

24 October 2001

Job Network Review
The Productivity Commission
PO Box 80
BELCONNEN ACT 2616

Dear Commissioners,

RE: Independent Review of the Job Network

Thank you for the opportunity to make this submission. This document particularly focuses on the quality of assistance being delivered to the long-term unemployed through the intensive assistance case management service delivery paradigm. The information contained herein is based on the results of independent academic research which was carried out between 1995 and 1999, and quantitative research that is currently being undertaken this year, as well as on observations that I have made in the process of conducting this research and working as an occupational psychologist in Australia during the last decade. I believe that the data I present here will contribute to the Commission's determination of the quality of services that has been delivered by the Australian *Job Network* to date, and in formulating recommendations as to how quality of service delivery may be improved in future years.

Background

Based on information presented in the issues paper informing the Australian public of this inquiry, it is clear that the Productivity Commission is aware of the history relating

to the establishment of the Australian *Job Network*. I would only make particular note of the widely known fact that a principal goal for establishing the *Job Network* was to deliver a better quality of assistance to unemployed Australians than was being delivered by the public sector through the Commonwealth Employment Service (CES) and Employment Assistance Australia (EAA) during the 1990s (Employment Services Regulatory Authority, 1995, 1996). Additionally, within the context of establishing what is a reasonable and accountable level of investigation that any regulatory authority would need to engage in so as to establish if the above goal was in fact being achieved and sustained, I believe it is pertinent to note that the decision to privatise the delivery of Australian employment services in order to make significant service delivery improvements was made without supporting evidence from the employment services industry that this outcome could be achieved in this manner (Boreham, Roan, & Whithouse, 1994; Gursansky & Kennedy, 1998). This argues for a *more* comprehensive program of evaluation than would otherwise be required to achieve acceptable levels of accountability had the decision to privatise been based on a sound body of evidence.

Determining the quality of assistance being offered to the long-term unemployed in a manner that is open to public scrutiny as a statutory responsibility

In keeping with the above mentioned need to institute a comprehensive program of evaluation, the following section will examine some of the obstacles to determining whether the current intensive assistance service is delivers services of reasonable quality.

Over the past decade individuals who have been identified as experiencing long-term unemployment have made up approximately 30% of all individuals who have been officially recognised as being unemployed in this country. This figure has remained remarkably stable despite a series of initiatives that has seen service delivery to the long-term unemployed change significantly. Initially service delivery for the long-term unemployed was changed from an undifferentiated, program driven, delivery style to a

more comprehensive individualized case management style (Commonwealth of Australia, 1994; Employment Services Regulatory Authority, 1995). This change occurred in 1994 and was instituted by the then Department of Employment Education Training and Youth Affairs (DEETYA) who established EAA, introduced comprehensive and mandatory training for all public sector case managers and established links with universities to create a graduate certificate in employment case management. However, before quality of service delivery changes could be established, let alone properly evaluated, the industry saw the full privatisation of service delivery to this group. The Employment Services Regulatory Authority (ESRA) a body empowered by the Employment Services Act to monitor quality was disbanded along with the CES in 1998 and the statutory obligation to monitor and evaluate the delivery of employment services exercised by this authority was passed back to the federal government department responsible for employment. Therefore the first point I wish to make to the Commission is that there has been and continues to be a legislated requirement to monitor and evaluate service delivery quality, however the rapid succession of changes that have occurred, including changes in who is responsible for monitoring and evaluating quality, has left the industry with limited objective baseline data on which to establish whether the quality of assistance being offered to the unemployed has actually improved or not. I will not sport with the committee's intelligence by describing the obvious inadequacy of estimating changes in quality of service delivery without adequate baseline data taken at a time of relative organisational / industry stability. Placing substantial weight on asking samples of those jobseekers who have remained in the new *Job Network* to compare their current level of satisfaction with their intensive assistance providers, providers who can determine if income relief payments to the family should be suspended or not, with reconstructions of past satisfaction level(s) with a public sector provider of services at some time(s) in the past is, from the point of view of defensible evaluation, clearly lacking in credibility. Lack of public scrutiny of data collected by the current department of employment tends to

highlight and maintain the above credibility concerns (Australian Council of Social Service, 2000), and denies a process of natural justice for customers of the *Job Network* wishing to determine for themselves the strength of evidence collected purporting to determine that participation in a mandatory intensive assistance program will be beneficial and / or will not in fact be psychologically harmful.

The well-being of the long-term unemployed themselves and how well-being may be adversely effected by inappropriate or poor quality service, either by Centrelink in their role of determining the most appropriate system of support or by intensive assistance providers themselves, is both the responsibility of government and a legitimate concern for all intensive assistance recipients. Copious amounts of research have already documented the negative psychological, sociological and physical consequences of long-term unemployment for the unemployed individual both in Australia and overseas (Fryer & Payne, 1986; Winefield, 1995). Research has also documented the devastating and debilitating effects that unemployment has on the immediate family, including unborn family members. There is little realistic opposition to the argument that the long-term unemployed are at a significant mental health disadvantage in comparison to the working population and this has significant human and social costs. For these reasons there is a strong argument for a principal that says interventions, especially mandatory interventions, purporting to assist long-term unemployed individuals should not significantly add to the psychological distress or be harmful to these individuals. This is what I regard as the bottom line to a quality of service audit. I am sure the Commission will agree to this principle, however on this point I would ask the Commission two questions “*Where is this principle being systematically monitored in quality of service audits?*” and “*Why isn’t there a statutory right of access to the raw data that (i) evaluates service delivery quality and (ii) underpins decisions that compel Australian citizens to enter into intensive assistance contracts with Job Network personnel, as would be required under any system of natural justice?*” I ask the Commission to address this

issue within the current review. If the Job Seeker Classification Index (JSCI) influences Centrelink about decisions it takes in respect of providing support to its clients, or if any department of Employment claims that participation in intensive assistance is beneficial and as a result customers are then compelled to participate in a program of support, then natural justice dictates that customers have a right of access to the raw data to determine if the data has been interpreted and applied correctly. Intensive assistance customers should be entitled to satisfy themselves that the JSCI and any other survey material used to support referral decisions and set vocational goals are based on reliable instruments/surveys that have been appropriately validated in the circumstances in which they are being applied. Not to do so might create the situation that misapplications of data demonstrating high quality support and outcomes will not be open to challenge and some customers may find themselves compelled to participate in programs that could be detrimental to their psychological health. A system which achieves quantity outcomes that are measured in terms of numbers re-entering and being retained in open employment, but which does so at the psychological expense of a significant minority of its participants is seriously flawed. I hope the Commission will determine if this does / can happen or not. Anecdotal evidence from a wide range of intensive assistance providers throughout Australia contacted in the course of my 1999 research study clearly suggested to me that inappropriate referrals to intensive assistance providers was a significant issue nationally. I was repeatedly informed that inappropriate referral of clients to intensive assistance is wide spread, a significant source of job stress for the intensive assistance case manager and a difficult phenomenon to address with the referral agency. Some research focusing on migrant groups support assertions that inappropriate referrals to intensive assistance could be a major problem for particular groups, the resolution of which may involve addressing sensitive cultural issues associated with being truthful with government agencies and admitting to psychological distress. I refer the committee the journal article titled "*The incidence of post traumatic stress disorder in a small sample of*

unemployed Vietnamese migrants” (Goddard & Patton, 1999) which details a pilot study conducted partly to determine if clients with a non-English speaking background were being correctly referred to intensive assistance case management. This small study found that more than 40% of those assessed were being referred to intensive assistance case management inappropriately.

Summary. In summary of the points made under the above heading, I have pointed to issues of natural justice which should compel any responsible agency to make available to all stakeholders all raw data as well as all studies of validity and reliability of instruments used to determine appropriate referral action, levels of service and the quality of these services. Not to have done so may be contributing to the maintenance of assistance programs of low or variable quality, and is a certain obstacle to the ability of all legitimate stakeholders to determine whether minimum standards of service are being met. By ensuring quality of service investigations are publicly accessible at every stage of the process, for example through ongoing publication of material in relevant peer reviewed scientific journals, not only will natural justice be served but impediments to high quality service delivery will be able to be identified and addressed by all stakeholders in a timely manner.

Some evidence concerning the quality of assistance being offered to the long-term unemployed through the Job Network

Next I would like to turn my attention to some academic research investigating the well-being of intensive assistance case managers working within the Australian *Job Network* during 1999 and 2001. Some of the results from this research have already been published and the committee is referred to these papers (see Goddard, Patton, & Creed, 2000, 2001) for comprehensive descriptions of data and analyses in support of some of the following points. Only preliminary statistical details are, as yet, available from the 2001 study investigating Queensland intensive assistance case managers, however I

would note that early figures appear to be highly consistent with the 1999 national survey. The following points will be made under a series of subheadings.

Skills Training. Most authors agree that the intensive assistance case management system is a flexible framework for delivering integrated services to clients so that interventions and outcomes are both appropriate to the client's circumstances and are easily evaluated. Most occupational groups define case management in terms of core interpersonal activities that occur between a case manager and their client (eg see Anthony et al., 1988, Chamberlain & Rapp, 1991; or Employment Assistance Australia, 1995). When first introduced as a system for delivering support and services to the long-term unemployed in Australia the Commonwealth government detailed five basic functions that Hagen (1994) and others also stipulate as the core elements of an effective case management system for the employment services; namely client needs' assessment, forward planning, linking the client with resources and support, advocacy on behalf of the client and monitoring performance, compliance and outcomes (Commonwealth of Australia, 1995). This is a sophisticated role for any professional to undertake. Even the Australian government flagged the case management system as being a more demanding role for public sector employment service staff (Department of Employment, Education, Training and Youth Affairs, 1996), and they stipulated to Regional Management throughout Australia that, as part of the introduction of a case management service delivery system, no CES staff member should be transferred to case manager duties without first completing a course of formal skills training. Additionally, DEETYA collaborated with tertiary institutions to design and implement a tertiary qualification in employment service case management and invited departmental staff to enroll under a staff study scheme. Within the public sector in 1994/95 therefore, there was a strong and implicit connection made between the quality of service that case managers could be expected to deliver and the level of skills training they had received. Suffice to conclude this preamble by affirming that it is entirely reasonable to assert that personnel who have

undertaken formal skills training in order to undertake such a sophisticated role as case management in the employment services industry will, as a group, offer a better quality of service than staff who have not received any relevant professional training at all.

In 1999 a mail survey of a sample of *Job Network* case managers was conducted. This study is described elsewhere (Goddard et al., 1999, 2000) and was principally concerned with determining the well-being of employment service case managers nationally. As high role clarity and low role ambiguity had been repeatedly identified as being associated with high levels of well-being in human service workers in other occupations, all case managers were asked if they had, prior to being surveyed, ever participated in any formal skills training program associated with their current duties. When this question was asked, the survey sample numbered 86 case managers from 66 different service delivery sites and 38 different *Job Network* member organisations. The sample was drawn from every state in Australia, and case managers indicated in the same survey that they were working with an average case load of 132 clients and an average “active” case load of 89 clients. I will not comment on the finding that approximately a third of clients in case management programs were “inactive” according to their own case managers’ responses, however the Commission might wish to note this point. In respect of skills training, almost two thirds of case managers surveyed (i.e. 65%, n = 56) indicated that they had not undertaken a formal skills training course pertinent to their case manager duties. The current investigation into the well-being of *Job Network* case managers situated in Queensland supports the 1999 observations. At present with data from more than 130 case managers from over 20 different *Job Network* organisations having been collected, 76% of respondents have indicated that they have not at any time prior to being surveyed undertaken a skills training course or program with any relevance to their current duties. To reiterate, this research has asked questions about case manager skills training so that they can be contrasted with observations of case manager well-being and psychological distress, however the low level of skills training that continues to

emerge in *Job Network* intensive assistance personnel invites serious speculation about how interactions of an acceptable quality are being sustained within a sophisticated and demanding work environment with such low levels of skills training?

Well-being and Burnout in the Job Network. The above mentioned research into case manager well-being conducted in 1999 has also raised serious health and safety concerns in respect of intensive assistance case managers working in the Australian *Job Network*. Furthermore, given the well established links between high levels of psychological distress and burnout on one hand and service delivery effectiveness and performance outcomes on the other (see Beehr & Newman, 1978; Spector, Dwyer & Jex, 1988 for two of many reviews), these results have important ramifications for present and future investigations into *Job Network* effectiveness, performance and service delivery quality. Simply stated, investigating the perceptions and well-being of the staff who deliver the services directly to the unemployed themselves is one important area of investigation that should not be overlooked in the overall plan of establishing how well a service delivery program is operating. Finally I would note before discussing specific findings that preliminary data analyses of the 2001 investigation are consistent with the 1999 findings given below.

Both in 1999 and 2001, current level of well-being was assessed using the 12 item General Health Questionnaire (GHQ-12; Goldberg, 1978). This is a self-administered, point in time, screening test designed to detect psychological distress. This instrument has been extensively used in a variety of occupational and community settings as a screening measure for psychological ill-health (see Banks et al., 1980; Boardman, 1987; Burvill & Knuiman, 1983). The GHQ-12 has been validated for use with Australian respondents (Tennant, 1977). In the 1999 investigation into intensive assistance case manager well-being, two standard scoring methods were used, the binary and likert methods. Binary scores of 2 or more from the 12 items were taken to represent cases of psychological

distress or morbidity. This cut-off criteria is commonly used and reported in the literature (e.g., Tennant, 1977). In the likert scoring system, higher scores correspond to increasing psychological pathology. Goldberg and Williams (1988) have published an extensive presentation of the psychometric properties of the GHQ-12 which are more than satisfactory. In this investigation, coefficient alpha, estimating the reliability of the instrument, was calculated to be .92 on the two separate occasions (referred to as T1 and T2 below) that this instrument was administered. Refer specifically to Goddard et al. (2001) for full details of this aspect of the 1999 investigation. The results of this investigation are now summarised.

Using the binary scoring criteria, 51% (i.e., $n = 44$) of case managers surveyed in autumn of 1999 (T1) endorsed responses on the GHQ-12 indicating prevailing or imminent psychological ill-health. Five months later (T2) this percentage had risen to 57%. Table 1 below presents psychological morbidity case rates and mean GHQ-12 likert scores for the total sample of case managers participating in this study. Overall mean GHQ-12 likert scores for T1 and T2 remained at a similar high level.

A comparison of case rates and mean GHQ-12 likert scores found in this study were made with the results of other studies investigating psychological morbidity in other Australian population cohorts. The Australian Longitudinal Survey (ALS), conducted between 1985 and 1988, systematically investigated psychological well-being of Australians aged 16 to 25 years. The ALS surveyed respondents annually and as a result Graetz (1993) and others have reported annual psychological morbidity rates for employed and unemployed respondent subgroups from this study. A series of chi-square tests indicated that the case manager morbidity rate found in the present study at T1 was significantly higher than the prevalence of psychological morbidity reported for employed respondents throughout the four years of the ALS, and higher than the case rate reported for unemployed respondents in two of the four years (Graetz, 1993). These comparisons are also shown in Table 1. As indicated above, case manager morbidity rates five months

later (T2) had risen from 51 to 57%, and although this increase was not significant, further chi-square tests comparing morbidity case rates at T2 with the ALS results were conducted. Case manager morbidity case rates at T2 were found to be significantly higher than the case rate for unemployed ALS respondents in all four years that the ALS survey was conducted.

In a second comparison with a group of long-term unemployed Australian adults (Patton & Donohue, 1998), the mean GHQ-12 likert scores for case managers in this study at both T1 and T2 were significantly higher, corresponding to higher psychological distress, than the equivalent scores reported for the unemployed adults, $t(122) = 2.29, p < .05$, and $t(106) = 2.59, p < .05$, 2-tail tests respectively (see Table 1 on the next page).

Table 1

Comparison of case manager psychological morbidity estimated by the GHQ-12 in Autumn of 1999 with levels estimate in Spring 1999 and statistics reported by other Australian studies

	<i>n</i>	Level of Psychological Morbidity		<i>SD</i>
		Case Rate %	GHQ-12 (mean Likert Score)	
1999 investigation				
T1 - Surveyed March-May, 1999				
Full sample (mean age 38 yrs)	86	51	12.35	6.53
T2 - Surveyed August-October 1999				
Full sample (mean age 38 yrs)	70	57	12.83	6.38
Graetz (1993); Australian Longitudinal Survey data				
Employed throughout 1985-1988		(a)		
Surveyed in 1985	2647	27***	9.03	n/a
1986	2647	24***	8.81	n/a
1987	2300	22***	8.76	n/a
1988	1978	22***	8.81	n/a
Unemployed throughout 1985-88				
Surveyed in 1985	76	43 ns	10.66	n/a
1986	76	45 ns	11.29	n/a
1987	42	38*	11.88	n/a
1988	33	36**	11.00	n/a
Patton & Donohue (1998)				
Unemployed Australian adults				
Full Sample (aged 19 - 61)	38	n/a	9.34*(b)	7.06

Note. (a) * $p < .05.$, ** $p < .01.$, *** $p < .001.$, Asymm. significance,
 (b) * $p < .05.$, *** $p < .001.$, 2-tailed significance, (c) significance levels indicate differences from GHQ-12 scores observed in the 1999 study at T1.

The above results are of major significance for any investigation into the quality of intensive assistance services being delivered in the Australian *Job Network*. The results

also have relevance to estimates of the potential to improve service delivery in intensive assistance case management for the following reasons. Firstly the results are based on a reliable and well accepted instrument for assessing psychological distress. Secondly, twice in the 1999 investigation and again in the 2001 investigation the GHQ-12 has identified significant levels of psychological morbidity. The data point to a high level of pathology in case manager personnel relative to levels reported in other studies investigating the well-being of Australians. More than half (51%) of the case managers surveyed in autumn of 1999 were identified as either suffering from, or to be at serious risk of developing, a psychological illness. This case rate had increased to 57% by spring of the same year. As a measure of how debilitating these levels of distress are, comparisons of mean case manager GHQ-12 likert scores with those published in other studies can and have be made. There is no doubt that observed means in 1999 corresponded to levels commonly reported for highly stressed occupational groups, such as hospital and community based mental health staff (Prosser et al., 1996), and the unemployed themselves (Patton & Donohue, 1998). The comparisons with unemployed Australians presented in Table 1 are particularly interesting as they contrast case manager morbidity rates with morbidity rates in the case managers' primary client group, the long-term unemployed. The results presented in Table 1 suggest a *higher* morbidity level in case managers than is commonly found in some unemployed adult populations (Patton & Donohue, 1998) where the impact of psychological distress on ability to seek and retain employment is well accepted.

The above results are further reinforced by the studies of burnout that were conducted concurrently with the investigation of psychological distress. Building on Hans Selye's (1967) three stage general adaptation response to stressful stimuli, that is the alarm, resistance, and exhaustion trilogy, burnout is usually equated to the last phase of exhaustion, and the consequential depletion of physiological and psychological resources that occurs when a person continually fails to adapt positively to chronic stress. The most

widely accepted definition of burnout stems from Maslach's assertion that burnout is "...a three dimensional syndrome of emotional exhaustion, depersonalisation, and reduced personal accomplishment that occurs among individuals who work with people in some helping capacity" (Maslach, 1982, p. 3).

Based on a substantial research history spanning the past three decades, several major conclusions about burnout are well accepted. Firstly, burnout is an enduring response. Secondly, burnout is directly associated with the manifestation of debilitating physical symptoms which, over time, lead to significant reductions in health and well-being. Thirdly, the detrimental impact that burnout has upon individual workers significantly impacts on the quality of service that is delivered by the organisation employing workers who are burnt out (Cherniss, 1995; Maslach & Leiter, 1997; Maslach & Goldberg, 1998). Indeed, research into burnout has long been recognised as being particularly germane to the principles of both effective personnel management and evaluations of the efficiency and quality of service delivery in organisations employing human service workers (Beehr & Newman, 1978; Maslach & Goldberg, 1998; Spector, Dwyer, & Jex, 1988).

Through the use of the most widely accepted and comprehensively investigated survey instrument used to assess burnout, the Maslach Burnout Inventory (MBI; Maslach et al., 1996), two studies, a 1995 investigation into public sector burnout (Goddard & Patton, 1998) and the above mentioned 1999 study, have established that the burnout syndrome is an ongoing occupational health concern for the Australian employment service industry. Table 2 below presents summary data for the 1995 and 1999 studies. al., It is clear from the summary data presented in Table 2 that concerns about burnout have not been addressed by the privatisation of the service. Considering only the core dimension of burnout, that is the Emotional Exhaustion dimension, employment service case managers in the *Job Network* reported comparable (T1 in 1999) and later, significantly greater levels of burnout (T2 in 1999) than levels indicated by normative

data presented by Maslach et al. (1996) derived from extensive research conducted across a wide range of service delivery occupations and involving more than 11,000 human service workers. On the dimension of burnout known as Depersonalisation, a dimension estimating the frequency that a worker engages in depersonalising and demeaning behaviour toward their client as a result of working in a state of excessive emotional exhaustion, employment service case managers were, in 1999, reporting statistically similar levels of depersonalising behaviour that were observed in a public sector survey. This finding is all the more pertinent given the finding that by spring of 1999 the Depersonalisation score had increased significantly suggesting that burnout levels within the new *Job Network* had not stabilized and were increasing. Overall more than fifty percent of case managers surveyed in 1999 (at both T1 and T2) were reporting MBI scores that corresponded to Malach's category of high burnout on at least one subscale (Goddard et al., 2000). This frequency of responses indicating high burnout levels in the 1999 study is quite consistent with the morbidity data gathered from administering the GHQ-12.

Table 2
Comparison of Mean Case Manager Maslach Burnout Inventory (MBI) Subscale Scores with Normative Data, (2-tail significance)

	Case Manager Group		Normative Data		Test of Differences <i>t</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
<i>MBI Subscales</i>					
1995 Investigation	(n = 55)		(n = 11,067)		
Emotional Exhaust.	23.42	9.77	20.99	10.75	1.84
Depersonalisation	9.58	5.63	8.73	5.85	1.12
Pers. Accomplish.	33.65	5.57	34.58	7.11	1.23
1999 Investigation T1	(n = 86)		(n = 11,067)		
Emotional Exhaust.	22.31	10.03	20.99	10.75	1.22
Depersonalisation	8.05	5.56	8.73	5.85	1.14
Pers. Accomplish.	37.35	5.88	34.58	7.11	4.37***
1999 Investigation T2	(n = 70)		(n = 11,067)		
Emotional Exhaust.	24.56	11.07	20.99	10.75	2.70**
Depersonalisation	9.56	6.70	8.73	5.85	1.03
Pers. Accomplish.	37.51	6.06	34.58	7.11	4.05***

Note. ** $p < .01$. *** $p < .001$.

Summary. In summary of the points made under the above heading I would briefly make the following notes. By acknowledging well accepted links between skills training and staff well-being on one hand and service delivery effectiveness on the other, two investigations into the *Job Network* have yielded summary data that suggest significant numbers of intensive assistance case managers have undertaken no skills training prior to their undertaking the difficult and complex role of intensive assistance case management. These same investigations have also suggested that significant proportions of intensive assistance case managers delivering services to the long-term unemployed may be experiencing high levels of psychological distress and burnout and that these conditions could reasonably be expected to have some detrimental impact of the quality of service

that their long-term unemployed customers receive. The results of both these studies indicate that the issues of skills training and case manager well-being are so widespread that these conditions cannot be ignored by any program or authority purporting to engage in the responsible monitoring and management of the Australian *Job Network*.

Overall Summary.

In summary, it is relevant to again note that participation in case management by long-term unemployed Australians is, in essence, compulsory. Not to engage in activities when so instructed by representatives of the welfare system is to jeopardize income support. Clearly then, if a system of employment support is to be compulsory, consideration must be given to ensuring that all participants are benefited by the experience, or at the very least, are not harmed by their involvement in a relationship with their case manager. In essence, this is the bottom line for any investigation into service delivery quality. The research presented within this submission has demonstrated that at least some Australians are being compelled to enter into case management relationships with case managers who have not undertaken relevant skills training, who are reporting high levels of burnout on one or more subscales of the Maslach Burnout Inventory, and who are reporting serious psychological distress levels at equal or greater levels than the long-term unemployed themselves (Goddard et al., 2000, 2001).

Comparisons with burnout levels observed in a sample of public sector case managers surveyed in 1995 (Goddard & Patton, 1998) demonstrate similar levels of depersonalising behaviour and emotional exhaustion of case managers that are currently being observed in the *Job Network*. These findings cast doubts over speculation and subjective impressions suggesting that the long-term unemployed today are receiving a better quality of service than they did when the service was being delivered through the public service six years ago. In particular, the question of whether customers today are being treated in a more personalised manner than they were within the public service is specifically contradicted

by a simple comparison of the results of the 1995 and 1999 surveys of case manager samples.

Having established that burnout in employment service case managers in Australia is a significant phenomenon, there naturally arise implications for managing the intensive assistance program. At the very least, there is now an implicit responsibility for the responsible authority, the Department of Employment, Workplace Relations and Small Business, to extend the *Job Network* program evaluation agenda to include quantifying the effect that differing burnout levels have on service delivery standards, and to see that they are maintained at or above minimum acceptable levels in respect of all intensive assistance case managers employed within the *Job Network*. I would like to suggest that this outcome might best be achieved in an open and collaborative relationship between the many interested stakeholders in this area. For my part I intend to continue to work towards supporting *Job Network* providers and their staff by extending the involvement of tertiary institutions in both research and professional educational programs for case manager personnel. I look forward to hearing from other parties interested in collaborating with me in this endeavour.

I again thank the Commissioners for the opportunity to contribute to the inquiry.

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