



Australian Rehabilitation Providers Association

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Senator Joe Ludwig
Minister for Human Services
Parliament House
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REVIEW OF JOB CAPACITY ASSESSMENT PROGRAM

Dear Senator Ludwig

Thank you for your Government's openness in reviewing Social Inclusion and Skills policies, especially focusing on the increasingly complex needs of the long term unemployed. Indeed as representatives of the Australian Rehabilitation Providers Association (ARPA) we have recently had a similar opportunity to engage with your colleague The Hon Brendan O'Connor, Minister for Employment Participation. We are impressed by the Government's intention to bring together an inclusive approach to the various policy issues under the Government's Disability Strategy. In particular our members are well placed to be able to assist in developing the broad strategy, including the Mental Health and Disability Employment Strategy announced by your colleague, The Hon Bill Shorten.

Similarly with regard to the review of Job Capacity Assessment Program, our feedback (see attached) is based on the combined experience of members of ARPA. In this new era, under your government, we especially appreciate this further opportunity to participate in the review of these vital services.

1. BACKGROUND

ARPA National is a voluntary non-profit organisation, forming the peak body representing the great majority and the diversity of interests of the agencies of the Vocational Rehabilitation Service Providers in Australia. We have a national membership of approximately 150 member organisations of varying size (from single professional rehabilitation practices, to national networks of multi-disciplinary providers), in turn representing of the order of 1,400 FTE Rehabilitation Consultants. We were initially formed as a federation of state based professional associations in response to the worker's compensation agencies. Now as a national peak body we are leading in assisting with key industry reforms across the country that will benefit not only the rehabilitation industry but also employment participation, especially where those unemployed have complex needs (including injury).

As an industry representative body we can assure you that our members are well placed to deliver on the Rudd Government's belief that "*everyone that can work should work and those who are unable should be supported*".

The aims of our members are to help people gain meaningful, sustainable employment as appropriate to their ability rather than constrained by their economic and demographic circumstances. Even though we are commercially savvy we are also entrusted as custodians of Tax Payers' funds and we are accountable to the highest professional and ethical standards in maintaining:

- our flexibility, effectiveness, and professional excellence in assisting people from all walks of life into work or suitable sustainable support;
- the sustainability of our industry, as our members survive only if we have maintained our proven capability to perform in different state and territory constituencies, under different legislative frameworks, with different policy aims and workers' compensation regimes;
- the demonstrably effective "bio-psycho-social" approach of our member vocational rehabilitation practitioners which enables them to sustain appropriate outcomes for their clients.

Indeed in practicing this philosophy, ARPA's private providers have maintained a good relationship with relevant government agencies, as we are intent upon serving the rehabilitation industry and developing professional practice of our multi-disciplinary casework teams, rather than any particular private interests. For example, your agency, *CRS Australia* has been an active sponsor of our national conferences, as it is for the 2008 National Conference on the Harbour in Sydney, entitled "Influencing Through Commitment and Teamwork", which will be opened by the NSW Health Minister, on Thursday 15th May {see <http://www.arpa.com.au/program.html> }.

Another purpose of this submission is to bring to your attention that we have announced the appointment of **Dr Colin A Sharp** as our first *Chief Executive Officer* of ARPA National. I think you will agree with Minister O'Connor and the Executives of DEEWR that ARPA will be able to contribute further to the industry development, and policy initiatives with this new role in place. He and the members of our Council have many years of relevant experience and insights to offer this review process and are pleased to contribute to it. Indeed we have convened an *Employment Participation Sub-Committee* (Chaired by our former President, George Hallwood) to bring this expertise to a focus on the issues of the Government's new strategy.

As the current National President it is my privilege to provide this response on behalf of ARPA members across the country, who are mainly involved with the worker's compensation administrations and as such experience significant differences in the state, federal and territory policy and legislative environments in which many of us have to contend with confusing, contradictory and sometimes seemingly capricious regimes. Nevertheless a significant number of our member organisations are more active in employment services through employment transitions programs and/or the job network.

With such a wide range of services represented, ARPA is in a strong position to provide relevant feedback for improvement of the JCA program, especially regarding the long-term and complex unemployed, or under-employed. Indeed our members have every incentive to make the system work better, as we are among the main service providers with the relevant qualifications and skills in allied health diagnostic and work capacity assessments, as well as rehabilitation and employment transitions professional services and case management. In contributing we sincerely believe that your government has a unique opportunity to resolve some of the

inconsistencies in the JCA program and their relationship to the disability, VRS, and employment services.

2. RESPONSE TO ISSUES RAISED IN THIS REVIEW

Appendix A provides a summary of our members' responses to your questions. We would be pleased to provide further information or clarification as appropriate.

3. CONTINUOUS IMPROVEMENT: REFERENCE GROUP

In the spirit of continuous improvement which underlies your current review, we suggested to Minister O'Connor that there might be an opportunity to form and/or contribute to a *Reference Group* on these matters which could assist your Government's cohesive approach to refining the policies and processes which so many stakeholders would wish to be improved. As we already have an *Employment Participation Sub-Committee* which has canvassed our members we would be well placed to contribute to the various discussion groups envisioned as part of your Government's commitment to consultation.

Our aims for a meeting with you would follow on from that with Minister O'Connor so that we are able to:

- Explain how ARPA's network and professional expertise may assist the Government in its review of social inclusion and employment participation for the complex and long-term job network client needs and for services to maintain productivity among an ageing population in the workplace;
- Open a dialogue so that we may further develop our understanding of the Government's Agenda in these and other areas relevant to our Members.
- Introduce ARPA's CEO and Executive members so that this dialogue will have a continuity of representation for our members, and ease of communication for you and your Department.

Thank you again for the opportunity to contribute to this important review. We wish you and your colleagues well in the development of this important strategy.

Yours sincerely



Rob Gordon
President
ARPA National

Enclosures

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APPENDIX A: RESPONSE TO ISSUES RAISED IN THIS REVIEW

In specific reference to your questions, we would like to provide the following suggestions which are based on the insights of our experienced members:

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

An important movement in the VRS industry has been the emergence of the holistic *bio-psycho-social* approach to sustainable outcomes for clients. It is recognised that there is a need for an appropriate assessment system as part of an overall point of referral triage process for addressing clients' needs.

However, there are some significant concerns about how the current JCA process was established. Historically, the initial tender process has set base-lines for costing and operational processes which have carried over, to the detriment of the providers, the system and the clients.

There is a concern among our members that the current guidelines place an unacceptable constraint on this professional approach to an holistic assessment of client's needs (e.g. due to the funding of a limited time for the assessment) and appropriate follow up. The current format refers people to where they are *eligible*, not necessarily where they would have their needs *most appropriately met*. This can be counterproductive to effective client engagement and therefore quality of the assessment process and referral outcomes, apart from the effect of the client feeling "pushed through" the process rather than supported in properly addressing their needs.

As part of the complexity which has been compounded over time, the *Guidelines* document has become difficult to navigate for providers and for Assessors to easily access the changes. In addition, the Guidelines have been modified significantly since the new contract commenced, while the EA3000 system has not kept up some of the changes.

ARPA members would be keen to assist in the refinement of the costings, and operational processes to improve the quality of assessment services available and so give better value-for-money for the government.

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

Historically the disability services sector in Australia grew out of the Commonwealth Rehabilitation Service (now *CRS Australia*) which was created under the Post War Reconstruction Act to provide the qualified medical and allied health professional services (including Occupational Therapists, Physiotherapists, Social Workers, Psychologists, Speech Therapists, Rehabilitation Counsellors, Nurses and Medical Practitioners) for wounded veterans. Over the 40 years the CRS became the key service provider for the Commonwealth Employment Service for workers with disabilities, including those young adults with intellectual disabilities who were assessed as suitable for employment through the work preparation programs. Many of ARPA's members have this allied health professional training and multi-disciplinary team ethic, which is crucial to the appropriate provision of JCA services. Importantly our members are trained and professionally capable of both *diagnostic assessments* as well as employment service/support needs assessments. However, not all providers in the Job Network share this background and capability.

Indeed, both types of assessment may be appropriate to determine the best referral of mental health clients, and the engagement of a variety of allied health professionals (especially Occupational Therapists, Physiotherapists, Social Workers, Speech Therapists, Nurses and Psychologists) may be needed to assist these clients in their area of employment and training. We consider that our members with these professional competencies are well qualified to work with these clients to help them achieve their intended outcomes. The success of the JCA assessment process is not only dependent on the need for the skills of a qualified health professional but also on the need for the health professional to have experience in the occupational rehabilitation process of returning the person with a disability to suitable work.

However, our members are concerned that there are cost factors in the current system which mitigate against the adequacy of the assessment practices. The issue is *not the qualifications* of the assessors but *rather their professionally supervised work experience*. As mentioned above the current inadequate costing (see also below) has forced providers to use relatively new graduates to be able to afford the range of allied health disciplines needed to conduct JCAs. But by various circumstances these recent graduates often do not have sufficient *professionally supervised* work experience to effectively complete a JCA with a complex client or a client with mental health complications. We believe that at least 1 to 2 years of professionally supervised work experience would be an appropriate requirement for JCA assessors assigned to complete these assessments.

We consider that the relevant professionally supervised work experience gained by health professionals in the vocational rehabilitation field has provided our JCA assessors with excellent assessment, liaison, and referral skills.

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.

We believe that the quality of JCA reports is dependent on several things which have been interacting to undermine the JCA process:

- a) The *work experience of the JCA Assessor*- see above.
- b) The *amount of assessments* the JCA Assessor is expected to complete in one day. We consider that assessors who are expected to complete 5 to 6 assessments a day on an ongoing basis provide lower quality reports as time is needed to complete the assessments fully and carry out follow up and referral actions.
- c) The *unrealistic pressure to ensure that the JCA always be completed at the time of interview*, which is at times impossible to meet, given the amount of follow-up actions required to complete quality assessments and referrals.
- d) *The fee that is currently scheduled by the Government for JCA assessments* (\$253 Inc GST for standard assessments and \$363 for complex assessments) is considered to be inadequate. The fee does not fully cover the current standard professional fees for the expected work needed by e.g. Medical Practitioners, Psychologists, Physiotherapists, etc. who are being employed to provide the following vital components of the assessment:
 - Follow up and liaison with Medical Practitioners, and other health professionals and service providers etc.

- Investigation of and referral onto appropriate services
- The administration time required to manage individual clients and ensure low DNA rates etc
- The administration/ management time for our JCA contract.
- The current fee for a medical JCA barely covers the interview time. If the fee was increased then an investment in more follow up time could be made. This is especially important as there should be a recognition of the need to gain an adequate sample of behaviour to understand the client's situation and needs, as well as any diagnostic insights, not just a quick interview in the Medical Practitioner's office.

In order to provide high quality assessments and reports, some of our members report that they have spent as much time as required on the management of the contract and individual assessments, at times to the detriment of our income and business return. They are committed to continuing to provide quality assessments, however there is a feeling amongst them that the fees need to be increased to make this viable for all providers with JCA contracts. A reasonable fee will be more likely to sustain the availability of a pool of quality Assessors.

- e) *The current timeliness KPI to complete the JCA report within 10 business days of referral.* Unfortunately, this is difficult to achieve when the client does not attend or reschedules the appointment. Our members report that they have put in a huge amount of procedures and effort to ensure clients do not DNA or reschedule, however this is not always within our control. The JCA interview can often occur after the timeliness deadline which makes it obviously impossible to achieve. Our experienced members consider this to be an ineffective measure and unfair as a KPI. Our members believe that the timeliness KPI should be measured from the time of the JCA appointment attendance by the client.

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

From the experience of some of our members, the following would assist Jobseekers to attend appointments:

- The agency booking the JCA **must** explain to the Jobseeker what the JCA entails and whenever possible, book it whilst the Jobseeker is with them. At present, the client does not always know about their JCA assessment or what it entails. Our members report that they have seen many Jobseekers who have received an appointment letter in the mail to attend a JCA without prior knowledge of the assessment. One of our expectations as an industry of concerned human services professionals is that the referring agency makes the appointment when face-to-face with the Jobseeker.
- The referring agency needs to ensure that the Jobseeker's contact details are up to date, as far as is practicable, to allow for reminder calls and correspondence.
- If the Jobseeker's circumstances change, the referring agency should advise us to assist in the management of DNAs. Our members report that they have experienced situations where the Jobseeker has passed away, been incarcerated, moved state or found employment and the Assessors have not been notified of this.

- Providing the JCA provider with bus passes to make available to jobseekers to attend an appointment, as at times they do not have the funds to get to the JCA appointment.

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

The Job Capacity Account (JCAc) program has been a very effective and a helpful program for Jobseekers. Our members report that they have seen many successful outcomes for their JCAc clients, including obtaining employment as a result of the services provided. We consider that now the program requires increased resources to allow for longer programs for job seekers if required, and a longer duration of time to provide this service.

The current referral arrangements are easy to use and effective. However, not having a restriction (currently 50%) on referring in-house would be more efficient and give the opportunity for the JCAc Consultant to meet the JCAc jobseeker at the conclusion of a JCA assessment. This will enhance the relationship and may reduce DNAs for JCAc services, and provide better outcomes.

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

The key strengths of the Job Capacity Assessment program and the Job Capacity Account program include:

- Ability for clients to have a confidential forum to assess their vocational and emotional needs.
- Use of qualified and experienced health professionals as JCA assessors.
- Direct referral links to appropriate support programs and services increases the effectiveness and outcomes for clients.
- Online computer based format which is easy to use and access
- Good outcomes from JCAc programs assisting clients with psychological and physical support.
- Provision of extensive training manuals, procedures, support and liaison by the Department of Human Services.

LESSONS LEARNED AND OTHER IMPORTANT ISSUES

The relevance of the service provision is related directly to the results of the Job Capacity Assessment (JCA). Many of our members have indicated that the referral to the appropriate PAGES is (due to the current JCA report structure) related to what the job seeker is eligible to enter, not necessarily what is needed. For example, many job seekers with high needs are most appropriate for DEN but the JCA assessor is unable to refer them to this service as their condition is not fully treated. As a result they are referred to the Job Network which does not have the necessary resources.

This could be improved by correct streaming of job seekers to Job Network, DENS, VRS and programmes like PSP. This leads back to correct assessment at the initial stages. This needs to be supported by additional available places in programmes like PSP and VRS. There is a large wait list to access a place in the PSP programme. Equally Fixed Places in the VRS programme for

existing VRS providers are capped at specified levels. The Government policy seems to indicate additional access to training programmes as a precursor or supplement to a relevant employment service. We would support interventions in this area. There is also a need to ensure increased places are available in programmes to eliminate waiting lists.

While it is understood that there are some current services that fit into more than one category, and that PAGES are able to deliver services across the range of programs, the following table (see Table 1) arranges the current DEEWR and other services into three broad categories based on the clients needs.

Table 1 is a conceptual view which attempts to encompass the range of professional disciplines and skills that would be required to provide a sufficient framework for these complicated services. There is not one peak industry group that best represents each of the target areas, but more that the Government should seek to engage the best possible skill base for service delivery. ARPA represents the broadest base of service providers and includes the widest range of professional skill sets, which can provide an inclusive basis for further dialogue among the stakeholders.

Some job seekers need to have access to other programmes like PSP and VRS to address barriers/issues to employment. The reliance of intensive assistance within the Job Network needs to be minimised and supported with complementary access to other programmes (PSP and VRS). There is also a question of ensuring that those HD job seekers are again correctly assessed.

Disadvantaged job seekers will never achieve durable employment success without assessment and interventions to identify and address the individual and work related psychosocial factors that are barriers to disability self-management and work return.

TABLE 1: Range of Services required in the Employment Support Continuum

	COMPLEX NEEDS MANAGEMENT	TRANSITION TO EMPLOYMENT	EMPLOYMENT PLACEMENT SERVICES
<i>Service focus</i>	Preparation for employment programs	Supported job placement based on special physical, psychological or social needs	Job Placement
<i>Delivery skills</i>	Counselling, Allied Health, Support Workers, Retraining	Counselling, Retraining, Allied Health, Job Matching, Employment placement	Employment consulting, Training, Recruitment specialists
<i>Qualifications</i>	Specialist Professional degree and post-grad; Carer Certificate	Allied Health Specialist Professional degree and post-grad;	Job/Employment Placement Certificate
<i>Current Programs</i>	Personal Support Programme Job Placement, Employment and Training Programme Business Services	Job Network Services (specialist) Vocational Rehabilitation Services Disability Employment Network (capped and uncapped) Job Capacity Assessments Job Access	Job Network Services (generalist) Job Placement Licences Structured Training and Employment Projects Harvest Labour New Enterprise Incentive Scheme Green Corps



EMPLOYMENT SUPPORT CONTINUUM

<i>COMPLEX NEEDS</i>	<i>SUPPORTED JOB READINESS</i>	<i>EMPLOYMENT PLACEMENT</i>
<i>Drug & alcohol addiction; Homelessness; Mental health complications</i>	<i>Employment as a solution</i>	<i>Job ready</i>

Bio-psychosocial Rehabilitation is the integration of interventions targeting influential physical, psychological, social, cultural and work factors, into a return to work program. The multi-disciplinary allied health team employed by Rehabilitation Providers is the ideal vehicle to deliver Bio-psycho-social Rehabilitation, integrating the interventions that influence both the individual and the workplace in achievement of required work outcomes.

International evidence in work rehabilitation and pain management has confirmed the following facts supporting the critical role of Bio-psychosocial Rehabilitation in the achievement of successful work outcomes:

- Front-line rehabilitation professionals' ability to detect and intervene in psychosocial risk factors facilitates early improved return to work outcomes.
- Delays in recovery and return to work are more commonly a result of psychological and psychosocial factors than physical pathology.
- Research has clearly determined psychosocial risk factors for prolonged work disability including both those within the individual (perceptions, beliefs and attitudes) and those without the individual (work and social factors).

- Effective prevention of work disability requires development of cost-effective, multi-pronged approaches that concurrently target both worker-related and workplace psychosocial risk factors.
- A favourable recovery and return to work is most likely to be achieved through multi-disciplinary interventions with focus on restoration of function.
- “Explain Pain” education is based within the bio-psycho-social model, it reduces the threat value of pain, gives a biological base to the psychological factors, and improves functional performance.
- Interventions which target working despite pain have the potential to significantly reduce lost productivity.

ARPA’s concern is that jobseekers have varying levels of physical and psycho-social barriers to return to work and therefore the move away from service fees to results based funding places highly disadvantaged jobseekers at risk of poor quality service. Our argument is that results based funding is appropriate for some jobseekers but not all. Purchasers of vocational services for the disabled/injured/disadvantage job seeker should recognise that both types of funding – service fees and results based funding need to be utilised to accommodate varying job seeker needs and not apply a ‘one size fits all’ approach to funding.

At the very least, funding models should carefully balance service/milestone and outcomes fees to avoid unintended behaviours. Thus funding models should be more heavily weighted towards service/milestone fees for highly disadvantaged jobseekers.