWR, 2012b).The Welfare to Work initiative is a response by individual governments to address the burgeoning cost of maintaining social welfare payments to people who are no longer able to work as a consequence of unemployment, disabilities, injuries and health problems. Its mantel is very much a work first message, 'Work for those who can and security for those who can't' (Bewley, Dorsett & Haile, 2007, p. 89). JSA is a collective of 98 independent employment network providers who are engaged with the DEEWR, to deliver employment service contracts on their behalf.

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Within Australia, JSA clients are referred to one of four streams according to the complexity of the needs and expected interventions.

There is an escalating propensity of clients presenting with mental illness and more complex needs within the Australian Welfare to Work environments. Existing approaches are likely inadequate in addressing the complexity of disability this population experiences and its impact on their future long-term employment prospects. This trend is also apparent and of concern to policy makers and employment services in other countries (Wynne & McAnaney, 2004). It is creating additional challenges to DES case managers who are tasked with finding and placing people with chronic conditions into work whilst working to a rigid results-orientated and employment outcome funded delivery model. Within such a large and competitive market, this model is inevitably and frequently open to the potential to be detrimental for those furthest removed from the labour market as they do not produce rapid outcomes for DES providers. In Australia, the ability to source suitable employment opportunities is reliant upon the skills, abilities and job readiness of the client, knowledge and understanding of the local labour market by the case manager, the mutual and appropriate job match and the receptiveness of the employer to consider a person with a chronic and ongoing condition amid the Workers' Compensation environment.

Goals of the review: This review aims to highlight how the CCSMS field might inform and enhance the skills of the DES workforce, particularly in its interactions with clients with complex disability needs. CCSMS core competencies include person-centred support skills for maximising DES workers' recognition of the person's needs and preferences. They also include behaviour change skills for maximising the person's engagement and partnership in actions that build their employment capacity, and organisational systems skills for maximising communication and collaboration between DES and other support providers. The review is organised as follows: first, we provide a brief context to set the scene for consideration of a CCSMS approach. Second, we discuss the existing structure of DES, their effectiveness in meeting the needs of the populations they serve and the monitoring mechanisms that exist to ensure effective delivery of these services. Third, we discuss the current education and training options available to the DES workforce, identifying challenges arising from these options. Finally, we discuss the potential for CCSMS education and training to help address these issues, drawing on comparative evidence from disability employment policy and practice in the United States (US) and the United Kingdom (UK) to support our ideas.

The context and clients served: The World Health Organisation considers that chronic conditions will be a leading cause of disability globally by 2020 (WHO, 2002). Inter-generational unemployment, chronic disease, social isolation and poverty are evident in many disadvantaged communities. Exclusion from the labour market leads to high individual costs to long-term health and mental health, and social costs such as higher risks of poverty and social exclusion (Braithwaite & Mont, 2009; Ganley, 2003; Stapleton, O'Day, Livermore & Imparato, 2006; The World Bank, 2010; Vinson, 2009). An Australian social policy evaluation of the psychological impact of joblessness concludes that, 'Potential consequences of joblessness for individuals and families include poverty and financial hardship, reduced future work opportunities,

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reduced participation in mainstream community life, family relationship strains and intergenerational welfare dependency' (Ganley, 2003, p. 179). The DES aims to alleviate these issues by providing employment support to individuals with disabilities, including those arising from chronic physical and mental health conditions, to retain employment, re-enter employment following disability, or enter employment for the first time.

Administrative structure: The DES sector itself is divided into two separate services: (i) Employment Support Service (ESS), and (ii) The Disability Management Service (DMS). The ESS aims to assist people who experience chronic conditions and disabilities to find and sustain employment. ESS clients who gain employment are assessed every two years to determine their ongoing supports in the workplace. The DMS aims to support people who experience health problems, injuries and disabilities to support them to maintain their employment for six months. Despite having similar issues to ESS clients, and with clients in DMS potentially having more mental health issues, DES likely assume that DMS clients' needs are being met by the health sector. The focus of both ESS and DMS is to get clients into jobs quickly, the first offering more long-term support to them to get a job and also to keep it. But this is not so with DMS clients, with only limited and time-limited support provided. The assumption may be that gaining employment would be the solution to several challenges of living with a disability. If deemed to be needed, DMS clients can be moved into ESS, though this requires a further assessment to ensure they are provided with on-going support to help maintain their employment.

Monitoring mechanisms: Mainstream JSA and DES are monitored by DEEWR under a performance compliance framework and Star Rating system that values efficiency, effectiveness and quality (DEEWR, 2011a; DEEWR, 2012c; DEEWR, 2013). DEEWR also monitors providers within these arenas to ensure their adherence to contract compliance, training towards employment outcomes, and that 26 weeks of sustainable job outcomes are achieved. Hence, all Australian federally-funded JSA services are outcome-focused and target-driven. They work to an 'Escalator Funding Model'. This is an initiative similar to that adopted by the UK's Pathways to Work programme which is funded by the Department of Work and Pensions (O'Day & Stapleton, 2008). Similarities may be drawn between the two countries as clients under the Australian and UK programmes undergo an external assessment to determine their eligibility and work capacity. For clients who are assessed to mandatory attendance for job seeking, a rigorous and compliant contact regime is established. Should a mandated client fail to attend, punitive benefit/pension sanctions may apply. According to the UK Department of Work and Pensions, 'Providers are paid a lower fee for more job ready clients and higher for less job ready clients' (Hudson, Phillips, Ray, Vagaries & Davidson, 2010, p. 67). With staff encouraged to gain employment outcomes for as many clients as possible, Australia's DES providers may seek to deliver on employment outcomes at whatever cost to the individual client. CCSMS friendly interventions would therefore be a low priority, if seen to involve more time and resources to implement.

The DES sector has been subject to a new system-wide tendering process in 2012. This is the first time in decades that the DES-ESS service was included as

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part of an open and competitive tender process and many have lost their DES-ESS business to new entrants or competitors. The new DES contracts commence 4th March 2013 and will run for five years. DES providers will be required to secure 52 week employment outcomes for their clients rather than the previous target of 26 week outcomes (DEEWR, 2013).

DEEWR's regular and vigorous monitoring of the DES sector is performance and outcome driven. Additionally, DES providers are required to be audited against the Disability Service Standards (DSS) to demonstrate their competency to deliver employment services for people with disabilities (FaHCSIA, 2010). The evaluation of compliance to the DSS is conducted by independent third party Certification Bodies to ensure equity and rigour, and freedom from interference or influence by any parties involved. The DES providers' demonstration of compliance to these standards is a requirement for continued funding by the DEEWR to deliver services to people with disabilities. The implementation and adherence to the DSS is left to the individual provider's discretion and knowledge. A benefit of this is that individual providers can develop systems and ways of working that better match the needs of their local community. However, there are also risks that core practice standards may become disparate over time and overall consistency of approach is lost, leaving some areas, populations and individuals better served than others. Front line staff are often in conflict between listening and acting upon individual clients' needs, set against the DEEWR's robust and competitive performance standards and a results-orientated framework (FaHCSIA, 2010). This suggests that the structure of the funding model is orientated to a Payment by Results (PbR) system (Rees, Taylor & Damn, 2013), and the drive for performance continues to influence providers behaviour and may encourage staff to work more closely in finding employment for easier to help clients who present with less complex needs to meet the demands and expectations of their contracts (Loumidis et al., 2001; Griffiths & Durkin, 2007; Hudson et al., 2010). This may be to the detriment of clients who present with chronic conditions and complex needs.

It is the first author's anecdotal experience that a large proportion of JSA staff that have experienced burn-out within the mainstream employment services 'defect' to the DES sector to evade the target driven outcomes performance expectations that exist in JSA services. Frequently, this is on the mistaken understanding that the DES sector clientele are viewed as the 'easier and softer' option, to place into employment. Staff may also engage in 'creaming' and 'parking' with their caseloads, largely made up of people with chronic physical and mental health conditions. The terms 'creaming' and 'parking' refer respectively to working intensively with some clients and giving others a bare minimum of service (Hudson, Phillips, Ray, Vegeris & Davidson, 2010, p. 9).

Alternative service providers: In Australia, the DES sector is the most underutilised of all Welfare to Work services when we compare the DES to the predominately privately-run Occupational/Vocational Rehabilitation Services that are working with a comparable client group. The entry pathways into each service type are significantly different. Staff entrants into the Occupational/ Vocational Rehabilitation sector usually emerge as graduates via norm-referenced training and professional

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career pathways such as those offered by Disability Studies, Rehabilitation and Social Work undergraduate and postgraduate university programmes. On the whole, Vocational/Occupational Rehabilitation Consultants are qualified allied health professionals. There is a wide variation of skills within DES; some certainly actively recruit and employ allied health professionals. By contrast, there is a high representation of first time entrants into the world of work within the DES sector, taking up challenging positions such as Employment Coordinators /Case Managers in their first job roles. Such staff are less likely to have life experience and therefore understand how to support clients with complex needs than more experienced staff, with adverse consequences for the quality of DES support provided to such clients. This diversity reflects the comparatively lower job preparedness of some DES. For instance, the Disability Services Interim Report which reported that, 'some case managers are finding the increase in referrals of clients who experience mental health problems and present with complex needs as extremely challenging to meet their needs and the expectations on them to meet their contract requirements', due to a lack of training and experience (DEEWR, 2011b, p.11). DES providers are encouraged to forge close links with mental health specialists, including Medicare Locals. DEEWR has recently launched provision of online mental health capacity building modules for providers to access (DEEWR, 2012d).

Education and training: In-house training within the DES sector is predominantly Vocational Employment Training (VET) orientated, with Registered Training Organisations (RTOs). Employees who do not possess allied health qualifications or tertiary qualifications are frequently offered two training options: the Certificate IV in Disability (Seek learning, 2012) or a Certificate IV in Employment Services (Training.gov.au, 2012) to enhance their capacity. The latter option appears to be more highly desired by senior managers, human resource managers and training managers within the DES sector. What is certain is that both qualifications are attempting and currently failing to be the 'catch all' in aiming to meet the needs and expectations of staff employed across such an enormous diversity of human services. However, the gateway to this training and professional development is frequently predicated by the willingness of the employee to request training and the receptiveness of the DES Provider to offer and value it.

Staff in the Certificate IV in Disability and Certificate IV in Employment Services training are required to complete ten core modules and five electives. They have the option of selecting chronic condition self-management modules, as one or more of their elective modules, to gain their certification. Little guidance is provided in selecting the modules. The CCSM modules are hidden within another 55 elective modules and are therefore easily missed and dismissed, that is, they are not considered core business. These VET options are also not compulsory requirements for working in DES, though some providers may ask for them as a requirement of employment. They are often only offered to staff who have successfully completed their probation as there is a high dropout rate. They are often provided free to new staff and require staff to invest time outside of their employment which may contribute to the high dropout rate. Also, there is little competition in RTOs that offer these training options. There is limited evaluation of the issues surrounding the delivery and uptake of these training

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options in the DES sector, generally. There are additional personal development, graduate, masters and other post graduate study options available for consideration that are highly pertinent to this industry.

Staff retention challenges: There is a high turnover of staff within the DES sector so that both staff and employers may hold the view that CCSM courses should not be paid for, given that many staff will move on anyway. The most innovative and forward thinking DES providers recognise the value of building and maintaining a highly skilled workforce. To counter the general concern about staff retention, contracts that were previously for three years are now extended to five years to put more stability into services and build capacity of the sector. This might help to professionalise the sector, offer career pathways and improve job security (DEEWR, 2012d). There is also a high turnover of staff generally, with staff frequently moving between sectors, especially from JSA to DES. The high staff turnover within this sector creates reluctance by its senior managers to invest in ongoing staff development. Thus, although DES operational staff are at the frontline of service delivery, their requests for additional training may go unheeded. DES providers are not required to train their staff in the full certificate to acquire CCSMS competencies.

The competencies, experience and expertise of staff within the DES sector vary widely, making this sector quite unique. Each DES provider determines the competencies, skills and attributes it seeks of its employees during the recruitment and selection process. Each DES provider designs its own induction and training programme, including on-going training and development for its staff. There is a lack of consistency in regards to the prerequisites and clearly defined competencies it seeks of staff. The majority of DES providers operate as non-government status organisations. They may not be focused on upskilling their existing staff. We also propose that some DES providers display complicity at the high turnover of staff, as they are able to replace existing staff with relative ease.

Disincentives for CCSMS skills: There is no requirement by the sector's government funding body, or incentive of DES providers, to employ staff who meet any Australian qualification standards framework (AQF).The AQF offers eight vocational and training qualifications. These include: Certificates I, II, III & IV; Diploma; Advanced Diploma; Vocational Graduate Certificate and Vocational Graduate Certificate (DII&RD VIC, p.22). This lack of a clear AQF keeps DES labour costs to a minimum in that providers can offer low wages and avoid investment in staff development. Staff may also lack incentives to up-skill with no requirement to pursue additional training. Together, these circumstances for new and existing staff foster an environment in which the VET training may not be as valued as it could be. In such an environment, CCSMS skills are even less likely to receive priority.

Prospective solutions: To address these concerns, the RTOs could include, promote and recognise the relevance of CCSMS courses to competent DES. With a little creativity and consultation, they could opt to have training tailored and contextualised to meet their specific industry sector training needs. Other prospective solutions include an examination of different ways in which DES can work more across service boundaries and work collaboratively with other support providers, particularly health

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services. Solutions might also be found by redesigning DES to promote more proactive, flexible and responsive disability management.

***Promoting* CCSMS:** To increase DES qualities for staff who enter as first entry jobs without formal qualifications, CCSMS electives within the Certificate IV training courses ought to be promoted and elevated as core modules. Presently, information on CCSMS and the intellectual property of the organisation within DES is seldom shared internally, externally nor across professional / department sectors. There is a propensity to work in silos. There is need to support CCSMS training and delivery with the right mix of incentives to providers. For instance, resources could be re-orientated and activated when they are likely to address the needs of clients with CCSM.

Greater coordination of support and collaboration with other support sectors to address and integrate chronic illness care, central tenets of CCSMS, is also an important consideration for the DES sector which has been recognised internationally for some time (Wynne & McAnaney, 2004).

Creating a seamless band of coordinated services: Overcoming traditional departmental boundaries between employment, health and welfare services is an important step for improving collaboration (Wynne & McAnaney, 2004). Learnings could be gained from the Netherlands where individuals are afforded more time to select an appropriate provider matched to their needs and are able to negotiate the level of employment assistance they need over the longer term (Blyth, 2006, p.44). This approach suggests that clients are more actively involved as collaborative partners in decision-making about employment options.

Other signature programmes to learn from include the US Ticket for Work and the UK Work Programme. The US Ticket for Work programme was created in 1999. It is designed to, 'build effective community partnerships that leverage public and private resources to better serve individuals with disabilities and improve employment outcomes' (US Department of Labor, 2011). Within this system, the US Department of Human Services Division of Rehabilitation Services supports providers' continuing professional development and encourages sharing of best practice through weekly webinars, monthly conference calls and quarterly 'listening sessions' when providers have the opportunity to provide feedback, express concerns and offer solutions and suggestions (US Department of Labor, 2011). Clients may elect to engage voluntarily and may opt to select or transfer from vocational rehabilitation or employment network services while maintaining their health coverage. Providers are incentivised to ensure that clients achieve their individual employment goals before any payment is released. The US Department of Human Services Division of Rehabilitation Services annually assesses provider performance through a Timely Progress Review when providers are measured against programme integrity key performance indicators that include choice, service provider capacity, co-ordination, collaboration and credible results. This offers choice, flexibility and long term support prior to gaining suitable work and upon securing and sustaining employment. Despite these measures, improvements are still needed, given some counsellors within its services continue to be perceived by clients as unresponsive and non-collaborative (Hernandez et al., 2007). The commonalities emerging from the evaluation of the US Ticket to Work Program,

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the UK's Pathways to Work and more recently the UK's Work Programme all identify that the PbR framework is highly influential on provider behaviours. The evaluations demonstrate that these Welfare to Work programmes appear to find clients who are presenting with complex needs, including chronic conditions, as far more challenging to find suitable and durable employment opportunities. A new approach is required.

The UK's Work Programme (UK Department of Work and Pensions, 2012; Rees, Taylor & Damn, 2013), launched in July 2011, is orientated towards similar systemic principles as the US model. Eighteen prime providers are contracted by the UK Department of Work & Pensions for five years plus an additional two years' continuance of support for disabled workers at the conclusion of the programme. The prime providers in turn are tasked and monitored to develop collaborative partnerships with smaller organisations to ensure a highly innovative, individualised tailored and effective service delivery model for the clients and employers it supports. Outcome payments are structured towards assisting those with most complex needs and furthest removed from the labour market. Theoretically, this inhibits providers electing to work with easier to help clients into employment as previous Welfare to Work initiatives have inadvertently allowed due to a rapid results and competitive environment. This also demonstrates that only the largest providers who are more able to mitigate the financial risk associated with deferred funding are more able to ensure their ongoing financial viability in this market.

Whilst uptake of new practices has been rapid in the disability employment sector internationally, within Australia there appears to be a slow, phased and deliberate transition towards this model. This supports the WHO observation that, 'it takes a decade before a new initiative gains widespread awareness and acceptance in the community' (WHO, 2002, p.11). Clearly, Australia's DES and mainstream employment services could be redesigned to promote a more proactive, flexible and responsive disability management and support model rather than a reactive and overly prescriptive service. This requires the DES workforce to have greater skills in helping clients with complex and chronic conditions to address the issues that exacerbate their employment prospects and psychosocial health and well-being generally.

The futures of JSA and DES in Australia: There are similarities within JSA too as some of their clients frequently present with complex needs and are assessed as hardest to help. Incentives may be needed to encourage uptake of the wide spectrum and availability of CCSMS training by DES providers. The term CCSM itself may also require redefinition to gain the buy in, relevance and connectivity to the DES sector. Longer term and higher outcome incentive fees similar to those awarded to the UK's Work Programme and the US Ticket for Work programme may need to be considered. This would encourage providers to work in true collaboration with the individual and their supporting networks to find and sustain their employment over the long term. This may further incentivise DES providers to focus on developing and nurturing collaborative and complimentary disability management networks, adopt a closer focus upon the type and suitability of employment that offers career pathways and durability for clients as well as more robust post placement support services. This approach could be replicated and be of value within DMS and JSA markets come the revision of these services in 2015.

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Conclusion: Mainstream Australian Employment Services and DES will increasingly overlap, necessitating a new service delivery model that requires greater recognition of the holistic psychosocial issues that impact on the person's engagement with these services. It will also require them to work in greater collaboration with other support providers to address the complex needs for this population.

CCSMS education and training is currently underemphasised although important for DES with clients presenting with co morbid chronic conditions. CCSMS skills are critical for the provision of effective support to people with disabilities as a result of long-term chronic physical and mental health conditions. Workforce with CCSMS skills are of added value to disability employment services (DES) because workers with such skills can enhance outcomes for their clients by recognising and addressing the barriers to employment posed by chronic health conditions. Incentives may be needed to encourage uptake of CCSMS by DES providers.

Declaration of conflict of interest: The first author has over eight years' experience gained from the inception of Welfare to Work programmes for people with disabilities in the UK, and seven years' experience of the Australian DES services. She presently audits DES providers against the DSS and is a Director of a private CCSM enterprise. The second author is an educator in the CCSMS approach to health professionals and support providers across Australia.

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