

Submission to the Department of Human Services

Regarding the
Review of Job Capacity Assessment and the Job
Capacity Account

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Review of the Job Capacity Assessment and the Job Capacity Account

The following responses are provided in connection with the Minister's request for APS views on the Job Capacity Assessments and Job Capacity Account and are based on views expressed by APS National Office Staff, APS Members and psychologists working with those programs. Overall, the response the APS has received is that the programs are comprehensive and at first sight appear to be soundly based. However respondents have raised questions about the manner in which those programs have been translated into practice.

1 Job Capacity Guidelines, particularly as they relate to assessment and referral practices

A range of concerns are raised around this question and are fundamental to our overall support for this professional process:

1.1 Job Capacity Assessments are paid on commission

The consequence of that process is that Job Capacity Assessment providers, and in some cases assessors, receive greater reimbursement if they assess more people. Therefore, in every assessment situation the assessors are pressured to achieve greater through-put rather than quality assessments – the emphasis is always on speed of processing. The concern is that this may be, and often is, at the expense of the quality of the assessment. For example, we have been informed that in some settings psychologists are required to complete thirteen or fourteen assessments and reports each day. The average time taken to complete an assessment and write up an appropriate report would be no less than 90 minutes and in difficult cases significantly longer. To complete fourteen procedures in a day and assuming that no lunch breaks or other relief is offered, no more than 30 minutes is available for each completed assessment and report. No assessment or report completed within that time frame could be considered to be adequate or comprehensive. The Department's published brochure entitled "Important Information about your Job Capacity Assessment" suggest that a Job Capacity Assessment will take between one and two hours. The Department needs to consider means of addressing this issue – perhaps imposing a limit to the maximum number of clients to be seen each working day.

The APS recognises that the delivery of an economic service, the financial viability and the efficiency of the response to client needs are essential; however, there is a need to balance speed and quality of service. Any procedure established by the Department must take both requirements into account.

1.2 The dangers inherent in outsourcing

The APS has argued extensively about the dangers to professional practice, best practice and the increased risk of litigation from such practices. Sadly, these are often not experienced until the outsourcing is completed and the original infrastructure and expert staff obliterated, or alternatively, the poor level of service hides behind poorly monitored services. We argue this case more fully in Attachment 1: Contracting-Out (Outsourcing).

2 The appropriateness and range of the qualifications necessary for Job Capacity Assessors to undertake assessments of people with different disabilities, including those with mental illness

The APS endorses the development of multidisciplinary service provision teams in which qualified professionals offer a broad range of quality services to the clients. However, quality assessment cannot be achieved unless the people providing the assessment are appropriately qualified and have particular expertise in the assessment procedures. There are a number of practices that need review to avoid these dangers.

2.1 **Inappropriate role substitution.**

There is clear evidence of role substitution practices that have been adopted. The decision within the Centrelink structure to transfer displaced staff (whose positions have been made redundant and who do not hold appropriate qualifications and experience) into assessment or counselling roles makes a mockery of the academic and experiential requirements and renders the quality of the outcome of the procedures adopted suspect.

2.2 **Poor use of expertise.**

- The APS strongly believes that clients requiring assessment should be directed to the professionals who have the expertise that will enable them to understand that particular condition. That would require an appropriate triage function conducted by professionals with the significant skill and knowledge needed to carry out that role.
- The APS is adamant in its support for professional integrity. The use of members of a range of allied health and other professions to assess clients with specific psychological needs cannot and should not be condoned. (See Attachment 3, The Myth of Generic Mental Health Roles).
- The Job Assessment Interview is considered to be a generic role; therefore no attempt is made to select the appropriate assessor for each particular client. Consequently, since the assessors come from a range of professional backgrounds, the client may be allocated to an assessor who has no professional training in the particular condition or disability with which that client is struggling. For example, an Occupational Therapist may be asked to assess a suicidal client; or a psychologist may be required to assist and advise patients who have cancer or severe spinal pain that requires medical expertise. (See Attachment 3)
- The APS also believes that there exists a serious risk of litigation and claims for compensation if the Department does not adhere to these basic conditions.

2.3 **Outcomes not throughput.**

An appropriate means of redressing these issues would be for funding to be based upon the outcomes achieved. Rather than the number of clients assessed. If the payment was based upon the number of clients placed in employment, the infrequency with which they return for further assessment and placement, greater emphasis would be placed not on through-put but upon successful assessment and placement. But to achieve that the professional staff would also be required to carry out the follow up and continuing support of clients placed in employment situations.

3 The quality of information recorded during the assessment process, including whether this is sufficient to assist agencies making decisions on income support and/or employment assistance

The quality of the information recorded is dependent on three factors:

- qualifications of the assessor;
- experience and expertise of the assessor; and
- time allocated to the process.

Often significant pressures and impositions on the time taken by a professional are overlooked or ignored when estimating their capacity to achieve outcomes. For example, new graduates require more time than experienced staff to achieve a similar outcome; and experienced staff, whose task includes supervision of newly graduated staff, must allocate significant time to the supervision and support of those staff. This is an unseen but real cost to the organisation and a pressure on outcome quality.

The Job Capacity Assessment instrument is a good screening tool but the rigid application of that tool to the screening procedure and the rule bound manner in which it is required to be followed renders it less than optimally valuable and limiting in its scope:

- 3.1 The rigid emphasis on “tick the box” and “follow the rules” in the procedure results in a good initial screening but assessors need the scope and expertise to make professional decisions and referrals that will enable wise decisions to be made about the most appropriate method of assisting the individual. Opportunity to provide that professional advice is not available to the assessors at present. It has been suggested above that professional staff and flexible time allocations to provision of the task would help to address these issues. Alternatively, a more flexible assessment instrument and less rigid implementation rules would enable the professional to make the most worthwhile contribution. (See Attachment2: Over-regulation)
- 3.2 Time limitations placed on the professionals in order to achieve high through-put of clients result in limited, stilted and inappropriate recording of data. Improvements in quality of recorded material will only be achieved by alteration to the payment of commission based on throughput of client numbers and the consequent severe pressures on professionals’ time available to achieve their results. This would be reduced, perhaps removed, if an outcome based funding system was adopted.
- 3.3 Completion of the assessment instrument is a very time consuming process. While it offers a good guideline for assessment, emphasis on completion of the tool and handing that instrument over to others to determine the final outcome of the assessment is time consuming and not helpful to the assessor or the client.

4 The appropriateness of arrangements to ensure attendance at Job Capacity Assessments

The one great benefit that has arisen as a result of the payment on commission procedures is that it has ensured that provider agencies make contact with clients prior to the allocated appointment time to remind them of the need for them to attend. And even when they fail to attend, follow up is provided to ensure that another appointment time is allocated to the client. The client groups for which these programs are established are frequently unreliable and difficult to support. However, where appropriate frequency of attendance is achieved and qualified and experienced professional staff carry out the assessment and follow-up, we understand that the results are very successful. Where competent professional staff is not available results are, at best, mediocre.

5 The role of the Job Capacity Account program, including the effectiveness of the current referral arrangements to the Job Capacity Account and the Job Network

It is our understanding that the Job Capacity Accounts offer an excellent service that is often underutilized. The service availability is limited to those who are eligible to receive service through the Job Network Area. Thus availability is restricted to the highest functioning clients only. There needs to be broader eligibility criteria for this service so that the service can be delivered to a much wider range of potential clients, including the more severely disabled clients.

Thus referral to Job Capacity Account for counselling varies greatly. That appears to be because some people who could refer clients to that program do not understand or recognise the value of counselling. In other cases, for example, where clients come from a non-English speaking background, counselling is difficult to accomplish unless there is a qualified counselor available who speaks that language. In still other cases there may be a cultural aversion to accepting counselling. Consequently a high proportion of the clients referred for counselling do not attend appointments and of those who do attend, the majority attend only one counselling

session. But of those who do continue to attend very good success has been achieved where the counselor is a qualified psychologist.

It is recognized that approximately 70% of the clients referred for these services have psychological disorders that require qualified practitioners if those issues are to be addressed.

6 Key strengths of the current arrangements and any lessons for the future, from your knowledge of current and past arrangements in Australia and internationally.

- Clients with particular needs should be directed to professional staff with the skill to meet those needs.
- There needs to be a guarantee that only appropriately qualified staff will carry out these assessments and report writing.
- The introduction of commissions for services provided has resulted in acceptance of lower quality services. This would be addressed by adopting an outcome based funding approach.
- The most complex client groups are inflating the number of service provision incidents recorded. If an assessed client is placed in a position they are counted as a completed task. But if that client does not remain in that position they return to the service for reassessment and placement and are counted as another new client. The placements are required to be based on an estimate of the client's employment potential over the next two years, yet with this cohort of clients, without significant support, they may be returning for another assessment after only a few weeks.
- JCA Assessors are required to predict the state of the client's health 2 years ahead. They are required to make this "educated guess" even though most treating doctors when contacted refuse to make such a prediction. This places assessors in a very vulnerable position and should not be continued.

Attachment 1

Contracting-Out (Outsourcing)

The APS considers that contracting-out of psychological services should not be undertaken as an article of ideological faith (as has been the case in some government departments over recent years), but should be driven by the objectively-assessed current and future needs of the service delivery system.

In general (we consider) mainstream psychological services should be provided “in-house” by employed (salaried) psychologists in structured and integrated professional networks. Outsourcing may be justified where specialised expertise is required that is not available internally, where there is periodic overload on salaried staff that cannot be managed by better scheduling of case loads, where a “one-off” task needs to be done urgently, or perhaps where the incidence of cases is not sufficient (as is sometimes the situation in rural and remote areas) to warrant the employment of a salaried psychologist.

Wherever contracting-out is used as a managerial device, it should not result in the hiring of sub-standard professionals or diminution of service delivery standards. Nor should it be used to shift costs onto other areas (e.g. from school or Department budgets onto Medicare), to distance bureaucrats or Ministers from accountability and responsibility for defects in strategic planning or operational delivery of services, or to allow the covert emergence of unacceptable employment or other practices.

It should also be accompanied by careful and high-priority attention to the potential downsides of outsourced service delivery such as the breakdown of strategic planning and effective operational oversight of the service delivery system, particularly lack of integration of service planning with assessment of future professional workforce needs, professional development requirements, and conceptual and practical innovations in services. Outsourcing tends to reinforce the *status quo*, as the prospect of substantive change may well threaten the contractors' roles and financial viability, and has the potential to upset the power and other relationships that are reflected in and/or have resulted from the existing contractor-department arrangements.

This trend is largely responsible for the skills shortages in the health and cognate professions. Forward workforce planning has been virtually non-existent since dependency on outsourcing has become an article of bureaucratic faith. At best it has been an unstructured amalgam of the plans, aspirations or vague intentions of a sub-set of the employer field – mainly hospitals, health departments and larger private clinics. Comprehensive, systematic, and methodically adequate approaches have been sadly lacking.

We do not favour dependence on outsourcing for service delivery. We note and endorse Labour's strong opposition to the Independent Contracts Act 2006 and its cognate Workplace Relations Legislation Amendment (Independent Contractors) Act 2006, notably on 12 September 2006 in the House of Representatives during the Second Reading debate. However our own concerns about outsourcing go back well before that debate – indeed to the mid-1980s.

Also, we wrote to the Secretary of the Victorian Department of Education in 2005 concerning school psychologists' complaints about their professional and industrial employment conditions, many arising from inappropriate outsourcing. The following are relevant extracts.

“Some of the problems appear to flow from Departmental and regional management policies (especially downsizing and deprofessionalisation of salaried-employed staff structures and inappropriate contracting-out of professional services), inadequate resourcing of schools, and inappropriate expectations put on principals and teachers.”

And:

“ lack of specification may also flow from (formal or perhaps informal) Departmental or regional employment plans that eventually all psychological services will be provided by independently practising psychologists employed on a “contractor” basis, and not by salaried professionals located in the school community or servicing a group of schools.”

And:

“Some principals’ hiring of unqualified and unregistered persons to provide psychological services such as assessment of disability.”

We have similar concerns about Job Capacity Assessments and the system of service delivery arrangements in which they are embedded. There is too great a reliance on outsourcing.

We note with concern that 20% of assessments of Job Capacity are currently carried out by 15 “non-government organisations”. (Dept. of Human Services website) However we are advised that many more private providers are involved doing “bits and pieces” of Job Capacity Assessment (hereafter JCA). Such a system may be fairly characterised as loosely-linked (indeed ramshackle), lacking in workable quality assurance and accountability functions, and also lacking in forward planning at macro, mesa and micro levels. It is reactive and unsystematic, rather than proactive and systematic, in assessing and anticipating future needs, and in our experience does not work as effectively as might reasonably be expected to achieve organisational readiness for the foreseeable future.

Attachment 2

Over-Regulation

Perhaps as a response to the defects painted above, governments have tended to be too prescriptive about professional matters that are really not the business of government. We refer especially to prescribing in legislation the professional instruments that are to be used to make assessments of human functioning and disability. For example the Social Security Act 1991 specifies the use of the Wechsler Adult Intelligence Scale (Revised WAIS-R) for IQ assessment. This test has been displaced professionally by the later-developed WAIS 4, and other tests are more suitable for assessing the IQ's of those from linguistically diverse backgrounds. In NSW and Queensland, assessment of permanent impairment for workers' compensation (NSW) or civil liability (QLD) purposes is legislatively mandated to be done using the Psychiatric Impairment Rating Scale (PIRS). The PIRS' scoring is unethical in that it uses the median of 6 measures of areas of impairment, an approach that falsely portrays the real level of impairment by ignoring the two most serious areas of impairment.

Decisions about specific measures should be made by senior professionals (in the case of IQ assessments at least, by senior psychologists qualified and accountable for such decision-making).

Attachment 3

The Myth of Generic Mental Health Roles

Some (few) health academics and bureaucrats have pressed the wrong-headed notion that there are a substantial number of “mental health” service roles and tasks that could be performed by sub-professional staff, akin to the nurse-doctor relationship, but much more generic and independent of professional supervision.

Along similar lines has been the notion that psychologists, social workers, psychiatric nurses and occupational therapists are similar in training and competencies and may thus be treated as interchangeable.

These notions are lacking in a sound theoretical or evidence base, and do not attract the support of most professionals or their associations. Certainly in our view, psychological roles, tasks and competencies are specialised, and psychologists’ competencies are not duplicated in the other professions. Indeed within psychology, there are 9 major specialist areas, many of which are not “health” in theoretical foundations or practical applications. We do not consider even these specialisms within psychology to be interchangeable.

In JCA, the application of such myths and wrong-headed notions would lead to disaster in terms of use of specialist skills grounded in empirically-founded knowledge and good theory. The consequence would be poor decision-making and unskilled interventions, to the serious detriment of the public.