



Australian Government
Department of Human Services
Child Support Agency
Medicare Australia



Productivity Commission Inquiry into Disability Care and Support

Human Services Portfolio Submission
June 2011

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Introduction

The Human Services Portfolio welcomes the opportunity to provide feedback on the Productivity Commission's Inquiry into Disability Care and Support (the Inquiry) and the proposed National Disability Insurance Scheme (NDIS) and National Injury Insurance Scheme (NIIS).

Human Services Portfolio Overview

The portfolio was established in October 2004 to improve the development and delivery of Commonwealth social and health-related services, including financial assistance. The portfolio currently consists of the Department of Human Services (including the Child Support Program and CRS Australia), Centrelink, Medicare Australia and Australian Hearing. Through these programs the portfolio connects with almost the entire Australian population. From 1 July 2011 the Department, Medicare Australia and Centrelink will be integrated into a single department of state.

The portfolio delivers services through various customer access channels, including face to face services, call centre networks and online services. The portfolio provides social support through social workers and rehabilitation experts, and provides linkages with other assistance available in the states and territories and the wider community.

The portfolio is comprised of more than 39,000 employees, representing nearly a quarter of the Australian Public Service. Of these, approximately three-quarters work in front-line services. Of particular relevance to the Inquiry, the portfolio employs approximately 1,800 Health and Allied Health Professionals delivering Job Capacity Assessments (JCAs), Disability Management Services (DMS) and a range of commercial work. Australian Hearing also has 448 Health Professionals, including Audiologists and Audiometrists, that operate from 110 permanent hearing centres and over 300 visiting sites throughout metropolitan, regional and remote Australia. The portfolio also has a substantial social worker network.

The portfolio has significant systems capability to deliver payments to Australian citizens and organisations. Medicare Australia and Centrelink deliver payments to individuals, medical professionals and third party organisations.

Portfolio Structure

From 1 July 2011 the integration of the Department, Medicare Australia and Centrelink into a single department will result in all Centrelink and Medicare Australia staff becoming employees of DHS. This will drive efficiency and reduce the cost of service delivery for government and enable better coordination of service delivery and provide improve outcomes for the community.

From 1 July 2011 service delivery will be undertaken by the Department of Human Services as follows:

- **Centrelink** programs will deliver a range of government payments and services to Australians - including retirees, families, carers, parents, people with disability, Indigenous people, and people from diverse cultural and linguistic backgrounds. Centrelink programs also provide services at times of major change and emergency.
- The **Child Support Program** provides support to separated parents to provide the financial and emotional support necessary for their children's wellbeing.

- **CRS Australia** helps people with a disability, injury or health condition to find and keep a job, by providing individualised vocational rehabilitation and helping employers to keep their workplaces safe.
- **Medicare** programs support the health of Australians through efficient services and payments, such as Medicare benefits, the Pharmaceutical Benefits Scheme, the Australian Childhood Immunisation Register and the Australian Organ Donor Register.

In addition, the following function will continue to be undertaken by an agency in the portfolio:

- **Australian Hearing** is a statutory authority that provides a full range of hearing services for children and young people up to the age of 21, eligible adults and age pensioners, and most war veterans. This service includes assessing hearing, fitting hearing devices and providing counselling and rehabilitative programs to enable eligible clients to manage their hearing impairment. From 1 January 2012 it is proposed that service for children and young people will continue until the age of 26.

The Department of Health and Ageing (DoHA), Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), Department of Veterans' Affairs (DVA) and the Department of Education, Employment and Workplace Relations (DEEWR) are responsible for the development of policies and programs to support people with disabilities and their carers. The Human Services Portfolio, as the service delivery arm of the Australian Government, is responsible for the implementation and administration of payments and programs administered by these policy departments.

Addressing Social Inclusion issues through Service Delivery Reform (SDR)

In 2009 the Government released a national strategy on social inclusion, 'A Stronger, Fairer Australia' that outlined the key principles and areas the Government would focus on in the long term¹. The strategy aims to reduce disadvantage, increase social, civic and economic participation and develop more opportunities for people to shape their future by being involved in decisions that affect them².

Another indicator of social inclusion is engagement in employment and education. People who are not fully engaged in the work force or education system are more likely to experience continued periods of unemployment, cycles of low pay and poor employment security³. Additionally, other research indicates that unemployment has negative effects on physical and mental wellbeing, loss of skills, housing stress and criminal behaviour⁴.

¹ Social Inclusion Unit, *A Stronger, Fairer Australia*, Department of Prime Minister and Cabinet, Editor. 2009, Social Inclusion Unit, Department of Prime Minister and Cabinet: Canberra.

² Social Inclusion Unit. *Social Inclusion Principles for Australia*. 2009 [cited 2010 September]; Available from: <http://www.socialinclusion.gov.au/SIAgenda/Principles/Documents/SIPrinciples.pdf>

³ Long, M., *The Flipside of Gen Y: Social background and full-time engagement, Personal and financial stress, Social inclusion Satisfaction with life* ACER-Monash University Centre for the Economics of Education and Training, Editor. 2006.

⁴ Morrell S, Taylor R, and Kerr C, *Unemployment and young people's health*. Medical Journal of Australia, 1998. **168**(5): p. 122.

On 16 December 2009 the then Minister for Human Services announced reforms to government service delivery to develop a modern, flexible, whole-of-government service delivery system. In the 2011-12 Budget the Government announced a range of measures to be delivered by the Human Services Portfolio as part of Service Delivery Reform. These measures will transform service delivery by:

- improving services to better meet people's needs;
- making it easier for people to access Human Services Portfolio services;
- improving processes and systems to improve effectiveness and efficiency; and
- integrating the administrative and physical aspects of the portfolio.

Service Delivery Reform will play a significant role in supporting the Government's participation and social inclusion agendas. Service Delivery Reform will provide better access to services and support that will enable people to participate more fully in the economy and their community. It will support the design and delivery of better and more comprehensive support for vulnerable and isolated people.

The effectiveness of service delivery has a profound influence on the effectiveness of government policies. It is therefore critical that Service Delivery Reform aligns to broader government policy and reform agendas.

Service Delivery Reform will transform the delivery of services through the Human Services Portfolio by making people's dealings with Government easier and quicker. The reform will deliver more one-stop-shops, more self-service and more support for people who need intensive assistance, based on their individual needs and circumstances. It will ensure services are delivered more efficiently, especially to people who need more intensive support and to those with complex needs.

Increasing the support mechanisms for people with disability and their carers will allow individuals to increase their participation in society. This will have positive effects on their overall health and wellbeing and improve their ability to participate in employment and education, which in turn will reduce dependency on the welfare system.

Service delivery initiatives

A key area of focus for the portfolio, is to simplify and rationalise service delivery so that customers can access suitable services through a single website, telephone number or by visiting a co-located office providing multiple services. Customers should be able to access a range of services and update their personal details across programs without having to tell their story more than once if they consent to sharing their information. Initiatives such as SDR aim to address these issues by making services more accessible through channels that are most convenient and appropriate for the customer.

Most Australians who would benefit from the proposed NDIS and NIIS are already Human Services Portfolio customers through the programs currently administered under Medicare Australia or Centrelink. The portfolio also offers online services that are available to millions of Australians through Medicare Australia and Centrelink programs, this includes payment and claiming facilities.

The Human Services Portfolio currently has a number of broad initiatives aimed at improving service delivery for all customers, including those with a disability, which are outlined below.

CASE COORDINATION

From 2011-12 to 2013-14, the portfolio will implement trials of a new service delivery approach in 44 sites across Australia. The new approach, called Case Coordination aims to provide increased support for people needing assistance. The new approach enables portfolio staff to better connect the most disadvantaged people to support services in their local communities. Case Coordination will provide better integrated services and intensive support for people facing significant disadvantage or complex challenges including:

- homelessness;
- long-term unemployment;
- disability;
- literacy difficulties, and/or
- barriers such as drug or alcohol dependency.

Support and assistance offered through Case Coordination will vary depending on customers' needs and will include:

- referrals to services such as employment or training programs;
- information about other services; and
- intensive support for multiple coordinated appointments with non-government and local community services.

A Case Coordination approach enables people, processes and systems to work in an integrated way and consistently identify customers with complex needs who would benefit from targeted or specialised services.

CO-LOCATION OF PORTFOLIO SERVICES

During the 2011-12 Budget, the Australian Government announced its commitment to co-locate all Medicare and Centrelink services across Australia by the end of 2014, as part of SDR. By bringing services together in one physical location, it improves the way people deal with the Australian Government by providing convenient, easy-to-access, coordinated services from a single point of contact. As at 16 June 2011, the portfolio has co-located services in 50 offices, which has exceeded the Government's commitment to provide co-located services in 40 locations by the end of 2011.

LOCAL CONNECTIONS TO WORK

Local Connections to Work (LCTW) is a service delivery initiative that supports the most disadvantaged customers to achieve increased social inclusion and economic participation. The main focus is vulnerable youth and extremely long term unemployed people. LCTW is currently offered in nine Centrelink sites and will be extended to an additional 15 locations by 2014-15.

Under LCTW, a range of government and non-government organisations including Job Services Australia (JSA) and Disability Employment Service (DES) providers co-locate on a rostered basis in Human Services shopfronts to assist disadvantaged job seekers to overcome their barriers to social inclusion and economic participation. Barriers include but are not limited to homelessness, drug and alcohol dependency, disability, limited workforce experience, educational barriers, and financial and personal issues.

Selected disadvantaged job seekers are targeted for a joint interview involving Centrelink and the job seeker's JSA or DES provider. The use of strengths-based joint interviews helps job seekers to disclose their barriers, identify needs, and quickly link to the right support. Joint interviews can extend to other Community Partners with the job seeker's consent, and job seekers and other Centrelink customers can also access co-located services on a walk-in basis. Since LCTW commenced in May/June 2010, in the initial four locations, more than 300 job placements have been made for people who faced multiple barriers to workforce participation.

MOBILE AND OUTREACH

By expanding our Mobile and Outreach initiatives, we will improve service delivery to people living in rural and remote areas and to people who are socially isolated.

We already have two Australian Government mobile offices that service people in rural and remote locations, as well as provide emergency assistance as required in disaster locations. In 2014-15, another mobile office will be added to the fleet.

The number of Community Engagement Officer and Social Worker positions will be increased to improve our assistance to those facing homelessness or risk of homelessness, domestic or financial issues, or social isolation.

Portfolio disability related initiatives

The Human Services Portfolio has implemented a number of Government initiatives to further improve service delivery for all customers including people with disability. Some of these initiatives are detailed below.

HEALTH PROFESSIONAL ADVISORY UNIT

A Health Professional Advisory Unit (HPAU) was established on 1 July 2010. HPAU is a dedicated team of medical professionals and support staff employed within the portfolio to provide medical advice and opinion to Job Capacity Assessors and Centrelink staff. In particular the HPAU provides expert medical and rehabilitation advice to staff involved in the assessment of Disability Support Pension (DSP) claims, reviews and appeals. HPAU staff can also consult customers' treating doctors to clarify medical evidence relating to income support and support program entitlements.

The advice and expertise offered by the HPAU has helped strengthen income support decision-making for DSP and related payments. From June 2011, the HPAU will also provide medical advice and support to inform foreign pension assessments under International Agreements.

CENTRELINK COMMUNITY ENGAGEMENT OFFICERS

Centrelink Community Engagement Officers (CCEOs) deliver Centrelink services to customers who are homeless or at risk of homelessness, in a variety of locations outside of the traditional Centrelink Customer Service Centre environment. CCEOs develop and maintain out-servicing arrangements through community agencies that support customers who are homeless or at risk of homelessness. CCEOs visit drug and alcohol rehabilitation services, mental health units, hostels, boarding houses, refuges, drop in centres, post prison release accommodation, and organised meeting places.

Often customers who suffer from mental health conditions have barriers preventing them from accessing mainstream Centrelink services and may require alternative approaches. CCEOs offer a reliable and effective means of ensuring that customers who are homeless or at risk of homelessness have access to the income support and other services provided by Centrelink.

FLEXIBLE ASSESSMENTS FOR VULNERABLE CUSTOMERS

In April 2010 Centrelink implemented new procedures to assist a small group of vulnerable customers with suspected mental health conditions who cannot obtain medical information or have little or no access to health services. A customer's medical conditions can be verified by a Registered Psychologist employed within the portfolio, as part of a Specialist Assessment and documented in a Job Capacity Assessment (JCA) report. These arrangements can assist customers with limited insight into their mental health condition to access more suitable payments and services.

EFFECTIVE MANAGEMENT OF MEDICAL INFORMATION

On 5 July 2010 Centrelink implemented new systems and procedures to support the secure electronic transfer of customer medical documentation to Job Capacity Assessment Providers. Medical documents lodged by the customer and scanned by Centrelink staff can be individually

selected and viewed by the assessor. These procedures provide for more secure transfer of sensitive customer provided medical information.

Another joint project being undertaken by Centrelink and Medicare Australia will allow medical practitioners to complete Medical Reports for Disability Support Pension customers online, using Medicare's Health Professional Online Services system. This will remove the need for people claiming or receiving DSP to obtain and return medical information to Centrelink in paper form. The new arrangements will reduce red tape and provide greater support for medical practitioners by allowing them to submit forms electronically directly to Centrelink. This initiative is due to be implemented in July 2011. Together, these initiatives provide secure transition of medical information, ensuring timely transfer of the information while protecting customers' privacy.

Overview of payments and services

Centrelink and Medicare Australia provide many payments and services to customers with disability and their carers. Attachments 1 and 2 outline these payments and services.

- Disability Support Pension (DSP).
- Wife Disability Pension (DSP).
- Carer Allowance (Adult and Child).
- Carer Payment (Adult and Child).
- Child Disability Assistance Payment.
- Carer Supplement.
- Carer Adjustment Payment.
- Pension Concession Card.
- Mobility Allowance.
- Pension Supplement.
- Sickness Allowance.
- Medicare Benefits Scheme.
- Pharmaceutical Benefits Scheme.

Further detail on payments and their eligibility requirements can be found on the websites below.

<http://www.centrelink.gov.au/internet/internet.nsf/publications/co029.htm>

Overview of assessment tools

The portfolio uses a range of assessment tools and methodologies, delivered on behalf of FaHCSIA and DEEWR, to gauge support requirements for people with disabilities and their carers, as follows:

- Job Capacity Assessments.
- Employment Services Assessments (from 1 July 2011).
- Tables for the Assessment of Work-related Impairment for Disability Support Pension.
- Adult Disability Assessment Tool.
- Disability Care Load Assessment Determination (DCLAD).

JOB CAPACITY ASSESSMENTS

People with significant disabilities or other barriers to work may be referred for a Job Capacity Assessment by Centrelink or their employment service provider.

Job Capacity Assessments are comprehensive assessments of individuals' barriers to participation including medical conditions or disability, and include recommendations of the interventions and assistance to help improve their current and future work capacity. All assessments are conducted by health and allied health professionals, such as registered psychologists and rehabilitation counsellors.

Job Capacity Assessments for Disability Support Pension (DSP) customers are informed by reports from customers' treating doctors and any other available medical evidence, and these assessments assist Centrelink decision-makers to determine payment eligibility, based on the customer's level of physical, intellectual or psychiatric impairment and their capacity to work. The assessment also identifies the customer's intervention needs and services that could improve their

capacity to work.

On completion of the assessment, a report is provided to Centrelink and appropriate referrals are made to employment assistance programs. The decision to grant or reject DSP is then made by Centrelink based on all available evidence, including the information provided by the customer, their treating doctor and the Job Capacity Assessor.

People receiving DSP who choose to voluntarily access employment assistance services may be referred for a pre-employment referral Job Capacity Assessment. This assessment is completed voluntarily and has no effect on the person's qualification for DSP. The purpose of the assessment is to determine the most suitable type of assistance services for the person. Further information about Job Capacity Assessments, including assessor numbers, assessment timeframes and quality assurance processes, is available at Attachment 1.

EMPLOYMENT SERVICES ASSESSMENTS

From 1 July 2011, new Employment Services Assessments tools (ESAts) will be introduced to ensure disadvantaged job seekers are referred to the most appropriate employment service assistance for their individual needs. These assessments will focus on the impact of identified barriers on the job seeker's capacity to participate in work or employment services and will identify the level of support that matches their needs.

CARER ASSESSMENT FRAMEWORK

Carers of adults or children with disability or frail aged adults may qualify for payment of Carer Payment or Carer Allowance. Carers need to reach a qualifying score on the Disability Care Load Assessment Tool for a child under 16 years, or the Adult Disability Assessment Tool for a person 16 years or over. Details of the assessment tools for carers are provided at Attachment 2.

Implications of proposed NDIS & NIIS

DISABILITY SUPPORT PENSION

The Productivity Commission has indicated that the proposed schemes are not intended to replace DSP as income support for people with disability. However, it is likely that most people who would benefit from the proposed schemes are already DSP customers, or would be likely to claim DSP in the future. A key challenge in implementing these arrangements will be to ensure that people with disability do not experience additional requests for the provision of information. Appropriate reuse of information wherever possible, subject to security, legislative and privacy arrangements, will minimise this risk.

CARER PAYMENTS

If agreed by the Government, inclusion of fortnightly Carer Allowance, annual Carer Supplement and Child Disability Assistance Payments in NDIS funding packages could simplify service delivery for some carers. Inclusion of the one-off Carer Adjustment Payment (CAP) within the NDIS could also provide opportunities for a more streamlined approach.

With different eligibility criteria and definitions of care requirements, the service delivery implications for addressing care needs through the NDIS/NIIS and social security payments will require careful consideration. The portfolio would welcome the opportunity for early engagement on these issues to ensure support systems are in place for carers utilising the NDIS and income support systems.

Attachment 1- Job Capacity Assessment Framework

JOB CAPACITY ASSESSMENT NETWORK

From 1 July 2011 Job Capacity Assessment services will be provided from 344 sites across Australia (343 portfolio shop fronts situated within Centrelink sites and one based within the CRS Australia site at Nhulunbuy). Visiting services are also provided to maximise face-to-face contact with customers in rural and remote locations. While face-to-face interviews are the preferred means of delivering JCA services, assessments may also be provided via telephone and videoconferencing. In the portfolio, as at 1 June 2011 there are over 2,400 full time equivalent allied health professionals across the CRS Australia and JCA workforce.

The portfolio JCA workforce includes specialists from the following disciplines: Psychologists, Social Workers, Registered Nurses, Occupational Therapists, Exercise Physiologists, Rehabilitation Counsellors, Physiotherapists and Speech Therapists.

Initial assessor training of 2-4 weeks is followed by individualised support for approximately three months, to full productivity after three months.

Line management supervision involves one-on-one support, peer support and three monthly performance reviews. Professional supervision is also made available on an individual or group basis. This develops assessors' professional skills and meets professional registration requirements.

BREAKDOWN OF PROFESSIONAL DISCIPLINES WITHIN JCA WORKFORCE

Professional Discipline	% Assessment Services Workforce
Psychologists	43.3%
Provisionally Registered Psychologists	8.4%
Social Workers	12.9%
Registered Nurses	9.6%
Occupational Therapists	8.7%
Exercise Physiologists	6.1%
Rehabilitation Counsellors	6.7%
Physiotherapists	2.4%
Speech Therapists	0.5%
Other	1.4%

ASSESSMENT TIMEFRAMES

Standard, non-medical Employment Services Assessments (ESAs) will be undertaken in 40 minutes, with an additional 20 minutes if the customer presents with medical conditions which could impact their ability to work. Job Capacity Assessments for the purpose of informing Disability Support Pension decisions usually completed within 90 minutes. These timeframes are representative of the average time taken, acknowledging that more complex cases would require additional time.

Key Performance Indicators for JCAs are that 80 percent of customers will have their assessment undertaken within 10 business days of being referred (15 days for remote customers).

JOB CAPACITY ASSESSMENT QUALITY ASSURANCE PROCESS

The JCA Quality Assurance (QA) framework is designed to provide internal assurance of the quality of assessments of work capacity provided by assessors, and provides a clear and user friendly structure to assist all relevant staff to engage in continuous quality improvement.

The QA framework includes three components: Formal QA audits or reviews, individual reviews and assessment of report quality for new assessors. For example, during the initial 4-6 week period following commencement, reports completed by assessors are checked for quality by senior professionals prior to submission. Regular quality checks continue for the first three months.

To ensure national consistency of all assessors there is a formal quarterly QA Audit or Review. The National QA Review Tool is provided to assessors to ensure they are aware of the quality requirements for completing assessments, and is an integral part of new assessor induction. Each quarter at least one report for each assessor is reviewed using the National QA Review Tool. The QA Review tool is based on audit processes prescribed by the Department of Education, Employment and Workplace Relations (DEEWR). Results from the review can be collated from assessor level to a national level. This allows performance trends to be measured nationally.

Feedback is supplied to assessors on audit results and improvement plans are implemented for any training required as a result. This is a continuous feedback system which allows ongoing improvement via the transfer of information and knowledge gained through the quality assurance reporting process.

Attachment 2 - Carer Assessments

ADULT DISABILITY ASSESSMENT TOOL (ADAT)

The ADAT is an assessment tool used to determine the level of care required for care receivers aged 16 and over. The ADAT assesses the disability, emotional state, behaviour and special care needs of a person aged 16 or over. Using information provided in a carer questionnaire and a Treating Health Professional report, an ADAT score is calculated. This score is used to determine whether the carer qualifies for Carer Payment and/or Carer Allowance based on the care needs of the care receiver.

The ADAT was developed by FaHCSIA in consultation with representatives of peak disability and consumer groups and with specialists in adult disability from a range of medical and allied health professional backgrounds.

DISABILITY CARE LOAD ASSESSMENT TOOL (DCLAD)

The DCLAD is an assessment tool used to determine the level of care required and the level of care provided for care receivers aged under 16 years. Information provided in the carer questionnaire and a Treating Health Professional report, is used to determine whether the carer qualifies for Carer Payment and/or Carer Allowance. The forms include medical and behavioural information as well as information relating to the presence of a terminal illness. To qualify a carer for Carer Payment and/or Carer Allowance a qualifying rating of 'intense' must be achieved unless the child is assessed as having a condition that has a life expectancy of less than 24 months and requires continuous personal care. In addition some disabilities and medical conditions have been identified as consistently requiring a high level of additional care and these are found in the Lists of Recognised Disabilities (LoRD) and they automatically qualify the carer for Carer Allowance.

The DCLAD assessment process for Care Payment (child) and Carer Allowance (child) was developed by FaHCSIA in consultation with paediatric medical and allied health professionals from a variety of specialties.

CARE NEEDS ASSESSMENT

Also referred to as the Assessment of Care Load (ACL), the Care Needs Assessment (CNA) forms part of the Disability Care Load Assessment (child) Determination and identifies the amount of care required by a child care receiver when assessing qualification for Carer Payment (CP) (child). The relevant information is provided on the '*Care Needs Assessment Form*'.

A carer must achieve a qualifying score on the CNA, as well as a qualifying Treating Health Professional (THP) score, to obtain the rating of 'intense' needed to qualify for CP (child). The THP score is obtained from the '*Medical Report - Carer Payment including functional assessment for a child under 16 years*' or '*Medical Report - Carer Payment for a child under 16 years*'.