**Independent Advisory Council   
to the NDIS**

**Eliminating violence, abuse, neglect and exploitation against people with disability in employment**

Independent Advisory Council (Council) Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

**July 2020**

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# Question 1: How do people with disability experience violence, abuse, neglect and/or exploitation in employment settings?

People with disability are more likely to experience violence, abuse, neglect and/or exploitation because they have fewer opportunities, are more likely to experience disadvantages and are more likely to be severely affected by the disadvantages they experience. These factors contribute to their vulnerability.

Some vulnerability arises from the nature of their impairment and is heightened in interaction with systemic factors such as poverty, unemployment, inadequate housing, stigma, marginalisation, discrimination and pervasive power imbalances.

Vulnerability is further heightened when an individual is exposed to an unresponsive system,[[1]](#footnote-1) experiences lack of control generally over day to day and larger life decisions,[[2]](#footnote-2) lacks a credible or reliable voice in the complaints system, has challenging behaviour, does not have speech and has multiple impairments.[[3]](#footnote-3) Many of these factors also contribute to the perceived risk of being a threat to others.

Vulnerability is experienced by people whose lives are depleted of the enablers of an ordinary life[[4]](#footnote-4) and can be seen in passive dependence, feelings of worthlessness, having very few or no friends and being seen as a risk to others.

People in closed systems[[5]](#footnote-5) are especially vulnerable because the person: spends most of the time with people with disability, has very little or no interaction with people who are not paid to provide support and has very little or no individual interaction with people in their neighbourhood or community. Closed systems reduce the potency of individualised support because they congregate people together and segregate them from the community and in so doing reinforce group practices that thwart opportunities to address the physical, emotional social and skill development needs, isolate participants and do not enable or facilitate spontaneous exchange with people in the community.

For people with psychosocial disability, Mental Health Australia reports that the relationship between mental illness and unemployment is complex and bidirectional. Experience of mental illness can make it more difficult for people to find and maintain work due to discrimination, lack of appropriate employment opportunities and functional impairments associated with mental illness. Conversely, experience of unemployment is also strongly associated with decreased mental health and wellbeing. People experiencing mental illness have double the unemployment rate of people (6%) of people without mental illness (3%).[[6]](#footnote-6)

*Beyond Blue* describes the stigma and discrimination many people with mental health conditions experience in the workplace. The impact is often seen in anxiety symptoms that can be construed as signs of laziness or incompetence, which can contribute to people feeling shameful about their experience.[[7]](#footnote-7) This is mirrored for a broader group of people with disability who then experience depression, anxiety, decreased self-esteem and motivation, limited options and poor personal security.

## **Neglect**

According to definitions of the Royal Commission, neglect involves depriving an individual of the basic necessities of life such as food, drink, shelter, access, mobility, clothing, education, medical care and treatment. Maslow describes these needs as physiological needs which when coupled with safety needs (security, health, finance, employment) represent the basics needed for life. Maslow argues that it is only when basic needs are met that an individual can move toward fulfilling their psychological needs (loving and belonging), their esteem needs (respect, self-esteem, recognition) and their needs for self-actualisation (becoming the most that one can be).

Hence when people with disability are excluded from employment, the damage to their ability to become the most that they can be is significant.

## **Exploitation**

People who work for payment related to their ability to retain Commonwealth income support payments rather than wages based on their productivity are exploited. This results in income lower than their peers with little or no superannuation. Other examples of exploitation include pressure to undertake additional ‘voluntary’ tasks to retain the job, pressure to take holidays only when no-one else seeks leave and pressure to take the least desirable tasks.

## **Humiliation, harassment, violence and abuse**

Some people with disability experience humiliation and harassment by both colleagues and management. There are also situations especially in closed settings, in which staff with disability have been physically and sexually abused by staff and other workers.

A Report by Safe Work Australia and the Australian National University, *The relationship between work characteristics, wellbeing, depression and workplace bullying,*[[8]](#footnote-8)demonstrates that certain workplace conditions and experiences can increase the risk of depression and subsequent consequences such as time off work. The report shows that workers with low levels of support from colleagues and managers were more likely to have depression than those with higher levels of support.

Psychosocial hazards identified as the cause of psychosocial injury are hazards commonly experienced by people with disability in the workplace. These include increased work demands, low support on the job and isolated work, poor workplace relationships, poor organisational change management, increased emotional distress and exposure to violence, aggression, traumatic events and discrimination.

Consistent with past research, the Work Safe report identified three types of workplace bullying: person-related bullying, work related bullying and violence and intimidation. Experiences of person-related and work related bullying were associated with high job demands, low job control, lack of fair pay for effort, job insecurity, poor organisational culture and lack of support from colleagues and managers. Experiences of violent or intimidating workplace bullying were uncommon but were related to poor organisational culture and lack of support from colleagues and managers. Unsurprisingly, workplace bullying was strongly associated with increased risk of depression.

# Question 2: What barriers exist for people with disability in finding and keeping a job?

People with disability experience many barriers in finding and keeping a job, including:

Factors related to the person and their disability

* Low expectations of the person, their family, their school and the community
* Limited life experience that can make it difficult to visualise options
* Social isolation from mainstream society and for some, from family and friends
* Side effects of medication that reduce social functionality
* Reduced self-worth that can lead people with disability to ‘settle for less’, being prepared to take on work that is below their capacity, not stimulating and for wages and at conditions, that others would not accept
* Lack of confidence and experience in speaking up
* Lack of planning that assists the person to be safe in their personal circumstances (lack of personal safeguards).

Factors related to their education

* Low expectations of students with disability by teachers and schools
* Experience of bullying, exclusion and discrimination in school
* Inadequate preparation for work and an ordinary life in the school and post school years
* Extended breaks in education and employment that may impact on employability.

Factors related to employment support

* Inadequate support in the workplace including: support to undertake tasks required and having someone to whom they can turn
* Systems of employment support that are unclear, inequitable and difficult to navigate
* Expectations that people with disability will remain in entry level jobs
* Poor competence of employment providers in enabling people with disability to secure and retain open employment
* Until most recent NDIS changes, the fact that support was only available in ADEs.

Factors related to employers

* Stigma and discrimination on the basis of stereotypes that people with disability are less capable, unreliable, present an increased workers compensation risk or need of expensive workplace adjustments
* Lack of knowledge about pathways to support employees.

Factors related to the NDIS

* Planning undertaken by planners and LAC partners who lack knowledge and experience in navigating employment systems and supports
* Lack of outcomes-driven planning
* Lack of clear pathway and support to a job.

Systemic factors

* Poor access in the built environment
* Inaccessible public transport
* Pensions and entitlements (including the Health Care Card) that make the move to employment extremely risky and costly because appropriate safety net provisions are not in place.

What helps people with disability find and keep a job in an environment free of violence, abuse, neglect and exploitation? What opportunities are there for career progression for people with disability in Australian workplaces?

This is discussed with Q6

# Question 5: What could be done to prevent or respond to, discrimination, violence, abuse, neglect and exploitation against people with disability in the workplace?

Approaches to prevent or reduce violence, abuse, neglect and exploitation of people with disability in employment include actions that are:

* NDIS responsibilities including: more focused attention to issues of safety in the planning process, minimising time people spend in closed systems, building people’s capacity to speak up and secure their rights, supporting people to make decisions, supporting people to develop personal safeguards, providing more targeted support in employment including building informal support in the workplace, post placement support and where appropriate, encouraging a customised approach to employment.
* Employment provider responsibilities including: equitable access to incentives and supports irrespective of employment provider, provider training in relation to violence, abuse, neglect and exploitation and the development of mechanisms to identify and respond to emerging issues in a timely way.
* Commonwealth, State and Territory Government responsibilities including: strengthened community visitor programs extended to any closed system service.
* Employers’ responsibilities including: workplaces free from discrimination, bullying and harassment.

## **NDIS responsibilities**

### Planning

NDIS participant planning must explore issues of safety at work, at leisure and at home and if the response does not demonstrate prior consideration and strategies in place, the participant should be linked to support, services or resources to plan for their safety (see develop personal safeguards below).

In addition, if the participant’s work and life does not appear to include opportunities to genuinely connect with people who are not paid to provide support, reasonable and necessary support to build informal support should be included in the plan with attention to monitor for effective implementation in all future contact.

#### **NDIS action to date**

Changes to the Participant Pathway and the NDIS Participant Employment Strategy require sharper attention on employment goals in plans of participants of working age. Planning for safety has not yet had the same level of priority.

### Maximise ordinary life opportunities and eliminate time in closed systems

Many but not all ADEs and day programs are closed systems in which people with disability:

* have little contact with people other than those paid to provide support;
* may not be aware of opportunities missed or boundaries of appropriate and inappropriate behaviour; and
* may not be able to identify persons that could sound the alarm when concerns arise.

A changed approach to ADEs is required to open opportunities for people using ADEs and day programs to connect with the world and increase opportunities for meaningful engagement. This is discussed in response to Q6. The benefits of ordinary life opportunities are highlighted in a number of Australian papers stimulated by the development of the NDIS.

The 2014 Council paper “*Reasonable and Necessary Support Across the Lifespan: An Ordinary Life for People with Disability” [[9]](#footnote-9)* argues that an ordinary life is an important path to enabling people to feel and be free from harm because it involves a range of protective factors[[10]](#footnote-10) that enhance a person’s health and wellbeing. These factors or enablers provides real and important safeguards to protect individuals from harm by increasing their self-efficacy (enhancing autonomy, decision making and enabling people to experience a challenge and make a contribution) and enabling them to be actively engaged in the community (through relationships, belonging and social and economic participation).

Another approach to understanding the positive factors that reduce vulnerability is provided by Williams in his Model of Citizenhood.[[11]](#footnote-11) This work explores how a person’s life chances are affected by their personal capital[[12]](#footnote-12), their knowledge capital[[13]](#footnote-13), their material capital[[14]](#footnote-14) and their social capital[[15]](#footnote-15). Williams argues that strengthening a person’s capital strengthens their life chances and their path to Citizenhood, described as *“a situation in which a person is actively involved as a valued member of the local community contributing to community life”.*[[16]](#footnote-16) It follows that increased capital and Citizenhood reduces a person’s vulnerability and risk of abuse because it increases resources at their disposal to control their life and be connected to the community.

Walker, Fulton and Bonyhady[[17]](#footnote-17) built on this work to explore the baseline of capital all citizens require to be well and safe. They argue that one could reduce risk and increase capacity and outcomes by understanding a person’s capital, identifying gaps, measuring the risk given the gaps and providing focused investment to build capacity. These processes are seen as providing empowering safeguards that increase the chance for good things to happen.

#### **NDIS action to date**

The NDIS Participant Employment Strategy includes a changed approach to ADEs. The planned information campaign about how the NDIS can assist people to achieve their employment goals aims to enhance participant and family confidence to move away from closed services. A corporate plan priority to assist participants to develop clear, realistic and attainable goals and measure progress toward their achievement will assist participants to aspire higher. Restrictions resulting from the pandemic will however have a direct impact on participant and family aspirations and the availability of jobs.

### Build people’s capacity to speak up and secure their rights

Building the capacity of a person to understand their rights and to speak up takes time and requires a multitude of strategies at the individual, organisational and systemic levels to promote sustainable outcomes.

The most vulnerable participants must engage with proactive capacity building experiences that take them outside the closed system even where the participant is unable to identify areas for growth and development. Many people who, for example, live in group homes and attend ADEs and day programs may appear ‘settled’ and ‘happy’ but have never had the opportunity to experience anything different and so their baseline for measuring satisfaction is very low. The poverty of life experience of many vulnerable participants means they have had little opportunity to know about possibilities for an ordinary life. Capacity building may be the only avenue of support that draws the participant outside their closed service.

Peer support is another important avenue to help people know their rights and speak up. Peer networks connect the person with people with whom they can identify and enable the person to hear of opportunities broader than their experience. When auspiced by a Disabled Persons’ Organisation (DPO), peer networks link a vulnerable person with advocacy support that can act with or on their behalf as required.

#### **NDIS action to date**

ILC investment in Disabled Persons Organisations and peer networks assists many people with disability to speak up and secure their rights. There has been little targeted attention however on people in closed systems.

### Support people to make decisions

Many people with disability have little opportunity to make decisions and lack voice in decisions about their lives. Each individual comes with a legacy of choice or denial of choice experienced in childhood and adulthood, often resulting in disempowerment that prevents them from exercising choice.[[18]](#footnote-18)Mental Health Australia notes that access to decision-making may have less to do with a person’s functional capacity to decide, than with the values and attitudes of those who share their lives.[[19]](#footnote-19)

Decision-making for most people in need of decision support continues to rely on informal arrangements where decisions are made by others, often in the person’s ‘best interests’, and may not consider or include the person’s will and preferences or opportunities to try new experiences. For some, the right to make decisions has been removed under guardianship with jurisdictions continuing to use ‘best interest’ as the basis for decision making.

A very significant proportion of disability services across Australia and in many other countries are predicated on pre UNCRPD models in which people without disability made decisions and exercised choice for people with disability ‘in their best interest’. Consequently, a significant proportion of pre-existing services now purchased by participants have operations, structures and cultures predicated on decisions made by others based on the best interests of the person. This is in contrast to the principles of supporting decision-making.

#### **NDIS action to date**

Drawing on research and best practice principles, the Council developed an NDIS Support for Decision-making Framework that has been endorsed by the NDIA Board. Its implementation is noted in the 2020-24 NDIA corporate plan.

### Support people to develop personal safeguards

Individual safeguards are increased when people with disability are assisted to anticipate ‘everything that could go wrong’ and to plan strategies to mitigate those risks. Working in partnership with key voices for and on behalf of people with disability, the UK Government developed systems that integrate personalisation and safeguarding. Australia can draw on this emerging evidence base.

A major UK Government Report, *Independence, choice and risk: a guide to best practice in supported decision making (2007)* developed a common set of principles (Appendix A) as the basis for supporting people to make decisions about their own lives and manage any risks in relation to those choices. The lead premise was that *“people have the right to lead their lives to the full as long as that does not stop others doing the same”*. The report argued that

*“… fear of supporting people to take reasonable risk in their daily lives can prevent them from doing good things that most people take for granted….. By taking account of the benefits in terms of independence, wellbeing and choice, it should be possible for a person to have a support plan which enables them to manage identified risks and to live their lives in ways that suit them best.”*

This report was complimented by a Social Care Policy Report (2010) *Practical approaches to safeguarding and personalization* that stressed that *well designed self-directed support processes have checks and balances to improve risk management throughout.* Together the reports identify key elements of a system that increases choice and control while managing risk and helping people to be safe in their communities.

Element of the system include:

* Clarification of relevant legislation (duty of care, human rights, health and safety, mental capacity) with illustrative examples.
* An assessment process that allows the individual to reflect on risks and how they are able to stay safe from harm. Models that treat people as ‘experts in their own lives’ are recommended as providing a more person centred, outcome focused mechanisms for determining the circumstances that face the individual. Issues of capacity are explored and decisions made about the assistance required.
* Person centred planning that enables the person to develop their plan including exploring risks and benefits and the level of risk the person wants in their life. A number of different tools have been developed to assist with decision making including:
  + A supported decision-making tool co-designed in partnership with user led organisations, Paradigm and In-Control to manage the process of choice and control, assess the potential impact of any risks and provide documentation of actions and decisions
  + Risk matrix providing a simplified method to analyse risk
  + Processes for dealing with conflict including family group conferences and mediation
  + Risk enablement panels that support staff to balance risk and choice.
* Inspection processes focused on outcomes rather than minimum standards.

A 2010 review of research and practice by Social Care Institute for Excellence demonstrated that *The effective integration of safeguarding and personalisation contains the seeds for a transformation of care, not just the prevention of abuse and neglect* (SCIE 2010: v). The report provides an evidence base to indicate what could work to promote risk enablement, independence and control while at the same time ensuring safety.

Evidence based processes apply equally to people with challenging behaviours, where the ‘natural’, if uninformed reaction could be to increase the severity of restrictions. Evidence demonstrates that imposing constraints on a person with severe autism and challenging behaviours will often inflame the behaviour and therefore exacerbate the risk and hence the use of best practice frameworks can both promote safety and reduce restriction. Such service responses require great skill.

#### **NDIS action to date**

There has been no focused attention on assisting participants to develop personal safeguards.

### Better support for people in employment

The response to Question 6 outlines what is required to assist people to secure and retain employment including:

* preparing the person for work;
* obtaining and if appropriate customising a job and negotiating reasonable adjustment;
* on the job support that includes:
  + support to enable the worker to perform day to day core tasks
  + developing informal support in the workplace
  + additional training when aspects of the job change
  + in-servicing of a new supervisor
  + assistance to develop simple business systems to run a micro enterprise; and
* changing the current approach of ADEs.

## **Employment provider responsibilities**

It is important to ensure that entitlements and incentives that support people with disability in employment are available irrespective of type of employment provider. For example, incentives for employers and supports for people with disability using DES services are not available in Aboriginal communities where people use Community Development Projects (CDP).

Provider training must be enhanced in order to prevent violence, abuse, neglect and exploitation. This includes:

* understanding the many faces including risk factors for specific groups;
* implementing practices to prevent violence, abuse, neglect and exploitation; and
* responding to incidents that occur.

In rapidly changing employment markets and environment, employment providers have a responsibility to identify and respond to emerging issues in a timely way to protect and promote the interests of employees and potential employees with disability.

## 

## **Commonwealth, State and Territory Government responsibilities**

Community Visitor Schemes provide a first line protection for people in closed systems but their status remains uncertain. It is vital that Commonwealth, State and Territory Governments commit to securing the future of Community Visitor Schemes and extend their coverage to all closed system services.

## **Employers responsibilities**

Commonwealth, State and Territory Governments must work with employers and employer peak bodies to ensure that workplaces are free of discrimination, bullying and harassment.

## **Recommendations**

To prevent or respond to discrimination, violence, abuse, neglect and exploitation against people with disability in the workplace, the Council recommends that the Royal Commission require:

1. The NDIA to report annually on the implementation of the responsibilities outlined in this submission including reporting on actions, achievements, work in progress, challenges and matters outstanding, in the areas of:
2. effective NDIS planning
3. eliminating the time people spend in closed system services and maximising ordinary life opportunities
4. the provision of capacity building to enable people with disability to speak up and secure their rights
5. the provision of support to enable people to make decisions
6. the provision of support to enable people to develop personal safeguards
7. the provision of targeted support in employment to enable people to work in the job of their choice.

Some data refinement may be required in relation to support for people to make decisions and to develop personal safeguards.

1. Commonwealth, State and Territory Governments to collaborate to strengthen Community Visitor Schemes and extend to all closed system services.
2. Commonwealth, State and Territory Governments to work with employers and employer peak bodies to ensure that workplaces are free of discrimination, bullying and harassment.

# Question 6: Are the current employment programs and supports for people with disability effective? If not, why not? What changes should be made to these programs?

The low rate of employment participation of people with a disability, both compared to people without disability as well as compared to OCED countries is clear testimony to the lack of effectiveness of current approaches. This section will:

* provide data from the NDIS on employment outcomes of participants;
* outline what is required to assist NDIS participants to achieve employment outcomes;
* describe changes underway as part of the NDIS Participant Employment Strategy to improve employment participation; and
* provide commentary on what else is required.

## 

## **NDIS Data**

NDIS Quarterly report to COAG (March 2020) reports that the rate of participation in work for NDIS participants continues to be stable with some marginal increase in employment participation for those who have been in the NDIS for at least three years.

For participants who entered the Scheme between 1 July 2016 and 31 March 2017 and have been in the Scheme for three years, changes in employment participation are noted below:

* 12% increase from 12% to 24% for participants aged 15-24
* 2% decrease from 25% to 23% for participants aged 25+ and
* 1% increase from 22% to 23% for participants aged 15+.

For participants who entered the Scheme between 1 April 2017 and 31 March 2018 and have been in the Scheme for two years, there was also a marginal increase in employment:

* 7% increase from 16% to 23% for participants aged 15 to 24
* 2% decrease from 27 to 25% for participants aged 25+ and
* 1% increase from 24% to 25% for participants aged 15+.

These latest statistics demonstrate there has been little change since the deep dive into employment statistics by the NDIA Actuary in Dec 2018 that reported on employment outcomes in 2017-18. The employment data has been further updated to June 2019 demonstrating little change and hence no change in Council messages to the Royal Commission. The 2018-19 data will be showcased in the NDIA submission.

A full set of statistics from the employment dive can be found at Appendix B. Highlights include:

* Older participants are more likely to use ADEs with a commensurate increase in number of young participants in open employment on full award wages.
* Participants 15-24 most likely to be in open employment with full award wages had a hearing impairment (82%), psychosocial disability (68%), intellectual disability (29%) and Down syndrome (17%).
* Participants 25+ most likely to be in open employment with full award wages had a hearing impairment (83%). The employment participation at full award wages fell significantly for participants with psychosocial disability (26%) and intellectual disability (10%) and Down syndrome (7%).
* Participants with intellectual and psychosocial disability were most likely to be on the Disability Support Pension.
* Transition rates: whilst some participants gained work, others lost work leading to little change overall in employment participation. The analysis provides insights into key drivers of employment success. It would be useful to understand drivers of participants losing their job to investigate what is anything could have been done to prevent job loss.
* Overall, participants 15-24 who are successful in employment are motivated, have a high level of educational attainment and are actively engaged in the community. Conversely, those not successful are more dependent, with complexity in their lives, are less engaged and live in areas of high unemployment.
* Overall, participants 25+ who are successful in employment have a high level of educational attainment, are partnered with children and use the NDIS via employment goals and funding. Having an intellectual disability is also associated with employment success for this cohort. Conversely, those not successful are more dependent, older, of CALD background and not connected to their community.

The analysis suggests that an age-dependent employment strategy may be appropriate:

* For participants aged 15-24, supports should be focused on increasing independence and building capacity to seek employment.
* For participants aged 25+, including work goals in plans, and providing employment funding to those who do not have access to mainstream or community supports are more important. Supporting participants to improve their health may also have a positive impact.

The analysis drew attention to the existence of SLES for young participants and the absence of a similar program for older participants, suggesting it may be driving the difference in employment outcomes. Introducing an employment support program targeted at older adults may be worth considering.

## **Employment outcomes by provider**

Given most NDIS participants use registered disability employment and disability support providers to help them find, customise and maintain a job, it is important to examine the efficacy of the services and systems that support participants to secure and retain employment.

Responses from the NDIS Outcomes Framework identifies providers that are achieving good outcomes for participants, whilst recognising that participant characteristics and other factors outside the control of the provider will also have an impact on outcomes. For each provider, regression models are used to determine the number of participants expected to be in paid employment at review, based on the characteristics of participants supported by the provider. These expected numbers are compared to actual numbers in paid employment at review. Providers are ranked in decreasing order of the ratio of actual to expected. The analysis documents the wide range of performance amongst registered providers with a small number of employment providers with ‘exceptional’ results and the majority performing poorly demonstrating a need to enhance provider practice.

## **What is required to achieve employment outcomes?**

In the context of the significant unemployment already experienced as a result of the COVID 19 pandemic, efforts to secure increased employment for people with disability will experience significant challenges. It is important however to continue efforts to prepare people with disability for work and to improve systems, services and supports to assist people with disability in work, so that a generation of people with disability will not be further disadvantaged. The dangers people experience in closed systems such as in some ADEs will not diminish. Without active intervention, the dangers will remain and the number of participants who will be subject to the constraints of closed systems is likely to increase.

### Preparation

The NDIS provides School Leaver Employment Support (SLES) to help school leavers get ready for work and plan their pathway to employment. Any school leaver employment support must provide the opportunity for discovery and must include:

* Engagement with the participant and family to develop a vision of employment and strategies to move from vision to outcome including:
  + planning to address concerns about ‘safety, transportation, long term placement, work hours, disability benefits, social, environment and work skills issues’[[20]](#footnote-20)
  + learning about effective ways to support the person to secure and retain employment.
* A discovery process with opportunities to explore the participant’s strengths (potential contributions to employers), their needs (the features that need to be in place for success) and their interests (providing a direction to the type of work that the individual wants to do).
* Capacity building, targeted at factors known to impact positively on employment outcomes.

Noting the better employment outcomes of participants 15-24 compared to those 25+, the NDIS actuarial analysis concluded that the existence of SLES for young participants and the absence of a similar program for older participants may be driving difference in employment outcomes. The analysis proposed consideration be given to introducing an employment support program targeted at older adults.

Given that most secondary school students begin to prepare for employment from at least year 9, it is generally agreed that school leaver employment support should be available to secondary school students from at least that time. The Ticket to Work[[21]](#footnote-21) initiative, auspiced by National Disability Services (NDS) is an example of a partnership approach to support the young person to transition to the world of work. Under the initiative, a ‘Ticket to Work Network’ is developed in local areas to provide students with career development, workplace preparation, work experience and Australian School-based Apprenticeships and Traineeships.

### Finding and where appropriate customising a job

Fundamental to securing work, it is essential that job seekers: are assisted to make informed choices including through the availability of transparent and uniform data, have a choice of providers of employment supports and are able to negotiate the types of supports that will lead to employment.

The early streaming of school leavers, the current program structures and the variable effectiveness of providers has inhibited participants from getting effective support to find and maintain a job.

The base line of the current employment landscape for people with disability has been a two-tiered system: Disability Employment Services (DES) for people deemed able to work a minimum of 8 hours per week and a supported employment system (ADEs) for other people with an employment goal. ADEs and some DES providers have transitioned into the NDIS as registered providers of employment supports.

The DES risk adjusted funding and performance framework means that job seekers who are more challenging to place and maintain in work are not prioritised, reflected in the fact that only 7.1% of DES customers have an intellectual disability,[[22]](#footnote-22) 6.4% have Autism Spectrum Disorder (ASD) and 38.8% have a psychiatric disability.[[23]](#footnote-23) In addition, many commentators note that practices such as incentive payments to employers make it unprofitable to support participants beyond 26 weeks. 2017 data (below) demonstrates that many participants lose their jobs when the DES wage subsidy cuts out.

2017 DES outcome rates by disability show that for every hundred DES clients:

* 38 have a psychiatric disability of whom:
  + 12 will start work
  + 4 will achieve a 26-week outcome and
  + Less than 2 will achieve a 52-week outcome.
* 7 will have an intellectual disability of whom:
  + 3 will start work
  + 1.5 will achieve a 26-week outcome
  + Less than one (0.7) will achieve a 52-week outcome.
* 6 will have ASD of whom:
  + 2.5 will start work
  + 1 will achieve a 26-week outcome
  + 0.5 will achieve a 52-week outcome.

Historically, supported employment providers (ADEs) were funded as a DSS program to provide supported employment, not to find and maintain jobs in open employment. Not surprisingly, their track record in finding jobs in open employment is extremely low (less than 1%).[[24]](#footnote-24)

#### **Disability Employment Services (DES)**

DES has a history of securing employment outcomes for people with significant disability using customised employment in the 1980s. Many stakeholders argue however that the 21st century DES needs a major redesign if it is to be fit for purpose for NDIS participants arguing that by failing to recognise the support levels required by individuals, DES continues to contribute to the poor economic functionality, low economic outcomes, social isolation, and reduced quality of life of people with disability.

The psychosocial disability community report serious failings in the operation of DES identifying challenges due to the lack of continuity between the funding model and the performance framework that limits the provider’s ability to design service delivery models based on the job seeker’s individual needs. The DES Performance Framework is reported to contain many disincentives to achieving employment outcomes including penalising un-wellness, failing to value short term employment achievements and unpaid employment achievements and penalising providers who give long term pre and non-vocational support (required especially for non NDIS participants). It is argued that DES has the potential to improve the lives of people with mental illness by adapting the learnings of integrated models that have been shown to increase job placement success by 71%.[[25]](#footnote-25)

Many have argued for the automatic eligibility for DES for NDIS participants. Changes required for this to be meaningful include:

* removal of current Employment Services Assessment and Job Capacity Assessment that determine income support entitlement;
* removal of min 8 hours work requirement;
* new categories of risk adjusted funding that would enable job development including customised employment;
* appropriate adjustment of DES performance framework recognising the additional time and work required;
* new requirement that customised employment is a core skill of DES providers; and
* removal of restrictions related to working with people who are already in work to support the aspiration that participants have a career, not just a job is to be met.

If eligibility for DES also facilitates access to other mainstream employment services such as New Enterprise Incentive Scheme (NEIS), Job Access, Job in Jeopardy and Youth Employment Supports, program guidelines for each of these programs will need to be reviewed to ensure meaningful access by all NDIS participants.

#### **A customised approach**

NDIS participants with moderate to high support needs require a more tailored, customised approach than currently provided by DES to achieve employment at award / productivity-based wages. The customised approach uses discovery type processes outlined in the section Preparation. It also includes:

* Working with an employer to facilitate placement including customising the job to match the skills, interests and stamina of the person. Customised jobs can be achieved via:
  1. Job carving: using some elements of a job description, but not all responsibilities
  2. Job negotiation: combining tasks from multiple job descriptions within a business to create a new job description
  3. Job creation where a new job description is created from unmet business needs identified during discussions between the employer and the employment specialist.
* Working with the workplace supervisor to explain the learning style of the participant, any adjustments desired in the supervision frequency or style, any adjustments desired in the workplace, etc.

Both job seekers and employers benefit from the customised approach. It provides employers with reliable employees, reduces recruitment and hiring costs, enhances employee retention and can help employers to expand their customer base and enhance worker diversity.[[26]](#footnote-26) A customised approach provides the flexibility, required by some participants, including the ability to adjust hours of work in response to factors related to disability and the opportunity to ‘have a go’ where job opportunities present themselves. This is in contrast with current rigidities where for example, a person seeking permanent work 21 hours per week was prevented by their DES provider from taking up a temporary 7 hours per week position that would have provided valuable experience.

Whilst not all participants of DES and NDIS employment providers will require a customised approach, if customised employment is a core competency of all providers, NDIS participants will be have access to a range of providers in their area from which to choose.

#### **Micro enterprises**

A specific and distinct area of customised employment is self-employment: the creation and operation of self-owned businesses or micro enterprises [[27]](#footnote-27) that provides goods and services in the local area with help from paid and unpaid supporters.

Some participants with moderate to high support needs and participants who require a high level of flexibility, find a micro-enterprise the most effective way to focus their interests and skills at a scale, stamina and schedule that suits them. The micro enterprise is easy to start, uses minimal capital and enhances the social and community participation, citizenship and valued status of the person with disability.

A micro enterprise begins with the individual discovery process, the insights of which underpin a business development process in which product and service markets are explored, skill and funding sources identified and products and services trialled. People with disability running a micro enterprise are usually assisted by a management group that guides and supports the person to make things happen. Some micro enterprise projects have found benefit in the development of a hub – a community space where people can ‘do their work’.

Micro enterprises in Australia include:

* Valued Lives[[28]](#footnote-28) via an ILC grant in April 2018 and working with 23 people of all ages
* National Disability Services Project in Perth Hills with school leavers
* Community Living Project SA[[29]](#footnote-29) that has worked with 50 people to set up micro-enterprises
* In Charge[[30]](#footnote-30) NSW with an ILC grant

### Support on the job

The CEO of the employment provider with the top ranking in achieving employment results for participants 15-24 identifies support required to maintain a job [[31]](#footnote-31) includes:

* Core support: assistance to complete some or all of the tasks of the job: Examples may include driving the van and assisting a participant with intellectual disability to deliver parcels, scribing for a participant with cerebral palsy who is slow at typing, assistance in filing for a participant with visual impairment.
* Capacity building support including:
  + assistance to develop informal supports in the workplace: Examples may include identifying and providing information and guidance to co-workers in the workplace who may prompt the participant to attend work related social events or get coffee for a participant whose mobility is limited
  + ongoing access to training, especially if aspects of the job change: Examples may include teaching new skills as work tasks change, providing additional training (over and above the workplace training) to use new equipment
  + in-servicing of a new supervisor: Examples may include supporting the supervisor to understand the individual, their strengths and needs, adjustments currently in place, formal and informal supports in place, avenues for backup discussion and support, etc.

People with disability running a micro enterprise are usually assisted by a management group that guides and supports the person to make things happen. Ultimately the operation of a micro enterprise requires:

* Core supports: usually a personal assistant or PA to assist the participant to create and deliver the product or services; and
* Skilled support to develop and embed systems and processes for the management group to monitor, standards, pricing, marketing, finance and overseeing PA and creating a sense of future for the enterprise.

### Enabling a career

In the mobile economy of the 21st century, workers are often required to upskill and change careers. In addition, participants have the same right as other workers to have career including to change jobs and seek promotion.

The NDIS can facilitate career development by enabling participants to call on exploratory and capacity building support on multiple occasions throughout a working life including support to identify potential industries for employment, enhance vocational skills, productivity, engagement and independence at work. Reasonable and necessary employment support must also be available to enable the participant to seek and maintain alternative employment.

### A changed approach by ADEs

With the transition of supported employment into the NDIS, ADEs cease to have a named status and join other registered providers as providers of employment supports.

With changes to the NDIS support for employment, participants will be able to use their reasonable and necessary support to negotiate with a variety of providers to achieve their personal employment goals in a job of their choice. These choices may include a job in the public or private sector, in a social firm paying award / productivity-based wages or similar environment, in their own micro-business, in a family run business or in an evolving model of ADE that employs people with and without disability and provides workers with a transitional pathway of growth and development, further training and the opportunity to move to open employment.

For ADEs to remain viable providers, they will need to provide services that participants want to buy.

This pivotal point is made in the submission of National Disability Services (NDS) to the review of supported employment. The NDS submission argued that ADEs *should evolve to expand the range of employment settings in which* [Australian] *Disability Enterprises can support workers with disability. This should include options such as transition to work supports, social enterprise models, labour hire and even providing support to people with disability running a business.* The submission goes on to canvass ADEs transitioning to more open employment models, service providers offering other NDIS supports and becoming specialist employment support providers as a non-employer.

Some ADEs have already developed new services in response to participant demand. The JobAccess website showcases Brite,[[32]](#footnote-32) an ADE in Melbourne that has been:

*Piloting a model, based on the customised employment framework developed in the United States, to expand our person-centred approach to creating sustainable open employment opportunities. This involves undertaking a process of discovery to better understand the interests, hopes and needs of people with disability, and what they want to get out of their work. We then use this understanding to create opportunities within Brite, or to help individuals access jobs in the open market.’*

*‘We’ve also been able to support some great new microbusiness ideas.’ [[33]](#footnote-33)*

ADEs may also transition to social firm models that increase the employment of people without disability to provide an integrated work environment.

### Social firms

Social firms are a well-established international model of social enterprise developed to meet the employment needs of people excluded from the labour market as a result of mental illness, disability or other disadvantage. Social firms have been operating successfully in Europe for more than three decades and although there can be some variation from country to country the model, the key criteria [[34]](#footnote-34) are:

* an integrated workplace: between 25-50% of employees have a mental illness, disability or other disadvantage;
* the majority of income is generated through the commercial activity of the business;
* all employees are paid at award/productivity-based rates;
* the same work opportunities, rights and obligations are provided to all employees; and
* a supportive working environment is provided, with the modifications required for employees in need of support built into the design and practices of the workplace.

Consultancy support is available for business expertise and mentoring support for the development of social firms based on sustainable models.

#### **Barriers to and enablers of ADE transition**

The table below identifies barriers, enablers and strategies that could support ADEs to transition into broader options of support for employment for participants with moderate to high support needs.

| **Issue** | **Barrier / enabler** | **Response** |
| --- | --- | --- |
| Expertise | Models that demonstrate how to enable participants with moderate to high support needs achieve employment are not visible. | Showcase practice of high performing providers.  The Australian Centre for Disability Employment Research and Practice*[[35]](#footnote-35)* has developed training for ADE staff to offer customised employment.  Showcase social firms demonstrating the value of an integrated workforce.  Enable participants to use mainstream employment agencies, job finding services and recruitment agencies. |
| Participants | Are ‘comfortable’ in ADEs and perceive open employment as risky with concerns about ‘safety, transportation, long term placement, work hours, disability benefits, social, environment and work skills issues.[[36]](#footnote-36) | Develop SLES type program for ADE participants that enables participants and families to explore options.  Provide process for participants and families to work through fears and plan personal safeguards.  Publicise safety net provisions for DSP recipients.  NDIA to negotiate with DSS for NDIS participants to be eligible for Health Care Card.  Showcase positive stories.  Showcase a range of service agreements that will shape different practice.  Encourage peer networks to have a focus on employment. |
| Pricing | New NDIS pricing | Reasonable &necessary support for participants in any employment setting will incentivise providers to provide services that participants want to purchase. |
| ADE systems | Transition to new funding regimes sets requirements for change | Removal of DSS funding rules based on DMI or average outlet prices reduces constraints.  Set clear expectations in relation to practice.  Showcase training[[37]](#footnote-37) that would assist ADE staff to gain skills in customised employment. |

## **NDIS Participant Employment Strategy**

In response to the analysis above and as part of an NDIA corporate plan goal to create opportunities for 30 per cent of NDIS participants of working age to achieve meaningful employment by 30 June 2023, the NDIA developed and is in process of implementing the NDIS Participant Employment Strategy published in November 2019.

The NDIS Participant Employment Strategy documents the role of the NDIA in areas of:

* **Participant employment goals and aspirations in NDIS plans:** Lift the aspirations of NDIS participants, their families and carers, by supporting participants to develop and achieve their employment goals.
* **Pathway to employment:** Support NDIS participants who wish to work by reforming the planning process to focus on employment and the NDIS supports that people need to prepare, find and keep jobs.
* **Market developments that improve path to employment and support career development:** Be a steward of an innovative market of supports to enable new and wider employment opportunities, including setting the prices of NDIS supports.
* **Confidence of employers to employ:** Work with Commonwealth Departments to increase employers’ awareness of the additional workforce of NDIS participants and the ways they can be supported at work.
* **NDIA leading by example:** Lead by example and work with government to improve opportunities for NDIS participants and their wider inclusion in employment initiatives.

Critically, one of the changes introduced was to enable reasonable and necessary support to be used in the workplace to maintain employment. These supports have typically only been available in an ADE and can now be used in a range of employment settings including: private, government or not for profit organisations; a social enterprise or similar environment; self-employment or a micro-business; or a family run business.[[38]](#footnote-38) This has been pivotal in turning supported employment into supports for employment, thereby removing one important barrier to participants seeking open employment.

### Requirements to achieve employment outcomes compared to the NDIS Participant Employment Strategy

| **Required** | **NDIS Participant Employment Strategy: commitments underway** | **Challenges** |
| --- | --- | --- |
| Preparation  Exploration and employment support at all ages | Employment goals and supports in plans and discussions from 14 years including cohort specific responses.  Strategies to inform and engage with participants, families, carers, schools & community and share practice. | Countering negative assumptions.  Availability of providers able to deliver contemporary approaches.  Difficult to fine tune an employment journey with 2 & 3-year plans.  Missing: Explicit attention to building capacity to speak up, support for decision-making and support to develop personal safeguards. |
| Finding and where appropriate customising a job | Support Coordination included in plan where appropriate.  Information about how DES and NDIS work together, availability of govt. employment programs & employment results by industry, disability & age.  Promote examples of individualised employment pathways.  Review supports for people with complex needs.  Strategies to share good practice including clearing house of research, publication of ‘what works’, industry specific events, conferences.  Innovation challenge. | DES eligibility criteria remain rigid.  Poor track record of DES and ADE providers.  Little specific attention to improve provider practice in line with contemporary practice. |
| Support on the job | Supports in employment that had only been available at ADEs are now identified in core supports and can also be used in a range of employment settings. | Information about practice on the ground not yet available to determine whether support for employment will be at a level to facilitate choice of employment for all participants. |
| Enabling a career | Not specifically addressed |  |
| A changed approach to ADEs | Transition of ADEs into NDIS  By end 2021, block funding for ADEs will have ended with participants purchasing support from providers.  Improved provider practice through market engagement.  Promote examples of individualised employment pathways.  Encourage ADEs to provide integrated employment supports in a range of employment settings, including transition to other employment and self-employment | Significant work required to change practice. Without market development of providers of contemporary employment support, participants will remain in traditional services. |

## **Recommendations**

To improve current employment programs and supports, the Council recommends that the Royal Commission require:

1. The NDIA to report publicly on the implementation of its Participant Employment Strategy including reporting on actions, achievements, work in progress, challenges and matters outstanding, in the areas of:
   1. preparing people for employment;
   2. improving services and processes to enable people to find and where appropriate, customise a job;
   3. market transformation with providers skilled in facilitating a pathway to employment; and
   4. the transition of ADEs from closed systems to services that facilitate opportunities for people with disability to experience social and economic participation and engage with people not paid to provide support.

Some data refinement may be required to support this recommendation.

1. The Department of Social Services to:
   1. oversee changes to DES in line with the recommendations of this submission; and
   2. remove disincentives related to pensions and benefits that inhibit NDIS participants from seeking to move off the DSP.

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# Appendix A Common Core Principles to Support Self-Care

From Department of Health 2007, *Independence, choice and risk: a guide to best practice in supported decision-making.*

| Principle | Description |
| --- | --- |
| Principle 1 | Person centred practice that engages, supports, encourages and facilitates involvement and helps individuals to make decisions that are right for them |
| Principle 2 | Effective communication enables individuals to identify their strengths, assess their needs and develop and gain confidence to self-care |
| Principle 3 | For individuals to make well informed decisions about their self-care, they must have access to appropriate information and understand the range of options open to them |
| Principle 4 | Developing skills and confidence in self-care requires access to a range of learning and developmental opportunities, formal and informal |
| Principle 5 | New technology is an important aspect of enabling people to self-care |
| Principle 6 | Individuals are enabled to access support networks and participate in planning, development and evaluation of services |
| Principle 7 | Risk taking is a normal part of everyday life so supported risk management and risk taking is an important element of maximising independence and choice |

# Appendix B NDIS Participant Employment Data

NDIS Quarterly report to COAG (March 2020) reports that the rate of participation in work for NDIS participants continues to be stable with some marginal increase in employment participation for those who have been in the NDIS for at least three years.

For participants who entered the Scheme between 1 July 2016 and 31 March 2017 and have been in the Scheme for three years, there was a:

* 12% increase in employment participation from 12% to 24% for participants aged 15-24
* 2% decrease from 25% to 23% for participants aged 25+ and
* 1% increase from 22% to 23% for participants aged 15+.

For participants who entered the Scheme between 1 April 2017 and 31 March 2018 and have been in the Scheme for two years, there was also a marginal increase in employment:

* 7% increase from 16% to 23% for participants aged 15 to 24
* 2% decrease from 27 to 25% for participants aged 25+ and
* 1% increase from 24% to 25% for participants aged 15+.

These latest statistics demonstrate little change since the deep dive into employment statistics by the NDIA Actuary in Dec 2018 that reported on employment outcomes in 2017-18.

### Type of employment

For participants aged 15-24

* 41% were in a paid job in open employment at full award wages
* 14% were open employment at less than full award wages
* 35% were in ADEs
* The % of participants who had a job at baseline had MS (52%), hearing (42%), intellectual disability and Down Syndrome (19% each), ASD (15%) and psychosocial disability (14%).

For participants aged 25+

* 33% were in a paid job in open employment at full award wages
* 10% were open employment at less than full award wages
* 49% were in ADEs
* The % of participants who had a job at baseline had hearing impairment (60%), Down Syndrome (34%), intellectual disability (33%), ASD (28%) and psychosocial disability (15%).

### Type of employment by age

* The percentage in open employment at full award wages falls from 64% for participants aged 15 to18, to 30% for participants 25 to 34, then increases slightly for older ages.
* The percentage in open employment at less than full award wages decreases with age.
* The percentage in ADEs increases from 7% for those 18 or younger to 51% for those aged 25 to 34, then declines after age 60.
* Self-employment becomes more common after age 35, reaching 16% for those aged 65 or older.

### Type of employment by disability

* Participants 15-24 most likely to be in open employment with full award wages had a hearing impairment (82%), psychosocial disability (68%), intellectual disability (29%) and Down syndrome (17%).
* Participants 15-24 with Down syndrome (49%) or intellectual disability (45%) were the most likely to be working in an Australian Disability Enterprise. 14% of participants with psychosocial disability worked in an ADE.
* Participants 25+ most likely to be in open employment with full award wages had a hearing impairment (83%). The employment participation at full award wages fell significantly for participants with psychosocial disability (26%) and intellectual disability (10%) and Down syndrome (7%).
* Participants 25+ with intellectual disability (74%) and Down Syndrome (72%) were most likely to be in ADEs. 26% of participants with psychosocial disability worked in an ADE.

### NDIS Participants receiving the DSP by disability

* Participants with intellectual disability (including Down Syndrome) were most likely to receive the DSP (88%) followed by participants with psychosocial disability (83%). Participants with hearing impairment were least likely to receive the DSP (31%), reflecting their high employment levels relative to participants with other disabilities.

### Employment goals in participant plans

During planning conversations, participants are encouraged to choose at least two goals that are most important to them. These goals are recorded in their plan, and categorised according to the eight domains of the adult Outcomes Framework.

* Overall, the percentage of active plans at 30 June 2018 with a work-related goal was:
  + 44% for participants aged 15 to 24
  + 26% for participants aged 25 or over
  + 31% for participants aged 15 or over.

The percentage with a work goal peaked at age 18-19 then declined rapidly for all including those who did not have a job and would like one. It was noted this trend may have been influenced by the School Leaver Employment Support (SLES) program available to the youngest participants.

### Employment status transition rates

#### **Job seekers at baseline**

* For participants aged15 to 24 who were job seekers at baseline:
  + 12% were in a paid job at review
  + 83% were not in paid work and wanted to be
  + 6% were not in paid work and no longer wanted to be.
* For participants aged 25+ who were job seekers at baseline:
  + 7% were in a paid job at review
  + 78% were not in paid work and wanted to be
  + 15% were not in paid work and no longer wanted to be.
* Older participants moved to not wanting a job (15% versus 6%). This may in part be due to retirement.

#### **In a paid job at baseline**

* For participants aged15 to 24 who were in paid work at baseline:
  + 81% were in a paid job at review
  + 17% were not in paid work but would like to be
  + 3% were not in paid work and no longer wanted to be.
* For participants aged 25+ who were in paid work at baseline:
  + 91% were in a paid job at review
  + 5% were not in paid work but would like to be
  + 4% were not in paid work and no longer wanted to be.
* The higher percentage for older adults may be due to ADE employment.

#### **Not participating at baseline**

* For participants aged 15-24 who were not in paid work at baseline and did not want to be in paid work:
  + 2% were in paid work at review
  + 18% were not in paid work but wanted to be
  + 80% were not in paid work and continued to not want paid work.
* For participants aged 25+ who were not in paid work at baseline and did not want to be in paid work:
  + 1% were in paid work at review
  + 5% were not in paid work but wanted to be
  + 95% were not in paid work and continued to not want paid work.

### Job seeker success rates by type of employment at review

* Overall, 11.6% of participants aged 15 to 24 successfully transitioned from “job seeker” to “in a paid job” at review
  + 9.2% were in open employment representing 80% of those in a paid job at review
  + 2.3% transitioned to ADEs.
* Overall, 6.6% of participants aged 25+ successfully transitioned from job seeker to “in a paid job” at review
  + 4.9% were in open employment, representing 74% of those in a paid job at review
  + 1.7% transitioned to ADEs.

### Job seekers aged 15 to 24: key drivers of employment success

#### **Positively associated with having a paid job at review**

🡹  Highest education level

🡹  Lives in QLD

🡹  Number of daily living activities where the participant requires support improves by two or more between baseline and review

🡹  Started, left or continued to be involved in a general community group at review

🡹  Left an unpaid job between baseline and review (i.e. participant was in an unpaid job at baseline but not at review)

🡹  Participant’s ability to choose what they do each day improves between baseline and review

🡹  Participant has got to know people in the community at review

#### **Negatively associated with having a paid job at review**

🡻  Number of daily living activities where the participant requires support at baseline

🡻  Streaming type is intensive or super intensive

🡻  High unemployment rate in participant’s LGA (8% or higher)

🡻  Increase of two or more in the number of daily living activities where the participant requires support between baseline and review

🡻  Participant was in an unpaid job at both baseline and review, or started volunteering (i.e. did not volunteer at baseline but did volunteer at review)

### Job seekers aged 25+: key drivers of employment success

#### **Positively associated with having a paid job at review**

🡹  Has university qualification

🡹  Left study during plan period

🡹  Has an intellectual disability

🡹  Lives with partner and children

🡹  Lives in Victoria

🡹  Participant has work goal in their plan

🡹  Participant has NDIS employment funding in their plan

🡹  Participant’s self-assessment of their health has improved

🡹  Started or left a paid job

#### **Negatively associated with having a paid job at review**

🡻  Number of daily living activities where the participant requires support **at baseline**

🡻  Lower level of function (success rate decreases as severity score (1 to 15) increases)

🡻  Culturally and linguistically diverse (CALD) background

🡻  Entry age is between 55 and 59

🡻  Participant doesn’t know people in the community at baseline and review

1. including exposure to a large number of casual and agency staff, lack of control over which staff provide intimate care service. [↑](#footnote-ref-1)
2. including enforced co-residency, vacancy management policies, residence in institutional settings, isolation, lack of engagement with people who are there for you, capacity to recognise abuse (normative life experience). [↑](#footnote-ref-2)
3. Robinson, S, (2014) *Preventing Harm: Can we shift our focus from responding to abuse to promoting personal safety?* Southern Cross University, [www.nds.org.au/asset/view\_document/979322767](http://www.nds.org.au/asset/view_document/979322767) [↑](#footnote-ref-3)
4. Positive relationships, sense of belonging, individual autonomy, active involvement in decision making, active engagement in community, using our strengths to provide a challenge, making a contribution. [↑](#footnote-ref-4)
5. those who live, work and are at leisure in services that are closed off from the outside environment with all interaction and knowledge is contained only within the closed system [↑](#footnote-ref-5)
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10. Positive relationships, a sense of belonging, individual autonomy, active involvement in decision-making, active social and economic participation, using one’s unique strengths in ways that provide a challenge, and making a contribution [↑](#footnote-ref-10)
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12. Personal capital refers to the person’s sense of their own potential, strengths, self-worth, control and confidence [↑](#footnote-ref-12)
13. Knowledge capital is the person’s ability to access and use knowledge [↑](#footnote-ref-13)
14. Physical capital refers to a person’s access to personal material capital such as income, savings, property and to public material capital such as public transport, libraries, open spaces [↑](#footnote-ref-14)
15. Social capital refers to maintaining connections and growing new connections [↑](#footnote-ref-15)
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28. <https://valuedlives.org.au/microenterprise/> [↑](#footnote-ref-28)
29. <https://communitylivingproject.org.au/category/microenterpriseproject/> [↑](#footnote-ref-29)
30. https://incharge.net.au/services/micro-enterprise-project/ [↑](#footnote-ref-30)
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