



Response to the

**Review of the Job Capacity Assessment
Programme and Job Capacity Account
Services**

For the
Hon Joe Ludwig MP
Minister for Human Services

February 2008

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1. Introduction

NESA is the peak body for Australian Government employment services. NESA is the only National peak body which represents all providers including community, private, public and Government sector member organisations and which represents all Commonwealth funded employment service programmes including Job Capacity Assessments.

The National Employment Services Association welcomes the opportunity to provide feedback to the Minister for Human Services on the review of Job Capacity Assessment and Job Capacity Account Services.

This submission seeks to respond to the specific areas of interest outlined in the Minister's request including meeting the objectives identified in the Government's Social Inclusion policy encompassing the fundamental concept that to be socially included, people must be given an opportunity to secure a job, as well as to access the services they need, to connect with others, to deal with personal crises such as ill health, and to have their voices heard.

2. Executive Summary

In the Minister's request for submissions on the Job Capacity Assessment Programme and meeting the objectives identified in the Government's Social Inclusion policy, the areas of interest outlined included:

- Job Capacity Assessment guidelines, particularly as they relate to assessment and referral practices;
- 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;
- 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 appropriateness of arrangements to ensure attendance at Job Capacity Assessments;
- The role of the Job Capacity Account Programme, including the effectiveness of the current referral arrangements to the Job Capacity Account and the Job Network; and
- Key strengths of the current arrangements and any lessons for the future, from your knowledge of current and past arrangements in Australia and internationally.

This submission seeks to respond to these specific areas of interest as well as other areas of the policy, systems architecture and administration associated with Job Capacity Assessments and the Job Capacity Account.

As the Government considers the extent of reform it wishes to pursue, the industry offers the following key recommendations it believes will assist with the improvement of the programme. These recommendations should be applied in the design of the programme and support the reform of current arrangements including the policy framework. A number of recommendations are made as follows:

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

1. The JCA model should be strengthened to improve the engagement and participation of job seekers by adopting more features tested in the early intervention and engagement pilot (EIP).
2. One of the key features of the EIP was the emphasis on connecting clients with the service of 'best fit', which should be built into a future JCA model. In order to achieve best fit it is sometimes necessary to waive normal eligibility criteria and ensure access to service by lifting caps on service.

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3. In a preferred model Job Capacity Assessors (JCA's) should be able to conduct an assessment and make two distinct recommendations. One in relation to work capacity for income support determinations and secondly assess service needs and make referrals on criteria of best fit.
 4. Assessors require the ability to work in concert with providers of employment services to whom they are referring.

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

5. DHS to continue to reduce the revision of guidelines, unless urgent to a three monthly basis.
6. DHS to improve communication processes with DEEWR who as the policy owners are the authors of the substantial quantum of the guidelines and any changes.
7. Revisions to guidelines which have implications for work requirements outside those identified in the request for tender should be negotiated with providers.
8. All guidelines should be available as an online document.
9. JCAs should be resourced to case manage clients with suspected undiagnosed mental health conditions through Specialist Assessments.
10. Guidelines for access to Specialist Assessments are broadened to ensure that there are no obstacles to JCAs using such services when suspected undiagnosed conditions are reported from employment service providers or Centrelink.
11. JCAs consider that future arrangements should be based on a two hour standard assessment (including report writing, following up with treating doctors and the like) and four hours for high needs clients.
12. JCAs should be appropriately funded to complete the JSCI in all cases not just when there is not one on the system.
13. Performance measures which influence the integrity of the individual recommendation based on assessment should not be used.

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

14. The industry considers that the professional qualifications required for JCA is adequate to support quality assessment and should not be increased.

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.

15. All providers of employment services now have access to Job Capacity Assessment reports which enable them to build on the information as part of the intake and assessment process on commencement into service. This practice should continue.
16. Employment service providers feel that it would be in the interest of all stakeholders if there was a more formal challenge process created.
17. In cases of special circumstances there should be the capacity for the challenge period to be extended.

The appropriateness of arrangements to ensure attendance at Job Capacity Assessments

18. Providers to be assessed on timeliness from the first appointment to completion of the report.
19. There should be an emphasis on the contact between the assessor and the client to negotiate a mutually convenient appointment time.

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20. More flexibility in the length of diary sessions would enable JCAs to more efficiently manage resources.
 21. Require better accessibility of Medical Information Files including a more cost effective system for JCA providers.
 22. To have a more proactive risk management approach where there is a known history and risk

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.

23. Moving forward, the Job Capacity Account should be supported by a case management fee for the JCA's.
24. In some circumstances, removing the cap on the ratio that can be provided internally and externally would allow JCA's to use the Job Capacity Account more effectively.
25. The industry supports that the time frame for Job Capacity Account interventions should be extended to six months.

3. Background

In the early 1990's the Labor Government introduced an initiative to outsource selective employment services assistance. Competitively tendered Contracted Case Management services were delivered through Government, private and community sector organisations and administered through the Employment Services Regulatory Authority. Australia's employment services architecture has changed dramatically over the past decade.

Centrelink was created by the Commonwealth Service Delivery Agency Act 1997. Centrelink took on responsibilities and service delivery functions of the then Department of Social Security (DSS) and the Department of Employment, Education, Training and Youth Affairs (DEETYA) Student Assistance Centres. Importantly, it also became the main gateway to employment assistance and assumed the coordination of referrals to the DEEWR administered Providers of Australian Government Employment Services. Reform of Australian employment services soon followed with the establishment of the Job Network in March 1998 as the primary delivery agent of Australia's employment services in an open and competitive market.

An important part of the gateway function has been the delivery of assessments of job seekers to support their appropriate referral to employment assistance. The assessment process has included basic screening through the administration of the Job Seeker Classification Instrument and more intensive assessments. Centrelink initially operated an assessment model which streamed a person to a particular type of assessor depending on the person's primary impairment.

There has been ongoing reform of the gateway services in efforts to achieve continued improvements in services. In September 2002, the Australian Government introduced the Australians Working Together budget initiative. As part of this initiative a 'Better Assessment and Early Intervention' measure was introduced to provide a greater focus on the assessment of work capacity. It was intended that this process aid the identification of early interventions, with a view to maximising the social and economic participation of people who are ill, injured or have a disability. This included strengthening and integration of internal and external assessment activities to provide advice to Centrelink regarding a person's work capacity. This included increased interaction with customers seeking exemptions and presenting medical certificates or doctor's reports.

Better Assessment and Early Intervention Pilots were conducted in 2005 which had the stated objective of providing an opportunity to:

- further refine assessment and referral processes for DSP applicants/review and New Start and Youth Allowance NSA/YA job seekers who seek exemption from activity test requirements due to disability, illness or injury (NSA/YA Incapacity);

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- test whether the one consolidated assessment could replace or be used as an alternative to post JSCI assessments ;
 - identify the extent and nature of short term intervention service gaps, which may impact on the participation levels of the DSP and NSA/YA incapacity cohorts.

The pilots were generally considered to be successful and provided a basis for development of assessment and engagement processes. The Government introduced Job Capacity Assessments as part of the Welfare to Work reforms in 2006 with the stated intent of assisting people to work to their capacity.

The Job Capacity Assessment Programme has been operating for approximately twenty months and is heading towards the end of current arrangements. NESAs would like to offer the following responses to those areas of interest as outlined in the Minister for Human Services invitation for submissions. The industry considers that JCAs have contributed to a number of improvements in the employment services framework which can be built upon in future arrangements.

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

Prior to 1 July 2006 Centrelink operated a Better Assessment model which streamed a person to a particular type of assessor depending on the person's primary impairment. The introduction of the Job Capacity Assessments replaced this system of assessment which was often lengthy in process, fragmented and very detached from service provision. Prior to the introduction of Job Capacity Assessments employment service providers had extremely limited access to assessment reports. In addition to being difficult to access assessment reports, they were highly variable in content and quality. Please refer to **Appendix 1** for an outline of the previous model and feedback from the industry regarding their views of the required change.

Organisations contracted to undertake Job Capacity Assessments employ a range of allied health professionals. An issue which should be clarified upfront however is that Job Capacity Assessment is not about diagnosis or prognosis of a person's medical condition. Job Capacity Assessors are required to use their specialised knowledge and experience to review medical and other evidence to assess work capacity in accordance with policy settings and to provide information which Centrelink can use in its determinations.

Job Capacity Assessors have the opportunity to refer people for specialist assessments if this is required. In addition the Job Capacity Assessor is asked to identify barriers to employment, recommend interventions, identify available and suitable programmes and where appropriate generate referrals to these programmes in accordance with eligibility and policy settings.

The introduction of the Job Capacity Assessments has contributed to strengthening the employment services framework. The Job Capacity Assessment model has a number of strengths and its introduction has resulted in the following improvements to assessment processes:

1. Greater consistency in the assessment process.
2. Greater consistency in the process of referral to assessments.
3. High quality and consistent format of information to support Centrelink income support determinations.
4. Improved access to assessment appointments both for new clients and those with changed circumstances with the introduction of direct referral from providers of employment services.
5. Greater responsiveness in assessment services with improved timeliness experienced between referral, appointment and report.
6. Improved efficiency of assessments with an integrated model which streamlines referral to Specialist Assessment where required.

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7. Improved access to information to support service provision with assessment reports now consistently available to all employment service providers.
 8. Significantly better quality of assessment information being available to employment service providers.
 9. Improved access to assessment services with waiting lists in non metropolitan areas being reduced significantly.
 10. Improved opportunities for communication between assessors and providers of employment services to clarify issues identified in the assessment and better support interventions.
 11. Improved client referral to and connections with providers of employment services.
 12. Greater opportunity to challenge outcomes of the JCA or provide additional evidence to inform a review of the decision without necessarily having to restart the process.
 13. Job Capacity Assessments becoming a compulsory activity has supported improvements to service provision to those clients who have low awareness or insight into conditions such as mental health.
 14. Introduction of the Job Capacity Account has enabled better early engagements of clients who are experiencing short term but significant barriers to participation in mainstream services.
 15. Greater integrity of process and broad overview alignment with other income support and service frameworks is achieved with responsibility for JCA implementation being with the Department of Human Services rather than being restricted within employment.

This being said there are opportunities for development that could be made which would result in further significant improvements. These developments would enhance the experience and flow through to underpin a more effective employment services framework and support employment assistance to clients.

There is widespread agreement that a major strength of the current JCA model is in the assessment of clients work capacity to provide information to Centrelink to assist in income support determinations.

It is the view of the industry that JCAs have been performing their responsibilities to refer clients to employment assistance in accordance with policy settings with a high level of accuracy. The role of the JCA in referral to employment services however has come under some scrutiny and this issue will be addressed in more detail later in this submission.

The JCA model's effectiveness has been limited by a number of factors including:

- Interdependency of work capacity assessment and service recommendations.
- Rigid and complex policy guidelines providing too little flexibility for professional judgements of assessor in recommending service of best fit.
- Over automated decision making structure driven by Information Technology and providing too little flexibility for professional judgements of assessor.
- Inadequate resourcing to realistically deliver quality assessments and to deliver all specified service requirements.
- Inadequate resourcing of non metropolitan JCA services with loadings applied to only very narrowly defined remote and very remote locations.
- Inadequate provision of resources to case manage clients undertaking Job Capacity Account interventions.
- A performance assessment framework which is not adequately aligned to objectives.

The development of the Job Capacity Assessment Programme commenced with the Early Intervention and Engagement Pilot. These pilots were conducted between April and June 2005 with an objective to improve the early engagement of people with a disability and inform the implementation of the proposed Comprehensive Work Capacity Assessments later renamed Job Capacity Assessments. Please refer to **Appendix 2**, Early Intervention and Engagement Pilot Outline.

The JCA model could be strengthened to improve the engagement and participation of job seekers by adopting more features tested in the pilot. Positioning JCA to provide improved support would contribute to participation in employment services and contribute to better social inclusion outcomes. To achieve this, the JCA must be objective to not only conduct assessments and referrals but also be appropriately resourced and empowered to support job seeker's capacity to participate and the engagement of job seeker's with employment services as was demonstrated in the EIP pilot.

The Early Intervention and Engagement Pilot (EIP): Evaluation Report (DEWR September 2005) findings indicated that the assessment and engagement processes trialled in the EIP resulted in a range of substantial improvements to the assessment model in place. EIP included a trial of a Pilot Prevocational Assistance Account similar to Job Capacity Account.

It should be noted that providers of employment services consider that one of the key features of the EIP was the emphasis on connecting clients with the service of 'best fit'. In order to achieve best fit it was necessary to waive normal eligibility criteria and ensure access to service by lifting caps on service for EIP participants. Assessors in the EIP could more effectively use their professional judgement in recommending and connecting clients to the service that could best meet their service need. This is a key issue in the employment services framework for all stakeholders including JCA providers.

One understands that legislation and rules about access to income support need to be closely governed and regulated. The process of determining work capacity for the purpose of income support needs to be supported by evidence which is credible, objective and verifiable. There are clear policy requirements regarding what may or may not be considered in the assessment of work capacity for income support determinations. Many factors outside consideration for income support determinations are central to the accurate assessment of client service needs.

Within the current employment services framework service eligibility has been constructed around assessed work capacity and income support type. This has created an interdependency which results in JCA service recommendations which do not reflect 'best fit'. A review of international streaming models demonstrates an increased move away from models which create such interdependencies in acknowledgement that they are counter productive.

Recommendations about appropriate service interventions are ideally made based on a holistic assessment of the individual. This will cover a range of factors including the clients' capacity to work, skills, aspirations, training needs, their ability to work in the context of the local labour market, and the level of support they will require to participate in employment assistance as well as in work.

Importantly, in determining service of best fit, a good assessment would consider barriers to employment in the context of the clients' real and immediate circumstance. For example it may be determined that with intervention a client will be able to work 30 or more hours. In identifying the service of best fit ideally an assessor should be able to consider a range of factors such as the clients self awareness, willingness to pursue interventions, the availability of services required to assist them, what support they will need until they are able to access services and how well they will be able to participate.

In a preferred model a JCA should be able to conduct an assessment and make two distinct recommendations. One in relation to work capacity for income support determinations and secondly assess service needs and make referrals on criteria of best fit. We acknowledge that to fully implement such a model it would only be possible if DEEWR was to review its service eligibility structure. However, any adjustments that would enable JCA to consider a broader range of factors in making service recommendations would assist to improve the current service framework.

The EIP report indicates that as a result of developing a rapport with participants during the assessment, a streamlined assessment process supported better connection to employment assistance. The evaluation report indicates that the EIP performed very well in contrast to Better Assessment which took 44% longer to complete. However, in the implementation of JCA there has been an over emphasis on timeliness which in the view of the industry may compromise quality.

Further, JCA's were previously penalised for over performing on timeliness. However, this occurred without notice about the implication of over performing on timeliness and without any corresponding evidence that the quality of assessment was impacted. Providers note that in some areas they have been able to exceed timeliness benchmarks and that they have no indications that quality has been impacted. Furthermore providers note that they are able to decrease timeliness without improving quality. Measures such as this which are not founded on a strong evidentiary base are counter productive to the performance of the JCA Programme. Department of Human Services has since reviewed this in consultation with providers and revised arrangements are to be clarified.

While information technology allows the electronic transfer of assessment reports there appears to be some disconnection in how recommendations are actioned. Initially there were many clients who remained in services even though the JCA recommendation indicated they would be appropriately serviced elsewhere or should not participate in services for a period. This has largely been addressed since JCAs have been able to directly refer to a larger range of programmes.

A key factor that contributed to the outcomes of the EIP was the ability of Assessors to work in concert with providers of employment services to whom they were referring. In this way the Assessors were more integrated into the service network. It was noted in the report that contact with service providers at the time of referral contributed to the engagement of the job seeker and reduced the likelihood of inappropriate referral. Such contact enabled clarification of the appropriateness of the referral and allowed for discussion of the job seeker's needs, in the presence of the job seeker.

Assessors involved in the EIP indicate that the involvement of the job seeker in this communication supported their clarity of expectations and reduced apprehension they may have had about participation. The report indicates that less than 1% of EIP job seekers were declined service after the provider had accepted a referral over the phone.

Service providers attributed the high motivational impacts observed in the EIP to the improved accessibility to services and the connections to the provider at the point of assessment. One of the providers involved in the trial recommended a short term low-level case management approach to secure positive engagement and participation outcomes.

An issue identified in the EIP as impacting on the speed was access to the clients' information sent to assessors by Centrelink prior to the interview which was often found to be incomplete. A referral to assessment was not supposed to be made until the Medical Information File (MIF) Envelope was complete. Information Technology systems were also recommended to improve the provision and sharing of information and streamline work processes.

The experience of providers involved in the trial and confirmed through further feedback and reports indicates that a number of the key elements to the success of the trial were omitted or have received considerably less focus in the implementation of JCA. Given the efforts placed in evidence based development of the JCA initiative it is surprising that the findings were not more closely considered for the 2006 framework.

Recommendations:

1. The JCA model should be strengthened to improve the engagement and participation of job seekers by adopting more features tested in the early intervention and engagement pilot (EIP).
2. One of the key features of the EIP was the emphasis on connecting clients with the service of 'best fit', which should be built into a future JCA model. In order to achieve best fit it is sometimes necessary to waive normal eligibility criteria and ensure access to service by lifting caps on service.
3. In a preferred model Job Capacity Assessors (JCA's) should be able to conduct an assessment and make two distinct recommendations. One in relation to work capacity for income support determinations and secondly assess service needs and make referrals on criteria of best fit.
4. Assessors require the ability to work in concert with providers of employment services to whom they are referring.

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

The JCA Guidelines are complex in both nature and structure and while the response will address each of these areas separately it should be noted that in combination this complexity has an added detrimental impact on JCA.

Revisions to the JCA guidelines have occurred on a regular basis, initially as frequently as once per month. Since the introduction of the JCA service guidelines they have evolved and grown substantially from approximately 200 pages in the initial version to now in excess of 300 pages. In addition to this there are JSCI and vulnerability guidelines for JCAs and a range of attachments and task cards housed in the Learning Centre. Revisions to the guidelines have included added or clarified information, changes to conditions on which recommendations are to be made, changes to work flow and additions to work requirements.

Providers acknowledge that it is and will always be necessary to refine such guidelines to capture emergent issues or changes to the broader framework of which JCAs are part. However, the pace and level of change to guidelines represents a threat to the quality and accuracy of JCA.

JCA providers consider it positive that the Department of Human Services has been responsive to their concerns about change management and have initiated a consultative process to support more effective development and implementation of revisions. With the new process a goal to reduce the frequency of revisions, unless urgent, to three monthly has been established. JCAs are now in a position to review proposed changes and provide feedback about the clarity of change requirements, implementation implications and the ability to provide feedback about those areas which traverse contracted arrangements. The new process also includes an opportunity for JCAs to inform implementation requirements to ensure that issues such as staff training or resources can be addressed prior to changed guidelines becoming effective.

This process could be further strengthened by improving communication processes with DEEWR who as the policy owners are the authors of the substantial quantum of the guidelines and any changes.

Revisions to guidelines which have implications for work requirements outside those identified in the request for tender should be negotiated. Continued increases to work requirements have implications for the quality of services provided and undermine the integrity of the purchasing process.

5.1 Structural Elements of the Job Assessment Guidelines

The structure of JCA guidelines is complex, fragmented and highly descriptive. In the practical application of the JCA guidelines providers need to cross reference a number of sections to ensure that they are making the correct determination or are implementing the correct work process. As a downloaded document opposed to an online document the guidelines are difficult and time intensive to search.

5.2 Guidelines and Policy Supporting Referrals

There has been a call from many sectors to review JCA qualifications to address the perceived shortcomings of the programme. It is clear and understandable that there is a reaction to what from a distance must be seen as questionable professional judgment underpinning recommendations. The industry strongly considers that it is the policy to which the JCAs are subject which has resulted in decisions which have brought the adequacy of professional qualifications into question.

It is the view of the industry that JCAs policy and procedure relating to the provision of recommendations and information to Centrelink to inform income support eligibility decisions in accordance with the Social Security Act is working effectively.

In contrast recommendations about service access are proving more controversial. The current requirements for qualified allied health professionals are supported; however policy and processes do not allow these skilled professionals adequate scope to exercise professional judgment. JCAs report that the current policy requires them to make service recommendations, that on the basis of their professional judgement they would not deem as best fit to meet clients' service needs. This has been a major source of work dissatisfaction for JCAs and contributed greatly to staff turnover. Policy, the rigidity of process and guidelines are reinforced by IT systems and performance monitoring and assessment mechanisms. The information technology system ensures that the options available to an assessor are dependent and limited in relation to recorded responses and drives the recommendation accordingly.

NESA has presented a number of JCA recommendation case studies to DEEWR for review. In each case it was clear that the JCA recommendation was correct according to policy and equally clear that the service needs of the job seeker were not going to be appropriately met by the recommended service. A clear illustration of this is the current guidelines governing the provision of employment assistance to clients with 0 – 7 hours work capacity:

Exert from JCA Guidelines:

Clients who are volunteers for PAGES assistance because they have a future work capacity of 0-7 hours should only be referred to JN services IF they specifically request employment assistance from the service.

Job Network assists many people with a disability effectively however these clients often require higher levels of service and ongoing support than can be met by Job Network. Furthermore current policy does not guarantee that these clients will even receive the highest level of service in Job Network. Job Network providers do not even have the option to invest potential outcome rewards in service assistance as no outcome is currently payable for assisting these clients into work appropriate to their assessed capacity.

There have been recommendations for the current framework to include increased specialist JCAs with clients referred to qualifications specifically suited to their issues and barriers.

While this may seem ideal there are a number of factors which would make such a strategy in the mainstream, impracticable:

1. There would have to be a clear assessment of the clients barriers prior to the referral to a JCA to determine what qualification is most appropriate
2. The level of co-morbidity of conditions is extremely high
3. The primary presenting issue is often not the most significant barrier making the identification of the most relevant specialist assessor challenging
4. Undiagnosed mental health conditions are not supported by evidence even though they may be a primary barrier and often available medical evidence relates to other physical conditions.
5. Employment service providers consider that clients with low awareness and insight are more responsive to be referred to general assessment and are likely to have a higher non participation rate in assessments branded as specialist mental health
6. It would be extremely challenging to source the range of specialist assessors to meet the diverse needs of the population and to coordinate and manage market factors to allow them to remain responsive and viable.

The assessment model in place prior to the introduction of the JCA attempted to deliver specialist assessments. The experience of providers was that clients often had to undergo a number of assessments and as previously indicated the process became fragmented and lengthy. This experience was counterproductive to clients' motivation and engagement.

The current framework also inadequately addresses the needs of clients with undiagnosed conditions particularly mental health.

JCA Guidelines

It is important to understand that JCAs are not medical consultations and do not in any way take the place of primary health care provision. Assessors are required to identify medical conditions based on available evidence and where no evidence is available about a suspected medical condition, to encourage the client to seek medical advice. Assessors must record details of any unverified conditions and any relevant discussions with the client to ensure that Centrelink and/or PAGES are aware that the client may need further medical attention.

The legislative requirements for conditions to have been: diagnosed, treated and stabilised for income support determinations are acknowledged. However the range of barriers and impacts associated with episodic and unstable, untreated and/or undiagnosed conditions impact on service needs, even if they cannot be considered in the assessment of work capacity for income support determinations. Service eligibility criteria have been developed to be highly interdependent with assessed work capacity and income support type.

The current model allows providers to use specialist assessment where required to obtain further evidence of conditions. However, the use of specialist assessments is clearly monitored and as such the guidelines state usage is expected to be low with anticipated usage in approximately 2% of cases.

Feedback provided in the lead up to implementation from providers of employment services was that the incidence of undiagnosed conditions was significant. In particular, the incidence of clients experiencing low awareness of their mental health condition and who were resistant to seeking medical confirmation was high and an ongoing barrier to appropriate service provision. Undiagnosed conditions cannot be recorded as permanent and therefore the client is excluded from a number of employment service assistance options which may be better suited to their service needs.

Current arrangements include the capacity for JCAs to request Specialist Assessment where they consider it is required to determine reduced work capacity and the client agrees to participate. The framework could be strengthened to better support clients with undiagnosed mental health conditions. The impact of not achieving a complete assessment in the current framework is that these clients are often challenged in maintaining activity requirements. Furthermore they are often unable to advocate for themselves if they are reported for a participation failure. Clients who have low awareness of their condition are more likely to report, for example, they simply forgot an appointment and the industry believes they will therefore be more susceptible to the application of a penalty.

It is recommended that JCAs are resourced to case manage clients with suspected undiagnosed mental health conditions through Specialist Assessments. It is also recommended that guidelines for access to Specialist Assessments are broadened to ensure that there are no obstacles to JCA using such services when suspected undiagnosed conditions are reported from employment service providers or Centrelink.

The establishment of rapport between the assessor and client is important in all assessments but particularly so where a client has low awareness or is reluctant. Current arrangements do not provide adequate resources to support assessment sessions with clients of high support needs. Current arrangements only provide for a higher service fee where impairment tables are required. To elicit sensitive information and overcome resistance more time is needed with clients to develop rapport and trust where there is a suspected undiagnosed mental health condition. In addition the number of clients who attend JCAs in crisis is above that which was anticipated. JCAs often spend full days supporting a client and assisting them to access other appropriate support, where it is available. Frequently JCAs call on their own specialist staff to provide support to clients in crisis.

JCAs consider that future arrangements should be based on a two hour standard assessment (including report writing, following up with treating doctors and the like) and four hours for high needs clients.

The guidelines and resources put into place to support JCA conduct a review of the Job Seeker Classification Instrument (JSCI) are not operating. The JSCI is a significant determinant of service levels to be achieved in Job Network and providers can only update some sections. The workflow requirements are not consistent with how an interview is run. For example, initially the client had to be present for the JSCI to be completed which meant the client had to wait until the report was finalised and submitted. After months of representation DEEWR amended the guidelines and now permit the JSCI to be completed without the client present. The system only flags that a JSCI needs to be completed where there is not one on the system. In all other cases completion of the JSCI are optional. JCAs are not appropriately funded to complete a review of the JSCI and manage the associated administrative charges. Job Network providers report a high level of dissatisfaction with current arrangements and believe that clients are not receiving the level of service they should as a result.

This is particularly significant when the clients referred to the Job Network and should be classified as highly disadvantaged attracting a higher level of funding.

While data regarding levels of reassessment are not available, it is the experience of providers that there is a higher level of reassessment than would have been anticipated. Some of these reassessments are systems driven and triggered by Centrelink in response to issues such as submission of medical certificates. JCA providers conduct assessments as per guidelines however often the clients service recommendation will change and they will be directed to another employment assistance programme.

The disconnection from one service to another often has a negative impact on the client and service provider. For example, if a client has been in the Personal Support Programme and making progress you would expect their situation to have improved. In a number of cases PSP clients submitting medical certificates were removed from PSP at a point in time where the provider was about to achieve an outcome. The current guidelines require the JCA to make contact with the provider to inform them. However, one must question the rationale of the policy when it disrupts a successful service intervention close to its conclusion.

5.3 Performance Assessment Framework - Referral

The performance assessment model includes a number of measures of their referrals to employment services against profiles. The industry considers it is highly problematic that any performance measures are used which influence the integrity of the individual recommendation based on assessment.

There is a flawed assumption that employment services areas (ESA) are homogenous in nature. There is performance measures designed to capture for example, the referral profile within an ESA and assess JCA referral performance against this. While there is some latitude offered from the 'average' this is insufficient to reflect the diversity of communities and the concentrations of disadvantage that can exist within ESAs.

The timeliness performance measure places pressure on JCAs to complete and submit reports quickly. In many instances it is necessary for completion of a quality assessment for JCAs to contact treating doctors to confirm or clarify issues, diagnosis and prognosis. Without such clarification JCAs report that there would be compromises to the quality and accuracy of the recommendation and an increase in challenges to assessments. Contact with medical personnel is extremely challenging and JCAs report that it regularly takes some days and numerous attempts to get in touch with them. The amount of time that a JCA can wait to clarify issues is limited by the timeliness measure.

Recommendations

5. DHS to continue to reduce the revision of guidelines, unless urgent to a three monthly basis.
6. DHS to improve communication processes with DEEWR who as the policy owners are the authors of the substantial quantum of the guidelines and any changes.
7. Revisions to guidelines which have implications for work requirements outside those identified in the request for tender should be negotiated with providers.

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8. All guidelines should be available as an online document.
 9. JCAs should be resourced to case manage clients with suspected undiagnosed mental health conditions through Specialist Assessments.
 10. Guidelines for access to Specialist Assessments are broadened to ensure that there are no obstacles to JCAs using such services when suspected undiagnosed conditions are reported from employment service providers or Centrelink.
 11. JCAs consider that future arrangements should be based on a two hour standard assessment (including report writing, following up with treating doctors and the like) and four hours for high needs clients.
 12. JCAs should be appropriately funded to complete the JSCI in all cases not just when there is not one on the system.
 13. Performance measures which influence the integrity of the individual recommendation based on assessment should not be used.

6. 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

The JCA service guidelines indicate the following requirements for JCA staff professional qualifications.

Job Capacity Assessors' Qualifications

JCAs are undertaken by a wide range of allied and other health professionals including but not limited to:

- Registered Psychologists
- Physiotherapists
- Occupational Therapists
- Speech Pathologists
- Rehabilitation Consultants
- Registered Nurses
- Medical Practitioners
- Exercise Physiologists
- Audiologists
- Social Workers

Assessors with allied health profession qualifications must meet all relevant State/Territory registration requirements and any other mandatory accreditation or competency-based standards applicable to their profession.

Assessor Skills and Experience

Assessors have a broad range of skills and experience in:

- assessing the impact of medical conditions and disabilities on
- individuals' ability to work;
- conducting interview-based assessments; and
- facilitating workforce attachment for people with disabilities and/or medical conditions;

Assessors also need to have:

- a sound understanding of general labour market issues and
- employment service provision;
- an in-depth understanding of factors affecting their local labour market;
- disability, cross-cultural and mental health awareness and sensitivity;
- experience in the use of interpreters in assessment interviews;
- strong communication skills and the ability to effectively connect clients with PAGES;
- an in-depth understanding of the assistance available from PAGES and related services in their local area; and
- highly developed report writing skills.

Assessors are also required to undertake mandatory DHS training prior to commencement of their duties.

It should be noted that we are of the understanding that the requirements for professional qualifications of JCAs represented an increase on the minimum requirements for those previously applied to Centrelink staff involved in similar assessment activities, prior to the implementation of JCAs.

The industry considers that the professional qualifications required for JCA is adequate to support quality assessment and should not be increased. However, the industry strongly believes that the payment structure for JCAs does not reflect a sound basis on which to attract and retain allied health professionals and this should be addressed in future arrangements. To illustrate please refer to **Appendix 3** for current recommended fees for psychologists. Please note that the fee structure is in addition to cancellation fees whereas JCAs currently must absorb the cost of failures to attend.

Recommendation:

14. The industry considers that the professional qualifications required for JCA is adequate to support quality assessment and should not be increased.

7. 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

It is the view of providers of employment assistance that since the introduction of JCAs there has been a significant improvement in access to and the quality of information that they receive in assessment reports.

Prior to the introduction of Job Capacity Assessments many providers of employment assistance were not able to access any assessment information. This resulted in clients being required to go through multiple assessments one at the gateway and one with the service provider. The assessment in this way was completely separated from service provision and there was a resulting frustration on the part of clients. All providers of employment services now have access to Job Capacity Assessment reports which enable them to build on the information as part of the intake and assessment process on commencement into service.

Previously, information about work capacity was often not transferred to information systems that providers of employment assistance had access to. Where it was evident that a client would have had a reduced work capacity because they had been granted DSP for example, a manual process to get this information from Centrelink would have had to be undertaken. The introduction of JCAs has seen a major improvement into recording of information.

Currently employment service providers have a period of twenty eight days in which they can challenge a JCA assessment. A provider can contact a JCA if they believe the recommendation is incorrect or other information has become available that warrants a review of the decision. The ability for the employment service provider and JCA to enter into discussions is positive. Where the provider and assessor cannot agree the decision rests with the JCA.

Employment service providers feel that it would be in the interest of all stakeholders if there was a more formal challenge process created. It is our feedback that providers of employment assistance will often seek DEEWR advice on the decision. It is a concern that in many of the cases cited the providers reported that DEEWR referred them back to the JCA. It is a concern that DEEWR did not consistently capture the opportunity to better inform employment service providers about JCA policy and guidelines.

It would be unnecessary to uniformly extend the period to challenge an assessment however it is worth noting the limitations of the current structure. While 28 days is generally a sufficient period of time, if the client experiences delays in commencing with employment assistance for example because of waiting lists or client ill health preventing attendance, the provider has few options. This is a more significant problem in non metropolitan areas where services are offered part time or on a visiting basis.

Therefore, in such instances of special circumstances the period in which to challenge should be extended.

Recommendations:

15. All providers of employment services now have access to Job Capacity Assessment reports which enable them to build on the information as part of the intake and assessment process on commencement into service. This practice should continue.

16. Employment service providers feel that it would be in the interest of all stakeholders if there was a more formal challenge process created.

17. In cases of special circumstances there should be the capacity for the challenge period to be extended.

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

In the implementation of JCA there has been an over emphasis on timeliness which in the view of industry has compromised quality and access.

Current timeliness measures are creating administrative pressures and increasing the level of non attendees. Importantly, it is the experience of providers' that these measures are reducing the accessibility of appointments.

The current performance framework measures timeliness from referral to completion of report. The only means that providers have to manage their performance on this measure is to ensure that they only make appointments available five days in advance. This issue is most critically felt in regional and remote areas where full time services may not be available or clients' live considerable distances from offices and require more notice. Furthermore this lack of future appointments has created an invisible wait list. The five day measure is in tension with other employment service programmes and client notification requirements. There are many reasons why an appointment within 5 days does not meet these requirements and therefore a backlog of referrals is building up with employment service providers.

Providers have been calling for a change and believe they should be assessed from first appointment to completion of report. This would enable them to open more appointments and improve client access without unfairly jeopardising their performance ratings. This situation has not been addressed as yet.

Diary functionality incorporated into the information technology system in principle is highly desirable. However, coupled with timeliness measures, and reduced communication with job seekers the system is creating inefficiencies. Service providers receiving referrals in the Early Intervention pilot which was not supported by information technology reported that the appropriateness of referral and rate of commencement in programmes was high and that the non-attendance rate at the initial interview was low. A contributing factor cited in this was the emphasis on contact between the assessor and client to negotiate a mutually convenient appointment time. The evaluation report indicates that the EIP performed very well in contrast to Better Assessment which took 44% longer to complete.

JCA's report that in their efforts to improve attendance they often contact clients to remind them of appointments. The number of clients who report that they are unaware of their appointment is of concern and is reflected in the high *did not attend* rates. Often letters advising clients of their appointment arrive after the date for which it is scheduled. In non metropolitan areas there are also increased considerations which need to be given to access to and the cost of transport. Processes which enable assessors to be more flexible with clients without suffering performance measures would improve the framework.

The current diary functionality offers JCA's the capacity to create available appointments but they are all of standard duration. Typically it will take longer to assess a client who is attending for an appointment related to a new DSP claim or review of eligibility.

This is acknowledged in the payment structure but not in appointment functionality. More flexibility in the length of diary sessions would enable JCAs to more efficiently manage resources.

The Medical Information File is highly important to the assessment process. Job Capacity Assessors are responsible for collection and return of files. Arranging collection of the files is resource intensive and with current timeliness pressures puts a large burden on JCAs. This again is particularly felt in non metropolitan areas. Often the JCA does not receive all relevant information.

The most recent information is usually made available while other historic information is in archives and not retrieved for collection by the JCA. Without the files the JCA is unable to complete the assessment and may have to reschedule appointments.

To meet requirements JCAs have found themselves having to have files collected by overnight express couriers the cost of which can exceed the total fee paid for an assessment. Prior to the implementation of Job Capacity Assessment the responsibility for coordinating Medical Information Files, remained with Centrelink, including transport to and from assessors. It is the view of providers that current arrangements undermine the equity in the market between Centrelink as a JCA provider and those contracted externally to provide this service. Further, it has been suggested that this responsibility should return to Centrelink's jurisdiction.

Another relevant point in relation to appointments is that current incident reporting processes for recording incidents are limited to those involving behaviour sufficient to have called the police. These reports are made available for twelve months after the last incident to all receiving organisations. However, there are other matters which have resulted in service exclusion and additional security precautions which have not been recorded. There is a desire to achieve a more proactive risk management approach where there is a known history and risk.

There have been a number of serious incidents where clients who have been known to be of high risk have been referred with no communication to the receiving provider including JCAs. Communication processes and recording procedures throughout the employment services framework including gateway and employment assistance services need to be strengthened significantly. A major area is the notification of clients who pose a risk to the safety and well being of staff and other service users.

Recommendations:

18. Providers to be assessed on timeliness from the first appointment to completion of the report.
19. There should be an emphasis on the contact between the assessor and the client to negotiate a mutually convenient appointment time.
20. More flexibility in the length of diary sessions would enable JCAs to more efficiently manage resources.
21. Require better accessibility of Medical Information Files including a more cost effective system for JCA providers.
22. To have a more proactive risk management approach where there is a known history and risk

9. 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 enables JCAs to purchase intervention services of short duration to address participation barriers for clients who would otherwise be assessed as ready to obtain assistance from the Job Network. This model was also trialled in the Early Intervention Pilot (EIP).

In the EIP approximately one quarter of completed assessments contained a recommendation for a short term intervention. Counselling, in various forms (psychological, career etc) was the most commonly recommended intervention, followed by health interventions and various forms of vocational assistance including rehabilitation and pain management.

Around 37% of individuals who had recommendations for short term interventions were not referred. Assessors reported that this was a consequence of:

- a lack of local services to meet job seeker needs, particularly in rural and remote areas;
- long waiting lists, particularly for funded programmes, examples provided included
- programmes for drug and alcohol issues, mental health and torture and trauma counselling;
- high cost of private services; and
- job seekers, not assisted through mainstream programmes, may find it too difficult to connect with the recommended service.

Many of the issues preventing referral to short interventions under EIP remain as impediments to more effective application of the Job Capacity Account.

The Request for Tender indicated that Case Management Services would not be required of JCAs in coordinating Job Capacity Account funded interventions. The industry gave clear feedback that in its experience many of the clients requiring Job Capacity Account funded interventions would require case management support. It is believed that case management support would increase the success of interventions and reduce the level of non participation or drop out through the process. It is the recommendation of NESAs that moving forward the Job Capacity Account is supported by a case management fee for the JCA. Within the current arrangements an administrative fee should be claimable by JCAs for the additional services not funded under the contract.

The work and evidentiary requirements supporting Job Capacity Account has continued to grow. JCAs are now required to undertake many case management tasks even though they have not been funded to do so.

There is currently a ratio of services that can be applied internally by the JCA through the Job Capacity Account and that which must be sourced externally. As noted in the EIP a lack of accessible and affordable local services is a major barrier to this initiative. In some circumstances, removing the cap on the ratio that can be provided internally and externally would allow JCAs to use the Job Capacity Account more effectively. A lack of external services to provide Job Capacity Account interventions has become more problematic given the increased requirements in the guidelines. Many external service providers have noted that the requirements are excessive and have chosen to withdraw as Job Capacity Account providers. The sourcing of suitable external services in regional, remote and rural areas can also prove to be very challenging.

The lack of accessibility to services often stretched to capacity means that connecting clients quickly is problematic and therefore completing interventions within three months becomes less likely. The industry supports the initiative that the time frame for Job Capacity Account interventions should be extended to six months.

The Job Capacity Account is deemed to be a useful tool which can enhance the capacity of the client to participate and reduce the anticipated time to achieve economic participation. This initiative also supports improved social inclusion through improving access and supporting clients to connect with services. Many clients entering employment services have no community support and are receiving no services. It is the view of employment service providers and JCAs that this initiative should be extended to clients being referred to other types of assistance not only Job Network but also Vocational Rehabilitation Services and the Disability Employment Network, and should include referral to all phases of the Job Network continuum including Intensive Support Customised Assistance (ISCA). The Job Capacity Assessors are in a good position to exercise professional judgement if the interventions would improve prospects for the client. This would flow into better performance of employment services. Another point to be considered is to make it a mandatory requirement for a client to participate in Job Capacity Account services at least for an initial interview.

A current performance measure in place requires that JCAs are applying Job Capacity Account funded interventions in a certain percentage of cases. Providers are concerned that this may create perverse incentives to refer people for whom this is not the best course of action.

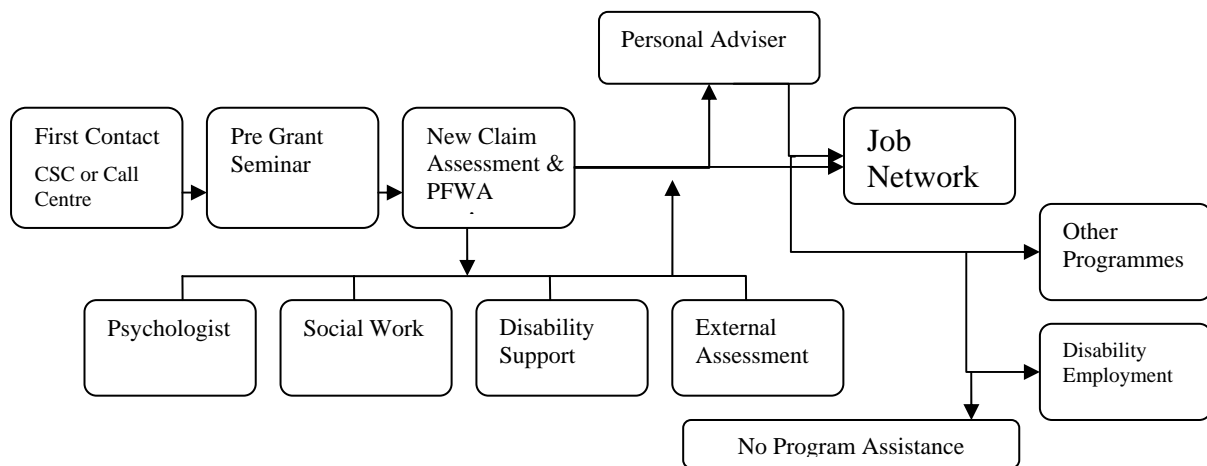
Recommendations:

23. Moving forward, the Job Capacity Account should be supported by a case management fee for the JCA's.

24. In some circumstances, removing the cap on the ratio that can be provided internally and externally would allow JCA's to use the Job Capacity Account more effectively.

25. The industry supports the initiative that the time frame for Job Capacity Account interventions should be extended to six months.

Description of Assessment Services



The initial contact is made either through the Centrelink Call Centres (CCC) or Customer Service Centres (CSC). When Newstart Allowance (including incapacitated) and Youth Allowance (job seeker) claimants make initial contact the Customer's Contact Date and their general circumstances are recorded using Accessing Assistance (AA), an online tool that guides the screening process and a new claim interview and Preparing for Work seminar is scheduled. Preparing for Work information seminars are generally conducted as a group session. The delivery of information regarding income support, participation, including obligations to provide information and undertake activities (e.g. update change of circumstances, job seeker diary recording) and local employment assistance disseminated in the seminar.

Increased information and support to job seekers at the Gateway about the Job Network is considered to be required. Information provided to job seekers at seminars is inconsistent and is delivered with a diverse range of other material and can be overwhelming to job seekers.

The completion of the Job Seeker Classification Instrument (JSCI) assessment is a key of the 'new claim interview'. The JSCI covers a range of factors that may impact on achieving employment. Outcomes and appropriate referrals identified by the process are discussed with the job seeker. These outcomes may include referral to Job Network or further assessment via a JSA (JSCI Supplementary Assessment). If the job seeker is identified to be from a priority group i.e.: indigenous or mature age they will be referred to a personal adviser who confirm the most appropriate service and initiate the referral.

A JSCI Supplementary Assessment (JSA) is an assessment completed by Centrelink Disability Officers (CDOs), Centrelink Psychologists or Social Workers. There are three main types of JSAs. Single, dual or multiple JSAs can apply to a job seeker. They are: JSA (Disability); JSA (Personal Factors); and JSA (Special Needs Assessment). At an assessment, the specialist officer assesses barriers and special needs the job seeker has and their impact on the job seeker's ability to benefit from a variety of employment assistance programmes, including Job Network, Disability Employment Assistance (DEA), Vocational Rehabilitation and the Personal Support Programme (PSP). In addition, a Further JSA (FJSA) may be required in some circumstances.

An FJSA can only be generated by a specialist officer completing a JSA (SNA) where further time is required to assess the job seeker's needs.

Access to Job Network services may be voluntary for some fully Job Network eligible (FJNE) job seekers e.g. those referred to Disability Employment Assistance (DEA) programme, Vocational Rehabilitation (VOR) or the Personal Support Programme (PSP). If the job seeker chooses to access the Job Network, the referral will be qualified, indicating to the JNM that the job seeker is receiving other assistance. If they choose not to access Job Network, then the referral is deferred until the program has been completed. In other cases, referral to the Job Network may be deferred if it is not appropriate for

an FJNE job seeker to access the Job Network immediately e.g. the job seeker is temporarily incapacitated for work.

Further Assessment - Specialist roles

In the case of the JSA (Personal Factors) the assessing specialist makes a judgement about the level of impact of these personal factors, and does not assess eligibility for alternative employment assistance.

A JSA generated by a Centrelink staff member can be completed using the following methods: face-to-face interview; using a current JSA (12 months or less) of the same type; using a current Better Assessment (two years or less); or a file review if a job seeker does not attend two scheduled JSA appointments and is determined as likely to benefit from Job Network.

The need for a JSA can be generated by a JNM by recording on their computer system that the job seeker has had a change in circumstances since being assessed by Centrelink staff. This must be completed by a face-to-face interview.

While activity tested job seekers must attend interviews with Centrelink as a condition of receiving their income support payment, they are not compelled to reveal information about their disability or personal circumstances.

Personal Adviser (PA) role

Centrelink PAs provide extra help to customers and assist eligible people to find work, increase their level of participation in their community and participate as fully as possible. PAs ensure that people are aware of the range of help available and make appropriate referrals where relevant. Their work entails working with eligible mature age people, parents, Indigenous Australians, people with disabilities and other people at risk of long term welfare dependency, to assist them in getting a job or participating as fully as possible. PAs talk to people about their situation and encourage them to identify any challenges they may have in getting a job or in getting involved in the community. The PAs work with people to identify their goals and options, and develop individual Participation Plans to achieve these over time. They ensure people get the right help by referring them to service providers, linking them to other community support groups and keeping in touch with them about their progress.

6 months unemployed (Centrelink contact): If on NSA/YA, the job seeks aged 18-49 may be required to enter into a Mutual Obligation (MO) Preparing for Work Agreement with Centrelink e.g. Work for the Dole, part-time work, education and training, community work, New Apprenticeships Access Programme.

Non-activity tested customers

First Contact

Assessing Assistance is not conducted for Sickness Allowance or DSP claimants and students. If a customer is expected to be incapacitated for two years or more, or the customer does not know how long it will be before they can expect to return to work, the combined claim for payment for people with disabilities, illnesses or injuries should be sent or handed out, accompanied by the booklet 'Are you someone who is ill, injured or has a disability?'

Assessment

In addition to the usual information required to assessment an income support claim eg. proof of identity, marital status, income and assets, dependents, if a person is claiming a payment because they are ill, injured or have a disability or are caring for someone who is ill, injured or has a disability they will be required to provide medical information.

External Assessment

Under arrangements, introduced as part of AWT, certain customers are streamed by Centrelink staff to one of a range of assessors for a single assessment according to their individual needs.

The assessments help Centrelink to assess income support eligibility and activity test requirements (i.e. whether to exempt customer from requirements, or develop individual activity test arrangements

appropriate to their work capacity). The assessments also inform or identify barriers to participation and intervention recommendations thus helping Centrelink make referrals to personal development, rehabilitation and disability employment assistance, Job Network or other appropriate assistance. Suitably skilled and trained disability CSOs or Centrelink Disability Officers (CDOs) undertake the streaming for customers lodging Combined Claim Forms (SA317) and for DSP reviews. Incapacity experts are responsible for streaming NSA/YA customers (with injury, illness or disabilities). Assessments are undertaken by: Centrelink Psychologists; Work Capacity Assessors; Medical Assessors; or CDOs (DSP customers only).

Service Offer Interview

Depending on the customer's circumstances, needs and payment type, the Service Offer Interview may be conducted face to face, or by telephone.

For DSP customers, a Service Offer Interview forms an integral part of the income support determination and referral process. At the interview, the customer is provided with a range of referral options appropriate to their circumstances. The recommendations from the appropriate assessor(s), informs this process.

The objectives of the Service Offer Interview are to:

- Identify any other issues the customer wants to discuss if not already identified in the assessment report
- Ensure correctness of payments and that customers receive all their entitlements
- Ensure the customer is aware of obligations and notification requirements
- Maximise employment outcomes for job seekers with disabilities, illnesses or injuries by adopting an early intervention approach
- Link customers to services that may assist them in achieving participation in the workforce and/or community life, or increase the likelihood that this will occur in the future, and
- Provide an ongoing contact strategy to ensure that customers are supported to achieve their goals.

Employment services feedback

Extracts from:

Job Network - Meeting Australia's Demographic Challenges, Future Directions for Employment Services: An Industry Discussion Paper, NESA February 2005

Centrelink is currently the primary gateway to Australian employment services. An effective gateway is crucial to the efficiency of Australian employment services. Where the gateway and service interface does not operate efficiently, administrative and service impediments are created which affects customer service, participation and performance.

When people make an application for income support their eligibility and capacity to participate in employment services is also assessed. Depending on their circumstances income support applicants are required to participate in a number of interviews and assessments prior to engagement in service delivery. **See Appendix 1 for description of the Gateway process.**

The employment services industry believes that there is an opportunity to streamline gateway services to improve the quality and speed of engagement. The areas of assessment and programme streaming in particular have potential for improvement.

Rapid engagement is central to maintaining job seekers involvement in the labour market, preventing the erosion of their skills and maintaining confidence in their capacity to find employment. In widening the participation net and to attract more welfare recipients to make the choice to return to the workforce the appropriate supports must be available. Facilitating greater access to services and removing barriers that inhibit job seeker engagement are imperative. This is particularly so when these job seekers can choose to withdraw themselves from the labour market if unduly frustrated.

Centrelink has demonstrated a strong commitment to work with Job Network to address issues. The quality of the professional assessment or support conducted by Centrelink is not in question. There is a need, however to develop ways in which assessments can be more closely integrated with employment services provision so that they can be used to better inform and direct choices made by providers in tailoring their services to individual income support recipients.

The current disconnection of the assessment process from the services delivery agent somewhat diminishes the value of the professional intervention. Indeed in the majority of cases the Job Network does not get access to the results of assessment. The complexity of the streaming processes unnecessarily delays job seeker engagement and in many instances these results in reduced engagement rates.

The industry understands, for example, that approximately 85% of mature aged job seekers are referred to the Job Network after being interviewed by a Personal Advisor. The time taken to complete this interview process may delay engagement to the Job Network by months. While the provision of additional attention to some groups of job seekers by Personal Advisers is positive, the resulting delays in engagement in the Job Network are problematic. Greater efficiencies and effectiveness might be achieved by implementing immediate referral to Job Network with referral back to Centrelink or to a complementary programme where additional assistance is required. Employment service providers are of the belief that early intervention and engagement adds to the probability of achieving economic outcomes for job seekers.

The current gateway model has to date only achieved quite modest results in terms of increasing workforce participation of non activity tested or voluntary job seekers. Currently of Australia's 700,000 Disability Support Pension recipients approximately only 2% are engaged in employment services through the Job Network. The Disability Support Pension Pilot project interim evaluation report indicated DSP recipients' awareness about their eligibility to access employment services through Job Network was generally low. While the evaluation of this short pilot is incomplete, and although the pilot only involved 37 Job Network specialist sites it has demonstrated the Job Network's potential for increasing participation of this group.

Most of the DSP pilot focus group participants had searched for jobs on their own, but were dissatisfied with their unassisted efforts. It is also apparent from the pilot experience that the capacity of the Job Network to directly engage these job seekers has the ability to increase the appeal of services and the level of voluntary engagement. The employment services industry believes that addressing the real and perceived barriers and disincentives for voluntary job seekers (rather than increasing obligations or requirements) will be the most effective means of achieving successful engagement, participation and reducing welfare reliance. DSP pilot participants indicated a strong desire to participate in the workforce but also showed equal concern in risking their income support and other concessions if they were unable to sustain employment. Understandably a major concern for this group was the potential loss of health care card benefits.

Participants in the DSP pilot evaluation focus groups saw Centrelink primarily as an agency providing income support rather than a source of help or information about employment, study or other opportunities.

Job seekers reported a reluctance to request support about finding employment to the same organisation to which they had to prove an inability to work.

The complexity of the current system also creates confusion. Feedback from pilot providers suggested some DSP job seekers were reluctant to use Job Network because they wrongly thought this would make them subject to activity test obligations. The DSP Interim Pilot Evaluation (2004) report states *"While around one third of Pilot participants recalled that Centrelink had provided them with information about the benefits of working, available employment services, and entitlements, focus group participants expressed concerns about the reliability of such advice"*.

To achieve a more productive and effective employment services market the interface between the gateway and service provision requires greater integration and streamlining. There are considerable

productivity gains to be had from improvement in the operational relationship, structures and processes between Centrelink and employment services. Job Network providers believe they are in a prime position to adopt greater responsibility in gateway activity and to make a larger contribution to engagement and participation as a result. It is acknowledged that there may need to be some changes to legislative frameworks to enable this to occur.

- 1. An improved employment gateway model which delivers an integrated assessment, streaming and service delivery approach should be adopted. To achieve this, a review and rationalisation of the current stakeholder roles, delegated responsibilities and resource allocation for employment gateway services is required.**

Appendix 2 - Early Intervention and Engagement Pilot Outline

Purpose

The pilot provides an opportunity to:

- further refine assessment and referral processes for DSP applicants/review and NSA/YA (o) job seekers who seek exemption from activity test requirements due to disability, illness or injury (NSA/YA Incap)
- test whether the one consolidated assessment could replace or be used as an alternative to post JSCI assessments
- identify the extent and nature of short term intervention service gaps, which may impact on the participation levels of the DSP and NSA/YA Incap cohorts.

Aim

The aims of the pilot are to test:

- refined processes around assessment and referral of DSP applicants/review and NSA/YA Incap with a focus on reducing the time between application/review and determination of grant
- whether more comprehensive assessments, and direct referrals to service providers, of DSP applicants/review and NSA/YA Incap by external assessors reduces the time taken for service offer/referral
- whether the involvement of external assessors in the referral process increases the voluntary participation rates with workforce participation services of people newly claiming or receiving DSP and NSA/YA (o) Incap applicants/review
- the capacity of different organisations to undertake comprehensive wholistic assessments of DSP applicants/review and NSA/YA(o) Incap applicants /review, to identify work capacity, barriers to participation, appropriate interventions and directly refer to appropriate interventions and/or workforce participation services
- the extent and nature of short term interventions service gaps and whether direct purchase of recommended short term interventions by employment services is feasible or appropriate
- which elements of the pilot processes would be sustainable and affordable nationally
- examine the extent that NSA/YA Incap job seekers participate in interventions identified to increase their work capacity on a voluntary basis

Target

- NSA/YA (o) new applicants for exemption from the activity test, extension to current exemption and reviews.
- DSP new claimants and review.
- A sample of job seekers in trial areas identified as requiring a JSA (Special Needs or Disability)

Proposal

1. All job seekers seeking an incapacity exemption will be referred for a consolidated assessment unless:
 - their condition or injury is clearly expected to last for less than 13 weeks; and
 - the individual's work capacity is less than 8 hours per week; and
 - it is the first claim for the current condition.
2. All DSP claimants (except those clearly manifest DSP) and DSP recipients identified for review will be referred for a consolidated assessment. Please note that legally blind clearly manifest will NOT be excluded.
3. A sample of job seekers in trial areas who trigger a JSA will be referred for a consolidated assessment.

-
4. Assessors, in partnership with the department, will help develop an enhanced assessment report that fulfils the requirements of a number of existing reports.
 5. Customers referred for an external assessment will undergo a modified process as proposed by each of the participating assessing organisations.
 6. As well as fulfilling legislative requirements for payment determination the process will focus on participation through early referral to interventions. Assessors to refer (with the customers agreement) to employment services such as Job Network, CRS and DEA regardless of whether an exemption or DSP is granted or not, prior to payment determination by Centrelink.
 7. Assessors to directly refer NSA/YA (Incap) claimants/recipients and DSP claimants/ recipients (with the customer's agreement) to recommended short interventions such as pain management, motivational counselling, adjustment to disability, anger management etc. Assessors to promote the provision/purchase of recommended short interventions by employment services.
 8. Ensure provision of the consolidated assessment report to Australian Government funded service providers and Centrelink.

Information sessions for all service providers in the designated pilot areas were conducted from the 4 - 8 April 2005 in Queensland, Victoria and Western Australia. [A copy of the presentation is now available \(PPT 628KB\)](#).



APS National Schedule of Recommended Fees (*not incl. GST*) and Item Numbers* for Psychological Services

The Recommended Fee Schedule in place from 1 July 2007 until 30 June 2008

SERVICE DESCRIPTION		Service Time (minutes) ¹						
		1-15	16-30	31-45	46-60	61-75	76-90	91-120 ²
Initial Consultation	Item Number*	I01	I02	I03	I04	I05	I06	I07
	Recommended Fee		\$106	\$146	\$192	\$236	\$278	\$361
Subsequent Consultation	Item Number	SO1 ³	SO2	SO3	SO4	SO5	SO6	SO7
	Recommended Fee	\$53	\$106	\$146	\$192	\$236	\$278	\$361
Psychological Assessment ⁴	Item Number	PA1	PA2	PA3	PA4	PA5	PA6	PA7
	Recommended Fee		\$106	\$146	\$192	\$236	\$278	\$361
Clinical Psychological Assessments	Item Number	CA1	CA2	CA3	CA4	CA5	CA6	CA7
	Recommended Fee		\$106	\$146	\$192	\$236	\$278	\$361
Neuropsychological Assessment ⁵	Item Number	NA1	NA2	NA3	NA4	NA5	NA6	NA7
	Recommended Fee		\$106	\$146	\$192	\$236	\$278	\$361
Report Preparation ⁷	Item Number	RO1	RO2	RO3	RO4	RO5	RO6	RO7
	Recommended Fee		\$106	\$146	\$192	\$236	\$278	\$361
Case Conferences ⁸	Item Number	CO1	CO2	CO3	CO4	CO5	CO6	CO7
	Recommended Fee	\$53	\$106	\$146	\$192	\$236	\$278	\$361
Telephone Consultation	Item Number	PO1	PO2	PO3	PO4	PO5	PO6	PO7
	Recommended Fee	\$53	\$106	\$146	\$192	\$236	\$278	\$361
Travel Time	Item Number	TO1	TO2	TO3	TO4	TO5	TO6	TO7
	Recommended Fee	\$38	\$63	\$95	\$127	\$158	\$190	\$222
Family or Other Group (of 2 Clients)	Item Number	F21	F22	F23	F24	F25	F26	F27
	Recommended Fee		\$53	\$73	\$96	\$118	\$139	\$180
Family or Other Group (of 3 to 4 clients)	Item Number	F31	F32	F33	F34	F35	F36	F37
	Recommended Fee		\$35	\$49	\$64	\$79	\$93	\$120
Family or Other Group (of 5 or more clients)	Item Number	F51	F52	F53	F54	F55	F56	F57
	Recommended Fee		\$21	\$29	\$38	\$47	\$56	\$72
Attendance ⁹ at Court or Legal Briefings ¹³	Item Number	LO1 ¹⁰	LO2	LO3 ¹¹	LO4	LO5	LO6	LO7 ¹²
	Recommended Fee		\$192	\$219	\$288	\$354	\$418	\$541

Disclaimer: These fees are recommended only. Members are able to vary these fees at their discretion. For explanations of the notated numbers from 1 to 13, please see opposite page.

*These item numbers are not to be confused with the Medicare Benefits Schedule (MBS) item numbers.

Notes and Guidelines on the application of the APS NATIONAL SCHEDULE OF RECOMMENDED FEES (not including GST) and Item Numbers for Psychological Services

Please ensure that your clients are aware of your fees prior to entering into a professional relationship with you.

Guidelines for preparation of accounts**

The account should show:

A. Your Provider Number

(if relevant, as issued by the relevant fund)

B. These words: Consultation:

Date:

Item Number:

Name(s) of person(s) seen:

In order to avoid confusion, you are advised not to show any further detailed description of the service provided, as the Item Number indicates this.***

C. Australian Psychological Society Recommended Fee (according to Item number): \$.....

D. Agreed Payable Fee (as negotiated with the clients(s) and if different from the recommended fee): \$.....

Cancellation Fees**

Fees for cancellation of appointments made for psychological services can be justified if no replacement service is billed for the lost time. Your policy for the charging of cancellation fees should be discussed with the patient/client or the service requestor. Written information detailing your policy on cancellations should be available for clients/referring agencies, e.g. printed information sheet or detailed on appointment cards. The following is a general guideline only. In the instance of a

46–60 minute service:

- 0–24 hours notice 'Full fee'
- 24–48 hours notice 50% of fee
- 48 hours -7 days notice 25% of fee

Prepared by the APS Professional Practice Advisory Group.

The Advisory Group welcomes feedback on the National Schedule. Submissions and comments may be forwarded to the APS National Office.

** *Medicare Australia has its own requirements and procedures for accounts which you should be familiar with if providing services under the Medicare Benefits Schedule (MBS). These are set out on the APS website under Medicare.*

*** *Some health funds are requesting inclusion of diagnostic information on accounts. You should only include this information where there has been an explicit arrangement between the health fund and clients. If this is part of their contractual arrangement, you may be obliged to include such details. Otherwise, it may contravene confidentiality requirements.*

If these items parallel Medicare Australia rebatable items but the client chooses to claim against their health fund, including the words "not being claimed under Medicare" may assist client claims.

1. These fees are calculated on the assumption of 66% productivity – one hour of billable time will involve an additional average of half an hour of associated non-billable professional time (e.g., referral source letters, phone calls, test scoring etc.). This productivity ratio is assumed to decrease slightly for items of less than 46 minutes and increase slightly for items over 60 minutes.
2. The fee rate for services estimated to be of more than 2 hours in duration should be negotiated with the client or referral source.
3. This item is only used for brief client contact related to ongoing management/treatment (e.g., brief client consultation, ward round etc.). Note that this item is not considered appropriate for writing letters to referral sources, phone calls, etc. which are considered non-billable items (refer to footnote 1).
4. Time spent on face-to-face client interview or testing of intellectual, personality, interests or other capacities or traits for the purpose of educational, vocational or other assessment or guidance.
5. Time spent on face-to-face interview or testing by an appropriately qualified psychologist for purpose of assessment or diagnosis of psychopathology. Note that it is the ethical responsibility of the psychologist only to provide services that are within the limits of the psychologist's area of training and competence.
6. Time spent on face-to-face interview or testing by an appropriately qualified psychologist for purpose of assessment of brain functioning. Note that it is the ethical responsibility of the psychologist only to provide services that are within the limits of the psychologist's area of training and competence.
7. A report is a psychological service that is directly requested by the referring agency or client. Thus reports prepared for clients are usually done so on the basis of explicit written consent from the client or legal guardian. A report is a structured presentation typically including such components as relevant psychosocial history, history of presenting issues, present condition, test results, opinion and intervention recommendations. Professional letters to medical or other referral agencies concerning treatment needs of the client are not considered to constitute reports (refer to footnote 1). For clients requesting reports, it is the responsibility of the psychologist to clarify the procedures and costs involved prior to report preparation. For extended reports, it is the responsibility of the psychologist to negotiate fee arrangements with the referring agency prior to preparation of the report. Note that report preparation time is inclusive of relevant file and document review.

General guidelines for report length and item numbers:

RO2 = 1 page* brief supplementary reports e.g., request for elaboration on a previously submitted report
RO3 = 1-2 pages short report
RO4 = 2-3 pages short report
RO5 = 3-4 pages standard report
RO6 = 4-5 pages standard report
RO7 = 5-6 pages extended

* A4 single-spaced, typed, full page, excluding spaced preamble or other non-text material

(This guideline is not to be interpreted rigidly and report length and charging arrangements may vary according to the specific requirements of the requesting agency).

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8. A Case Conference is a consultation between professionals and others who are directly involved in the provision of services to the same client.
 9. Attendance includes waiting time and provision of testimony.
 10. The recommended rate for attendance at Court for any time less than one hour is \$192.
 11. Times for these services are based on 1.5 x APS recommended fee, to take into account the additional complexity, intensity and disruption of this service.
 12. For prolonged attendance items of more than two hours, each additional and consecutive hour after the initial two hours may be charged at the rate of \$288.00 per hour (1.5 x APS recommended fee) or by negotiation.
 13. Travel time to/from Court or briefings as per Travel items TO1–TO6. Travel times of more than two hours are by arrangement. Motor vehicle travel in excess of 2 hours may incur the additional cost of 67 cents/ per km travelled. Air travel to be business class fare and insurance; accommodation at minimum of 4 star hotel and breakfast.

In general, on this schedule, where no fee is listed (as with many '1' codes) it is assumed that the relevant '2' item code applies or a time-based proportion of the recommended fee.

June2007