



Mission Australia

27 February 2007

Senator the Hon Joe Ludwig  
Minister for Human Services  
Department of Human Services

**Mission Australia**

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Dear Mr Ludwig

**Re: Job Capacity Assessment Submission 2008**

Thankyou for the opportunity to provide our feedback and views on the Job Capacity Assessment programme that has been in operation since July 2006.

Mission Australia have provided a range of employment services since the conception of the current model, including Job Network services, Community Work Coordinator, Work for the Dole, Personal Support Programme, Job Placement, Employment and Training, New Enterprise Incentive Scheme, Green Corps, Transition to Work and Job Capacity Assessment. We have more than 148 years of history in working with the Australian people to enable them to participate fully in all aspects of life.

What follows is a summary of our views in response to your request regarding the key successes and learning points in respect of the sustainability and strengths of the Job Capacity Assessment programme.

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

The Job Capacity Guidelines are highly complex in terms of policy and structure. The combined effect of this complexity has significant issues in terms of correct application of policy as well as training and retention issues.

Structurally, the information provided in the guidelines is extremely fragmented and unwieldy in design. This causes significant difficulty for assessors to learn, and retain, the necessary knowledge and to correctly apply the complex policy contained within them. For example, to ensure a correct referral to a Disability Employment Network, an assessor would need to first consult section 2.3 to understand the nature of the service, then section 2.9 to ensure eligibility, then sections 4.11.3 and 4.11.5 to ensure the duration and type of Support Requirements are correct, then section 9.3 and finally section 11.14. The Guidelines need to be streamlined so that all relevant information is grouped together to assist assessors in correctly understanding complex policy.

The guidelines have significantly increased in size since the beginning of the programme from approximately 200 pages to now over 300, plus guidelines on the JSCI, vulnerability guidelines and task cards and other attachments located on the learning centre. There have been constant revisions to the policies and procedures outlined in the guidelines

since the inception of the programme. These revisions and changes have ranged in frequency from bi-monthly, to monthly, and now quarterly arrangements have been established in consultation with DHS. The additional growth and fragmented nature of the guidelines has made it difficult to find information quickly and easily. This is further compounded by the lack of updating the bookmarks and the downloadable, rather than an online or database, nature of the guidelines. A search function and hyperlinked index would greatly assist in being able to navigate the guidelines. The constancy of change within the programme results in significant ongoing training requirements for staff, impacting on the final quality of the assessments and difficulty in retaining staff. Both of these factors have led to increased costs in implementing the programme that we were not initially aware of when we tendered for the programme.

The revisions to the guidelines have additional implications in terms of additional administrative and work requirements beyond those of the original contract. This ongoing “contract creep” since the beginning of the programme has significantly increased the cost of implementing the programme through the need to employ additional administrative staff to manage the JCAC programme.

Related to these issues is that of the training modules included as part of the learning centre. Since the start of the programme, the training modules have not been rigorous enough to assist assessors in understanding the complex policy behind the JCA process. However, there have been a significant number of changes and additions to the policy, and the training modules have not been updated. This causes significant confusion for new assessors, as they read and are quizzed on one set of policy in the modules and then have to adjust to new policy in the guidelines.

The fragmented and complex nature of the guidelines is replicated in the information technology system (EA3000) framework assessors are required to use. Assessors are required to spend time navigating and gleaning bits of information (in some instances looking for only 1 word) from multiple screens prior to seeing the client. For example, the assessor needs to check all of the following screens for a typical assessment: the Registration screens (there are several tabs), the Central screen, placement history, JSCI, client profile, medical screen, and the front page of the JCA report to collect all of the information required. This is a very time consuming process that is necessary for each client but only occasionally gleans useful information. A much more practical situation would be to have a central screen that all of this information is collected in, allowing assessors to gather the information they require in a consistent and effective manner.

The policy and procedures contained within the guidelines are also highly complex and rigid in nature. This complexity and rigidity often inhibits the ability of the assessor in linking with the client with the most appropriate programme of assistance. Assessors have reported that they regularly have to refer clients to programmes that are inappropriate in their professional opinion. Examples include when having to refer to the Job Network instead of to Disability Employment Networks or Vocational Rehabilitation Services because of waitlists or sufficient medical verification despite a long verified history of the medical condition. A significant reason why clients end up in the wrong programme is because of the restriction caused by the policy settings that determine to what programme a client can be referred.

**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.**

Mission Australia absolutely agrees that being an allied health professional is the minimum requirement necessary for being a Job Capacity Assessor. Allied health professionals possess the necessary background and skill set to be able to consider and critically review the medical, contextual and other information.

Two criticisms that are frequently levelled at the Job Capacity Assessment programme is that clients with disabilities, especially mental illness, are that they are seen by assessors without specific training in the relevant disability and that Job Capacity Assessors do not know what they are doing ending up with clients not getting the help they require. Consumer groups often advocate that clients should be streamed to allied health professionals or doctors that have specific training in the disability possessed by the client. Mission Australia is of the opinion that, at first glance, such a suggestion appears to have good validity and that in an ideal world that such streaming would occur.

However, we feel that such a system is unnecessary for a number of reasons:

1. A large proportion of clients have a significant number of co-morbid disabilities and barriers. For example, a typical example is the client with a mental illness, a back injury, and two or three social barriers as well. It is not practical for a client to see a psychologist for the mental illness, an OT for the back injury and a social worker to assist with the social barriers. Mission Australia's thinks that the current model is the most practical and effective answer to this issue of multiple different types of disabilities.
2. Allied health professionals are trained to know where their expertise ends and when and how to link in with other professionals and sources of reliable information in a multidisciplinary team to complement their knowledge. Thus, they are trained to link into the skills and knowledge of their team and utilise that when they reach the boundary of their knowledge and skills. Allied health professionals also have the training and expertise required to know how to understand medical and other health reports and how to link in with other sources of information to complement that knowledge.

However, while an allied health professional is the most appropriate professional to conduct a Job Capacity Assessment, the current funding and payment levels do not reflect a sustainable basis due to the increase in pay scales for allied health professionals. For example, the Australian Psychological Society recommends that psychologists charge \$192 for a 46-60 minute consultation. The writing of a report costs an additional \$106 to \$192 on top, including documentary review. The average wage for allied health professionals has steadily increased since April 2007 according to the My Career website. Between April and December 2007, the average allied health salary has increased by 9.82%, or \$6,141pa.

**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 gathered during the assessment process significantly relies upon the quality of the referral made to the assessment. There has been greater breadth, depth, consistency and access to information regarding a client's situation and barriers since the introduction of the Job Capacity Assessment service. However, the focus on 10 day timeliness from the day of referral leads to a briefer report that often lacks the justification that is required for PAGES to understand the reason a client has been referred to their service. This is especially true if, at first glance, the client appears to be

better suited to a different form of assistance but the policy framework dictates where the client is referred to.

The significant emphasis on timeliness is a significant issue that impacts upon the quality of the final report and client outcome. The current timeliness performance measure creates administrative burdens and pressure that reduce the availability of appointments (as assessors need to manage their diary sessions to remain timely), reduce the likelihood of sending for a specialist assessment (as a significant number of specialist assessors are booked out for 1-2 months in advance), and creates speed pressures that are well documented in the literature at reducing the quality and comprehensiveness of the final reports.

### **The appropriateness of arrangements to ensure attendance at Job Capacity Assessments.**

There are a number of issues that affect the attendance at a Job Capacity Assessment. In the current system, referring agencies such as Centrelink are responsible for booking the appointment and informing the client. However, the high level of Did Not Attend rates indicate that this process is not sufficient and has forced us to make reminder calls for each client. We frequently are told that they were completely unaware of the appointment, that they needed to bring medical evidence, and that the letter arrived after the scheduled date of the JCA appointment. There are also IT restrictions that affect our ability to ensure that a client attends a JCA. If a client changes their contact details subsequent to them being referred, these new details do not get updated on our system. Thus we are unable to remind them to attend and to bring the information required to ensure they can be referred to the service of best fit.

As a JCA provider, we are responsible for the collection and return of the Medical Information File from Centrelink. This process creates a significant administrative and resourcing burden on both the assessor and administrative staff. Not only does each client's JCA report need to be checked to see if documentation is required for pick up, a courier needs to be arranged and paid for. However, despite the procedure being not to arrange a JCA appointment without the Medical Information File being present, Centrelink often arrange the appointment before they have the documentation ready. This leads to a significant cost involving having to send couriers twice to pick up the same file (once to find it hasn't arrived yet and once to pick it up once it has).

Similarly, if the courier arrives and the staff member responsible for the file is unavailable. Appointments can be arranged at short notice, including on the same day and within 2 hours, again significantly increasing the costs of express courier charges. Nationally, we spend between \$2000-\$3000 per week on courier charges. Either additional funding is required to make this sustainable or a new process needs to be developed. One option is that the documents could be placed electronically on the system; another is all documentation to be collected and returned from central depots in each State and distributed internally by JCA providers. All of these options would significantly reduce the costs incurred by using couriers.

### **The role of the Job Capacity Account program, including the effectiveness of the current referral arrangements of the Job Capacity Account and the Job Network.**

The introduction of the Job Capacity Account is a significant strength of the Job Capacity Account programme, providing short-term intensive interventions for clients who otherwise would struggle to remain engaged in mainstream employment interventions or would have languished on a waitlist for a programme that was a close, but not best, fit.

However, there have been significant revisions of the guidelines since the beginning of the programme that have resulted in a considerable administrative burden and pressure in managing clients who are referred to the Job Capacity Account. For example, for every new JCAc service Attachment H of the Guidelines needs to be completed. It has so far taken approximately 4 months to get the last service approved through the Department using this form.

We are required to effectively case manage these clients without being funded to do so. This is an even bigger burden considering that Mission Australia do not currently offer any Job Capacity Account services, meaning we are unable to recoup costs through the provision of these services. According to the guidelines, JCA providers must track instances of non-attendance, the quality and timeliness of the Job Capacity Account exit report, liaise with the Job Network during and after completion of the service, monitor the quality of outcomes, ensure that the referrals are finalised appropriately, and make sure that the service is completed within 16 weeks after date of submission of the JCA report (section 14.5 of the guidelines).

It is our opinion that there is not enough rigor placed around the measuring of outcomes of Job Capacity Account services. There are very few performance indicators around measuring the quality of these services, with no way of knowing the effectiveness of these interventions for clients beyond the exit report. The administrative burden of managing the Job Capacity Account needs to be recognised and either significantly reduced, primarily conducted by DHS, or appropriately remunerated through a JCAc referral administration fee.

**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 current arrangements of the Job Capacity Assessment programme has a number of key strengths:

1. A higher quality and consistency of information provided to PAGES allowing enhanced service delivery.
2. Significantly improved access to capacity assessments for job seekers, especially for those whose circumstances have changed, as a result of the direct referral from PAGES
3. An integrated model that includes direct referral to Specialist Assessments to further inform the Job Capacity report.
4. Improved ability for PAGES to provide information to further inform the assessment or challenge the assessment.
5. Regarded as independent and objective as a result of responsibility for implementation of the programme residing with the Department of Human Services rather than being restricted under the employment portfolio.
6. The Department of Human Services has a very consultative and responsive approach to implementing the programme. This approach has resulted in improved policy and IT systems that have resulted in better outcomes for clients.

There are, however, a range of factors that have limited the effectiveness of the current Job Capacity Assessment service:

1. The complexity and rigidity of the policy framework results in qualified allied health professionals not being able to exercise their professional judgement and training to recommend a client to the most appropriate service.
2. Referral decisions being driven and restricted by the information technology system, inhibiting professional judgement and the fit between client and the optimal service to assist them.

3. Insufficient allocation of resources to provide quality, holistic and in-depth assessments and reports.
4. Insufficient resourcing to meet the administrative demands of the programme, especially in the case of the Job Capacity Account.
5. Insufficient resources to effectively management demands clients engaged in interventions through the Job Capacity Account.
6. The restriction that the client cannot be referred until the report is submitted, resulting in either a rushed report written with the client present, or referring the client to a service at a later date. Statistical data from DEEWR suggests that a referral made with a client present is significantly more effective.

We appreciate the opportunity to present our views regarding the Job Capacity Assessment services and would welcome to discuss them in greater detail with yourself or the Department in greater detail.

Yours Sincerely

**Peter Richardson**  
Executive Leader – Employment Service  
Mission Australia